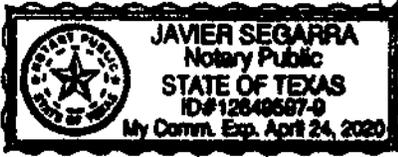
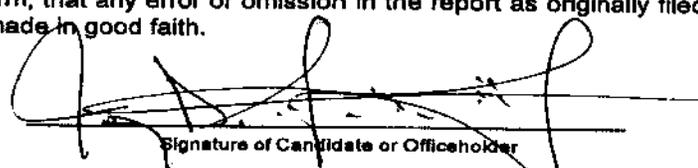
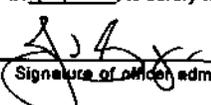


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	4/10/2019 3 pages received Ch. Ad. cl		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1	16	2019	4	4	2019
6 EXPLANATION OF CORRECTION						
Correction for name of contributor for Non-Monetary (In-Kind) Political Contribution (Schedule A2). This was an administrative error. The Candidate forwarded message to the Treasurer without identifying exact name of the contributor. Treasurer placed incorrect name on Schedule A2 Block 6. The Candidate did not adequately proof read before submission. The original report names "Killeen Fire Department" and it is corrected to read: Killeen Fire Fighters for Responsible Government. On this date all receipts have been verified as paid for by Killeen Fire Fighters for Responsible Government. All receipts and signage reflect "All Contributions paid for by Killeen Fire Fighters for Responsible Government."						
7 AFFIDAVIT						
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.						
AFFIX NOTARY STAMP / SEAL ABOVE						
						
Sworn to and subscribed before me, by the said <u>Jimmy D. Kilpatrick</u> this the <u>10th</u> day of <u>April</u>						
20 <u>19</u> , to certify which, witness my hand and seal of office.						
		<u>Javier Segarra</u> Printed name of officer administering oath		<u>Abstractor</u> Title of officer administering oath		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Jim Kilpatrick		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$2,161.84	
5 Date 4/3/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killeen Fire Fighters for Responsible Government	8 Amount of Contribution \$ \$2,161.84	9 In-kind contribution description 4x8 Political Signs KCCC Meet and Greet Jason's Deli Food KDH Newspaper Ads
7 Contributor address; City; State; Zip Code 604 N Gray, Killeen TX 76541		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME
Jim Kilpatrick

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **\$2161.84**

5 Date
4/3/19

6 Full name of contributor out-of-state PAC (ID#: _____)
Killeen Fire Department

7 Contributor address; City; State; Zip Code
Killeen TX 76541

8 Amount of Contribution \$
\$2161.84

9 In-kind contribution description
**4th Political Signs
KCCC Meet and Greet
Jason's Deli Food
KDH Newspaper Ads**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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