

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed 3		RECEIVED OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR: _____ FIRST: <u>Steven</u> MI: <u>P</u> NICKNAME: <u>Steve</u> LAST: <u>Dixon</u> SUFFIX: _____			
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 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 Received: JUN 19 2018 Town of Flower Mound Town Secretary's Office @ 1:14 PM Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>04/26/2018</u> THROUGH <u>06/07/2018</u>			

6 EXPLANATION OF CORRECTION
LISTED ORIGINAL PERIOD COVERED THROUGH 4/07/2018
CORRECTED TO 06/07/2018

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Steve Dixon, this the 19 day of JUNE, 2018, to certify which, witness my hand and seal of office.

Anne Carnes Anne Carnes Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Enter Commission File#)

2 Total pages filed

8

3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MS	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX	Date Received	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX, APT / SUITE #)		CITY	STATE	ZIP CODE	7:55 PM JUN - 8 2018 Town of Flower Mound Town Secretary's Office	
	<input type="checkbox"/> Change of Address Steve Dixon 4604 Wisdom Creek Ct Flower Mound, Tx 75022						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Date Postmarked		
(972) 355-8132							
6 CAMPAIGN TREASURER NAME	MR / MRS / MS	FIRST	MI	Receipt #			
	NICKNAME	LAST	SUFFIX	Amount \$			
Steve Dixon							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE	
	4604 Wisdom Creek Ct Flower Mound, Tx 75022						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Processed		
(972) 355-8132							
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 10th day before election		<input checked="" type="checkbox"/> Runoff		
	<input type="checkbox"/> July 15		<input checked="" type="checkbox"/> 20th day before election		<input type="checkbox"/> Exceeded \$500 limit		
<input type="checkbox"/> 15th day after campaign measure appointment (Officeholder Only) <input type="checkbox"/> Final Report (Annual GCM - FR)							
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	04 / 26 / 2018				04 / 07 / 2018		
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
06 / 16 / 2018 <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
None Mayor							

5/8
6/7/2018

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