

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <u>3</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST <u>Shelley</u>	MI
	NICKNAME	LAST <u>Sekula-Gibbs, M.D.</u>	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month	Day	Year
	<u>10/25/03</u>		THROUGH <u>11/26/03</u>
	Month	Day	Year
6 EXPLANATION OF CORRECTION	We accidentally omitted 1 contribution from the original filed report. Attached is a corrected schedule A.		

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Legal

Totals

Date Processed

Date Imaged

RECEIVED
JAN 20 2004
CITY SECRETARY

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

AFFIX NOTARY STAMP / SEAL ABOVE

Shelley Sekula-Gibbs, M.D.
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Shelley Sekula-Gibbs this the 19th day of January, 20 04.

to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Shelley Sekula-Gibbs, M.D.

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 54,792.14

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$

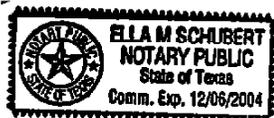
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shelley Sekula-Gibbs

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, MD, this the 19th day of January, 20 04, to certify which, witness my hand and seal of office.

Ella M. Schubert

Signature of officer administering oath

Ella M. Schubert

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Shelley Skula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/26/03

5 Full name of contributor out-of-state PAC (ID#: _____)

Rick Clapp

7 Amount of contribution (\$)

1500.00

8 In-kind contribution description (if applicable)

Advertisement

6 Contributor address; City; State; Zip Code

9 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

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Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.