

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

RECEIVED

OFFICE USE ONLY

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		Date Received: APR 16 2024 8:55 AM City of Killeen By: Angelica Delin Principal Secretary-City Hall Date Hand-delivered or Date Postmarked: HAND DELIVERED Receipt # _____ Amount \$ _____ Date Processed: 04/16/2024 Date Imaged: 04/16/2024
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Debbie	MI A	
	NICKNAME	LAST Nash-King	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input 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 Day Year	THROUGH	Month Day Year	
	01 / 15 / 24		04 / 03 / 24	

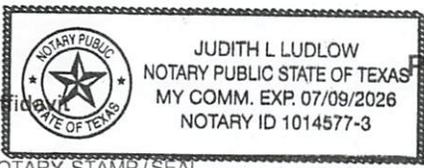
6 EXPLANATION OF CORRECTION
 The loan amount on Schedule E was wrong. (\$ 11,578.42 is correct)
 The candidate/office holder campaign finance report was on the wrong form.
 Correction (reported on Revised 11/15/22 - I corrected the report on revised 1/1/24 form)

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 A. Nash-King
 Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Debbie Nash-King this the 16 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Judith L Ludlow* Printed name of officer administering oath: Judith L Ludlow Title of officer administering oath: Lending Assistant

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