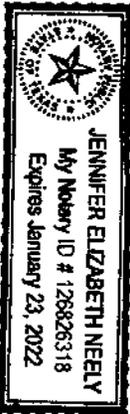


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MRS / MR	FIRST Debbie	MI A	Date Received <u>7/9/2019</u> <u>Ch. Alidid</u>	
	NICKNAME	LAST Nash-King	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> 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		Receipt #
	5 ORIGINAL PERIOD COVERED		Date Processed		Amount \$
		Month Day Year	Month Day Year	Date Imaged	
		04 / 06 / 19	THROUGH 04 / 26 / 19		
6 EXPLANATION OF CORRECTION					
I filed out the loan form incorrectly.					
7 AFFIDAVIT					
 <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>			<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><input checked="" 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.</p> <p><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.</p> <p style="text-align: center;"><u>Debbie Nash-King</u> Signature of Candidate or Officeholder</p>		
Sworn to and subscribed before me, by the said <u>Debbie King</u> this the <u>9th</u> day of <u>July</u> 20 <u>19</u> , to certify which, witness my hand and seal of office.					
<u>Jennifer Neely</u> Signature of officer administering oath		<u>Jennifer Neely</u> Printed name of officer administering oath		<u>Notary</u> Title of officer administering oath	
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

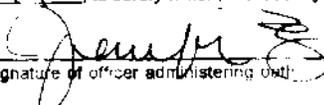
LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Councilwoman Debbie Nash-King		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 1 Jan 2017	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Nash-King	9 Loan Amount (\$) 5780.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2509 Little Nolan Road, Killeen, Texas 76542	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Career Counselor		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 24 April 2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Nash-King	Loan Amount (\$) 140.00
Is lender a financial institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2509 Little Nolan Road, Killeen, Texas 76542	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Career Counselor		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Debbie	MI A	Date Received 7/9/2019 Ch. Adair		
	NICKNAME	LAST Nash-King	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> 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				
6 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	04	05	19	THROUGH	04	26
6 EXPLANATION OF CORRECTION						
After reviewing my campaign bank statment, I noticed I did not include one of my expenditures for the month of April.						
7 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
Check ONLY if applicable:						
<input checked="" 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.						
		 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said <u>Debbie King</u> , this the <u>9th</u> day of <u>July</u> , 20 <u>19</u> , to certify which, witness my hand and seal of office.						
 Signature of officer administering oath		Jennifer Neely Printed name of officer administering oath		Notary Title of officer administering oath		

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 FILER NAME Councilwoman Debbie Nash-King	3 Filer ID (Ethics Commission Filers)
4 Date 8 April 19	5 Payee name Texas Black Pages	
6 Amount (\$) 125.00	7 Payee address; City; State; Zip Code 324 East Ave D, Killeen, TX 76541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Councilwoman Debbie Nash-King Office sought: District 2 Office held: District 2	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		