

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

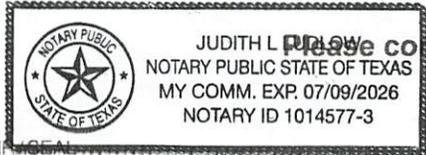
RECEIVED
OFFICE USE ONLY

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1		Date Received APR 26 2024 9:27 AM By: Angela Dejin Principal Secretary-City Hall HAND-DELIVERED Receipt # _____ Amount \$ _____ Date Processed 04/26/2024 Date Imaged 04/26/2024
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 04 / 03 / 24	THROUGH	Month Day Year 04 / 22 / 2024	

6 EXPLANATION OF CORRECTION
Correction on report: Period covered 04/03/24 - 04/22/24 report type was not 8th day before election

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



(1) Affidavit **Please complete either option below:**

Sworn to and subscribed before me by *Debbie Nash-King* this the *26* day of *April*, 20*24*, to certify which, witness my hand and seal of office.
 Signature of officer administering oath: *Michael R. Ludlow* Printed name of officer administering oath: Judith L. Ludlow Title of officer administering oath: *Leading 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