

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 1.5em; font-weight: bold;">8</span>	<b>OFFICE USE ONLY</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Steven</u> MI: <u>P.</u> NICKNAME: <u>Steve</u> LAST: <u>Dixon</u> SUFFIX: _____	Date Received: <u>11:51</u> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"><b>RECEIVED</b></div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em; margin: 5px 0;">JUN 13 2018</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">Town of Flower Mound Town Secretary's Office</div> Date Hand-delivered: _____ Date Postmarked: _____ Receipt #: _____ Amount \$: _____
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input checked="" 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 Processed: _____ Date Imaged: _____
5 ORIGINAL PERIOD COVERED	Month Day Year      Month Day Year <u>01 / 17 / 2018</u> THROUGH <u>04 / 07 / 2018</u>	Date Processed: _____ Date Imaged: _____

6 EXPLANATION OF CORRECTION

*Campaign Advertising expense to Cross Timbers Gazette of \$2,200 was reported a second time in error since it was included on previous report. Corrected C/OH pg 2, subtotal C/OH & original pages attached. <sup>Schedule</sup> K also included to account for 4 cents of interest in.*

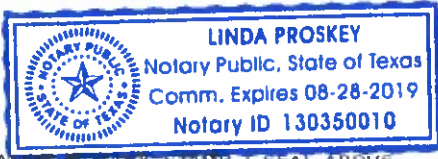
7 AFFIDAVIT

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

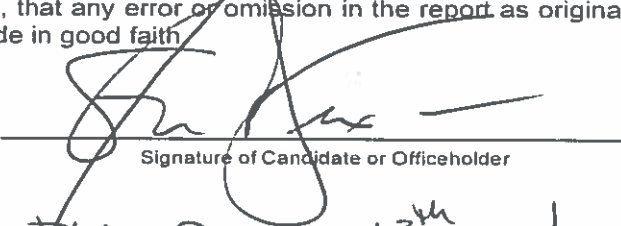
Check ONLY if applicable:

**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.




APPLY NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Steven Dixon, this the 13<sup>th</sup> day of June, 2018, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Linda Proskey

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

CORRECTED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Steve Dixon 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

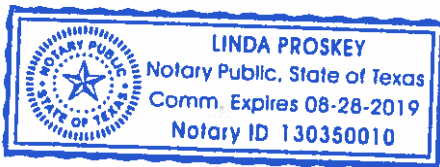
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,850.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 62.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

### 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Steve Dixon, this the 13<sup>th</sup> day of June, 2018, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*      Linda Proskay      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

ORIGINAL

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Steve Dixon

15 Filer ID (Ethics Commission Files)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2300.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 7,050.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 62.81

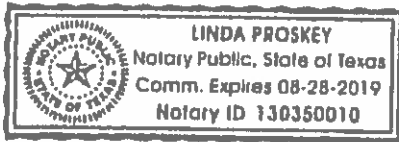
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and included all information required to be reported by me under Title 16, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Steve Dixon, this the 8<sup>th</sup> day of June, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Linda Proskey Printed name of officer administering oath

Notary Title of officer administering oath

Corrected

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

Steve Dixon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,300.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 47.68
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4850.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .04

ORIGINAL

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

*Steve Dixon*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,300.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 47.68
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,050.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Corrected

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Steve Dixon</b>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(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	Office sought	Office held
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Date <b>4/30/2018</b>	Payee name <b>Image Center</b>
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Amount (\$) <b>1375.00</b>	Payee address; City; State; Zip Code <b>2230 MORRIS RD FLOWER MOUND, TX 75028</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<b>Advertising Signs Printing</b>	<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 <b>Steve Dixon</b>	Office sought <b>Mayor</b>	Office held <b>None</b>
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Date <b>5/13/2018</b>	Payee name <b>Image Center</b>
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Amount (\$) <b>2,000.00</b>	Payee address; City; State; Zip Code <b>2230 MORRIS RD FLOWER MOUND, TX 75028</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<b>Advertising Printing/Mail/Signs</b>	<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 <b>Steve Dixon</b>	Office sought <b>Mayor</b>	Office held <b>None</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

original

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorial Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Removed

1 Total pages Schedule F1: <b>2</b>		2 FILER NAME <b>Steve Dixon</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/24/2018</b>		5 Payee name <b>Cross Timbers Gazette</b>			
6 Amount (\$) <b>2,200.00</b>		7 Payee address; City; State; Zip Code <b>6101 Long Prairie Rd 744-116 Flower Mound, TX 75028</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Steve Dixon</b>		Office sought <b>Mayor</b>	
Date <b>4/30/2018</b>		Payee name <b>Image Center</b>			
Amount (\$) <b>1,375.00</b>		Payee address, City; State; Zip Code <b>2230 Morriss Rd Flower Mound, TX 75028</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Signs &amp; Printing</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Steve Dixon</b>		Office sought <b>Mayor</b>	
Date <b>5/3/2018</b>		Payee name <b>Image Center</b>			
Amount (\$) <b>2,000.00</b>		Payee address, City; State; Zip Code <b>2230 Morriss Rd Flower Mound, TX 75028</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Printing/mail/signs</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Steve Dixon</b>		Office sought <b>Mayor</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <i>1</i>
2 FILER NAME <i>Steve Dixon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/5/2018</i>	5 Name of person from whom amount is received <i>Chase Bank</i>	8 Amount (\$)  <i>.01</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>P.O. Box 182051 Columbus, OH 43218</i>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>interest income from bank</i>		
Date <i>5/4/2018</i>	Name of person from whom amount is received <i>Chase Bank</i>	Amount (\$)  <i>.02</i>
	Address of person from whom amount is received; City; State; Zip Code <i>P.O. Box 182051 Columbus OH 43218</i>	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>interest income from bank</i>		
Date <i>6/6/2018</i>	Name of person from whom amount is received <i>Chase Bank</i>	Amount (\$)  <i>.01</i>
	Address of person from whom amount is received; City; State; Zip Code <i>PO Box 182051 Columbus, OH 43218</i>	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>interest income from bank</i>		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED