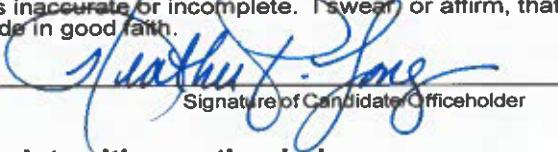


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | | | |
|--|---|----------------------------------|--|--|-------------------|-------------------------------------|---|--|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: <i>8</i> | OFFICE USE ONLY | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST <i>Mrs. HEATHER</i> | MI | Date Received RECEIVED APR 28 2025 <i>h. Aldrich</i> Date Mailed or Date Postmarked | | | | |
| | NICKNAME | LAST <i>PACHARZINA LONG</i> | SUFFIX | | | | | |
| 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) _____ | | | | |
| 5 ORIGINAL PERIOD COVERED | Month <i>03</i> | Day <i>/25</i> | Year <i>/2025</i> | Month <i>04</i> | Day <i>/23</i> | Year <i>/2025</i> | Date Processed | |
| 6 EXPLANATION OF CORRECTION | <i>SEE ATTACHED CONTINUATION SHEET. (PAGE 2 OF 2)</i> | | | | | | Date Imaged | |
| 7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: | | | | | | | <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. | |
|  <i>Heather P. Long</i> 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 <u>HEATHER PACHARZINA LONG</u> , and my date of birth is _____ | | | | | | | | |
| My address is <u>1405 TH JOHNSON DRIVE</u> , <u>TAYLOR</u> , <u>TX 76574 USA</u> (street) (city) (state) (zip code) (country) | | | | | | | | |
| Executed in <u>WILLIAMSON</u> County, State of <u>TEXAS</u> , on the <u>27th</u> day of <u>APRIL</u> , 20 <u>25</u> . <i>Heather P. Long</i> 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

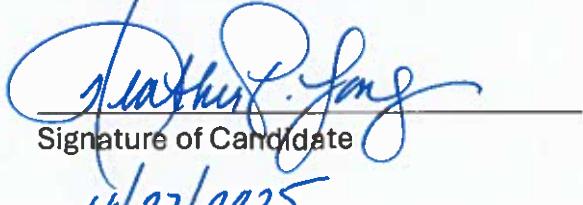
4. ORIGINAL REPORT TYPE: 8th day before election

5. ORIGINAL PERIOD COVERED: 3/25/2025 THROUGH 4/23/2025

6. EXPLANATION 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 | MS / MRS / MR Mrs. | FIRST Heather | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Pacharzina Long | SUFFIX | Date Received  APR 28 2025 by: h. Aldi l | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1405 T H Johnson Drive, Taylor, TX 76574 | | | | Date Hand-delivered or Date Postmarked | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (512) | PHONE NUMBER 365-9249 | EXTENSION | Receipt # Amount \$ | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Michele | MI | Date Processed | | |
| | NICKNAME | LAST Smith | SUFFIX M | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 350 CR 497, Taylor, TX 76574 | | | | STATE: ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (818) | PHONE NUMBER 319-7510 | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 3 | Day 25 | Year 25 | Month 4 | Day 23 | Year 25 |
| 11 ELECTION | ELECTION DATE Month 5 / Day 3 / Year 25 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | |
| 14 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. | | | | | |
| Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL | COMMITTEE NAME | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

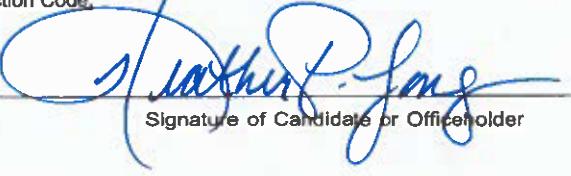
GO TO PAGE 2

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 |
| | 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 _____.
My address is 1405 TH JOHNSON DR. TAYLOR / TX 76574 U.S.A.

(street)

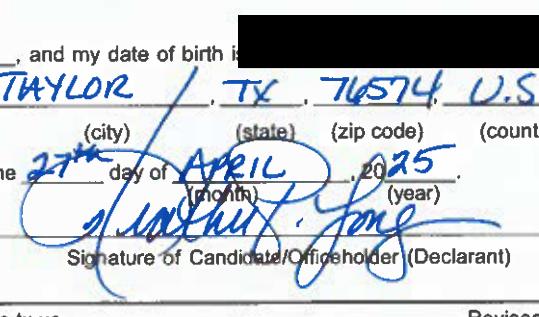
(city)

(state)

(zip code)

(country)

Executed in WILLIAMSON County, State of TEXAS, on the 27th day of APRIL, 2025.



Signature of Candidate/Officeholder (Declarant)

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 | \$ |

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 Jim Buzan Taylor ISD Trustee Campaign | out-of-state PAC (ID#:) | 7 Amount of contribution (\$) 150.00 |
| | 6 Contributor address; | City; State; Zip Code [REDACTED] Taylor, TX 76574 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 04/16/2025 | Full name of contributor HBA Home, Pac | out-of-state PAC (ID#:) | Amount of contribution (\$) 250.00 |
| | Contributor address; | City; State; Zip Code [REDACTED] Auxtin, TX 78764 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor | out-of-state PAC (ID#:) | Amount of contribution (\$) |
| | 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 (\$) |
| | Contributor address; | City; State; Zip Code | |
| 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 Candidate/Officeholder/Political Committees | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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; 305 N. Main St., Taylor, TX 76574 | City: _____ State: _____ Zip Code _____ | |
| 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. _____ | | |
| 9 Complete <u>ONLY</u> 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; 400 Porter St., Taylor, TX 76574 | City: _____ State: _____ Zip Code _____ | |
| 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. _____ | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought Office held | |
| Date 04/21/2025 | Payee name PayPal | | |
| Amount (\$) 3.48 | Payee address; 2211 North First St., San Jose, CA 95131 | City: _____ State: _____ Zip Code _____ | |
| 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. _____ | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | 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 |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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; 211 W. Third St., Taylor, TX 76574 | City; State; Zip Code | |
| 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 | |
| | 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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |