

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH  
RECEIVED

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>1</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Debbie</b>	MI <b>A</b>	Date Received: <b>APR 05 2024 4:25 PM</b> City of Killeen By: <b>Angelica Delin</b> Principal Secretary-City Hall	
	NICKNAME	LAST <b>Nash-King</b>	SUFFIX		
4 ORIGINAL REPORT TYPE  Campaign Finance Report	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked <b>HAND DELIVERED</b> Receipt # _____ Amount \$ <b>\$5000.00</b>	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed: <b>04/08/2024</b>	
	<input type="checkbox"/> 8th day before election			Date Imaged: <b>04/08/2024</b>	
5 ORIGINAL PERIOD COVERED		Month Day Year <b>01 / 15 / 2024</b>	THROUGH	Month Day Year <b>04 / 03 / 2024</b>	

6 EXPLANATION OF CORRECTION

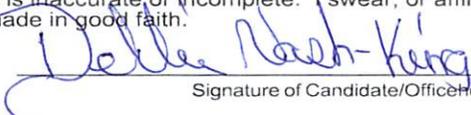
On form A1, the donor's name was misspelled on 01/30/2024.

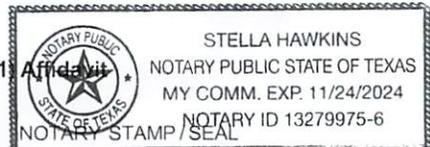
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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:

Sworn to and subscribed before me by Debbie Nash-King this the 5<sup>th</sup> day of April, 2024, 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 \_\_\_\_\_, 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\_\_\_\_.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

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