

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY  Date Received  JUL 18 2025 4:31:11  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	CORRECTION		
	<input type="checkbox"/> 8th day before election				
5 ORIGINAL PERIOD COVERED		Month Day Year	Month Day Year		
		2 / 6 / 24	THROUGH 4 / 19 / 24		

## 6 EXPLANATION OF CORRECTION

CHECKED FINAL REPORT FOR ERROR

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

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Thomas Bigham*

Signature of Candidate/Officeholder

Please complete either option below:

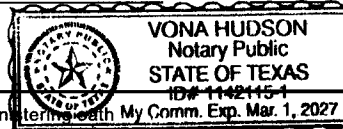
### (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Thomas Bigham this the 18<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.

*Vona Hudson* *Vona Hudson*

Signature of officer administering oath Printed name of officer administering oath My Comm. Exp. Mar. 1, 2027



### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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