


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>8</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date	
	NICKNAME	LAST	SUFFIX	Date	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> Final report Other (specify) _____			Date <u>Final delivered</u> or Date <u>Postmarked</u> _____	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>03 / 25 / 2025</u> THROUGH <u>04 / 23 / 2025</u>			Receipt # _____ Amount \$ _____	
				Date Processed _____ Date Imaged _____	

6 EXPLANATION OF CORRECTION SEE ATTACHED CONTINUATION SHEET. (PAGE 2) OF 2

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.


Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____.

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is HEATHER PACHARZINA LONG, and my date of birth is [REDACTED].

My address is 1405 TH JOHNSON DRIVE, TAYLOR, TX, 76574 USA
(street) (city) (state) (zip code) (country)

Executed in WILLIAMSON County, State of TEXAS, on the 27th day of APRIL, 20 25
(month) (year)


Signature of Candidate/Officeholder (Declarant)

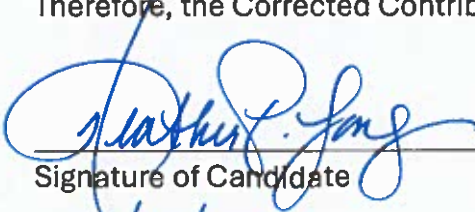
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICE HOLDER
CONTINUATION SHEET**

3. CANDIDATE/OFFICE HOLDER NAME: Mrs. Heather Pacharzina Long
4. ORIGINAL REPORT TYPE: 8th day before election
5. ORIGINAL PERIOD COVERED: 3/25/2025 THROUGH 4/23/2025
6. EXPLANTION OF CORRECTION:

Due to an inadvertent and unintentional clerical error, the original Candidate/Officeholder Campaign Finance Report filed on April 25, 2025, to fulfill the 8th day before election report filing requirement (the "Original 8th Day Campaign Finance Report"), contained an error in section 17 on page two. The amount listed for the Contribution Balance in line 5 should have been stated as \$4,904.97 (the "Corrected Contribution Balance"), not \$638.29 (the "Original Contribution Balance").

The reason the Original Contribution Balance needs to be corrected is because it does not include the \$4,266.68 stated for the Contribution Balance reported in the previous Campaign Finance Report filed on April 3, 2025, to fulfill the 30th Day Before Election Report. Therefore, the Corrected Contribution Balance is \$4,904.97.



Signature of Candidate

4/27/2025
Date

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: 6																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;">MS / MRS / MR</td> <td style="width: 40%; border: none;">FIRST</td> <td style="width: 40%; border: none;">MI</td> </tr> <tr> <td style="border: none;">Mrs.</td> <td style="border: none;">Heather</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Pacharzina Long</td> <td style="border: none;"></td> </tr> </table>				MS / MRS / MR	FIRST	MI	Mrs.	Heather		NICKNAME	LAST	SUFFIX		Pacharzina Long		OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED APR 28 2025 <i>by: h. Al di d</i> </div>				
	MS / MRS / MR	FIRST	MI																		
Mrs.	Heather																				
NICKNAME	LAST	SUFFIX																			
	Pacharzina Long																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">ADDRESS / PO BOX:</td> <td style="width: 10%; border: none;">APT / SUITE #:</td> <td style="width: 20%; border: none;">CITY:</td> <td style="width: 10%; border: none;">STATE:</td> <td style="width: 30%; border: none;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border: none;">1405 T H Johnson Drive, Taylor, TX 76574</td> </tr> </table>				ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	1405 T H Johnson Drive, Taylor, TX 76574					Date Hand-delivered or Date Postmarked <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Receipt #</td> <td style="width: 50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;">AREA CODE</td> <td style="width: 30%; border: none;">PHONE NUMBER</td> <td style="width: 50%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;">(512)</td> <td style="border: none;">365-9249</td> <td style="border: none;"></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION	(512)	365-9249												
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12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)																		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: small;">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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;">COMMITTEE TYPE</td> <td style="width: 80%; border: none;">COMMITTEE NAME</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> GENERAL</td> <td style="border: none;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> SPECIFIC</td> <td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS									
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GO TO PAGE 2																					

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

Mrs. Heather Pacharzina Long

16 Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 650.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,050.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 411.71

**CONTRIBUTION
BALANCE**

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

\$ 4,904.97

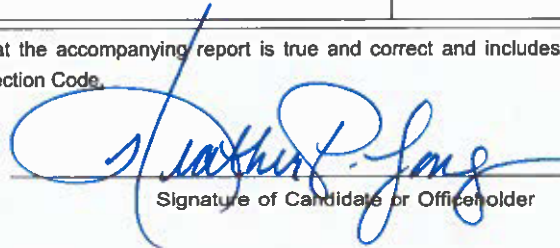
**OUTSTANDING
LOAN TOTALS**

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

\$ 0.00

18 SIGNATURE

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is HEATHER PACHARZINA LONG, and my date of birth is [REDACTED]

My address is 1405 TH JOHNSON DR., TAYLOR, TX, 76774, U.S.A.
(street) (city) (state) (zip code) (country)

Executed in WILLIAMSON County, State of TEXAS, on the 27th day of APRIL, 2025
(month) (year)


Signature of Candidate/Officeholder (Declarant)

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 Pag 3 OF 4 hsl

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs. Heather Pacharzino Long		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 411.71
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	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Mrs. Pacharzina Long		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2025	5 Full name of contributor out-of-state PAC (ID#: Jim Buzan Taylor ISD Trustee Campaign 6 Contributor address; City; State; Zip Code Taylor, TX 76574	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2025	Full name of contributor out-of-state PAC (ID#: HBA Home, Pac Contributor address; City; State; Zip Code Auxtin, TX 78764	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Mrs. Heather Pacharzina Long	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2025	5 Payee name Taylor Office Products	
6 Amount (\$) 29.23	7 Payee address; City; State; Zip Code 305 N. Main St., Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Walk Sheets
	(c) 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 04/21/2025	Payee name City of Taylor - Main Street	
Amount (\$) 100.00	Payee address; City; State; Zip Code 400 Porter St., Taylor, TX 76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Taylor Fest
	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 04/21/2025	Payee name PayPal	
Amount (\$) 3.48	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
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Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Mrs. Heather Pacharzina Long	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2025	5 Payee name Taylor Press	
6 Amount (\$) 279.00	7 Payee address; City; State; Zip Code 211 W. Third St., Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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
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Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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