

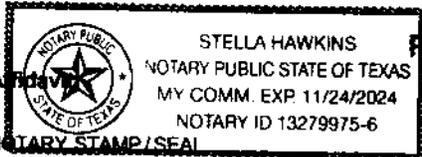
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		<input checked="" type="checkbox"/> MRS / MR FIRST MI <u>Debbie</u> <u>A</u> NICKNAME LAST SUFFIX <u>Nash-King</u>			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>04</u> <u>07</u> <u>22</u> THROUGH <u>04</u> <u>27</u> <u>22</u>		Receipt # Amount \$ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION I would like to clarify on schedule F1 that market should have been marketing for paid advertisement which includes ads, websites, Facebook, digital banners, hanging and removing campaign signs. (Ads are Facebook and Newspaper)

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.
Debbie Nash-King
 Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Debbie Nash-King this the 10th day of May, 2022, to certify which, witness my hand and seal of office.
Stella Hawkins Stella Hawkins Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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)

 Signature of Candidate/Officeholder (Declarant)

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