CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _MR_ FIRST: _CARLOS_ MI: _A_	Date Received

NICKNAME   LAST: _MERLA_   SUFFIX

1:37pm JAB

4 ORIGINAL REPORT TYPE
- [ ] January 15
- [✓] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

Date Hand-delivered or Date Postmarked

Receipt #	Amount $

5 ORIGINAL PERIOD COVERED

Month _04_ Day _26_ Year _18_ THROUGH Month _6_ Day _30_ Year _18_

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION
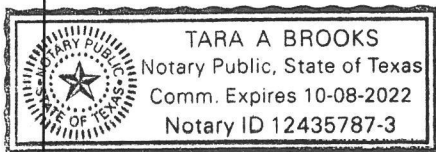
Correctos the filling perio dates

7 AFFIDAVIT

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.

TARA A BROOKS
Notary Public, State of Texas
Comm. Expires 10-08-2022
Notary ID 12435787-3

AFFIX NOTARY STAMP / SEAL ABOVE

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _Carlos A Merla_ , this the _19th_ day of _February_ ,

20 _19_ , to certify which, witness my hand and seal of office _Tara Brooks_

Tara A Brooks   _Notary Public_   _Notary Public_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	**OFFICE USE ONLY**
	Carlos A	Date Received
	NICKNAME LAST SUFFIX	
	Merla	RECEIVED JUL 16 2018 City Secretary's Office

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2220 Brookcrest Lane Grapevine Tx 76051	

3:54 SCB
Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 551 - 4020	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carlos A NICKNAME LAST SUFFIX DeLeon	Receipt # Amount $
		Date Processed
		Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2701 N. Grapevine Mills Blvd # 2614 Grapevine Tx 76051

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 688 7003

9 REPORT TYPE

☐ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15   ☐ 8th day before election   ☐ Exceeded $500 limit   ☑ Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month Day Year 3 / 27 / 2018 CK 04 / 26 / 2018 THROUGH Month Day Year 5 / 5 / 2018 CK 6 / 30 / 2018

11 ELECTION	ELECTION DATE Month Day Year 5 / 5 / 2018	☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special Description

12 OFFICE	OFFICE HELD (if any)	**13** OFFICE SOUGHT (if known) City Council Place 2

GO TO PAGE 2

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 9/8/2015

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	Carlos A Merla	15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

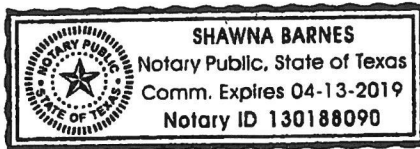|			
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1000
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 730
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 815.52
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

SHAWNA BARNES
Notary Public, State of Texas
Comm. Expires 04-13-2019
Notary ID 130188090

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Carlos A Merla
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _Carlos Merla_ , this the _16th_ day of _July_ , 20 _18_ , to certify which, witness my hand and seal of office.

Shauna Barnes   _Shauna Barnes_   _Notary Public_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1000
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐ SCHEDULE E: LOANS	$
5. ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 730
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carlos A Merla	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2018	**5** Payee name Tammy Farrington	
6 Amount ($) 500	**7** Payee address; City; State; Zip Code 2301 N. Grapevine Mills Rd #1527 Grapevine Tx 76051	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising ~ Website	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 5/5/2018	Payee name AJ's on Main	
Amount ($) 230	Payee address; City; State; Zip Code 651 S. Main Grapevine Tx 76051	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Meeting & Final WRAP UP	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED