## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

## FORM COR-C/OH

| A ORIGINAL REPORT    John John Stein |   |                             |                           |                                       |                          | _                 |  |                                       |  |
|--|---|-----------------------------|---------------------------|---------------------------------------|--------------------------|-------------------|--|---------------------------------------|--|
| OFFICEHOLDER NAME    JOE   Dickett   SUFFIX   SU | 1   | Filer ID (Ethics Comm       | s filed:                  | OFFICE USE ONLY                       |                          |                   |  |                                       |  |
| OFFICEHOLDER NAME    MICHANUE   LAST   SUFFIX     Joe   Pickett   SUFFIX    | 3   | CANDIDATE /                 | MS/MRS/MR                 | FIRST                                 | MI                       | Date              | Received   |                                       |  |
| Joe   Pickett   Joe   Discussion   Joe     | ,   | OFFICEHOLDER                | Mr. Joseph C              |                                       |                          | 01                | 01/12/2023 4:52 PM   |                                       |  |
| 4 ORIGINAL REPORT TYPE    July 15  |   |                             |                           |                                       | SUFFIX                   | 2.4               | al (1 acc)   |                                       |  |
| TYPE  July 15  Exceeded modified reporting Innex Report  July 15  Exceeded modified reporting Innex Report  July 15  Exceeded modified reporting Innex Innex Receipt 3  Amount 5  Date Processed O1/12/2023 4:56 F OORIGINAL PERIOD  O7/101/2022  THROUGH 12/31/2022  Date Innex O1/12/2023 4:56 F OORIGINAL PERIOD  O7/101/2022  THROUGH 12/31/2022  Date Innex O1/12/2023 4:56 F OORIGINAL PERIOD  O7/101/2022  THROUGH 12/31/2022  Date Innex O1/12/2023 4:56 F OORIGINAL PERIOD  O7/101/2022  THROUGH 12/31/2022  Date Innex O1/12/2023 4:56 F OORIGINAL PERIOD  OTHER OF OTHER O1/12/2023 4:56 F OORIGINAL PERIOD  O7/101/2022  THROUGH 12/31/2022  Date Innex O1/12/2023 4:56 F OORIGINAL PERIOD  OTHER O1/12/2022  OTHER O1/12/2023 4:56 F OORIGINAL PERIOD  OTHER O1/12/2022  OTHER O1/12/2022  OTHER O1/1 |   |                             | Joe Pickett               |                                       |                          | City Cle          | City Clerk's Office - Diana Nunez (Jan 12, 2023 16:56 MST) |                                       |  |
| Son day before election   Sish day before election   Sish day after transport   Sish day after trans   | 4   |                             | January 15                | Runoff                                | Final report             | Date              | Date Hand-delivered or Date Postmarked                     |                                       |  |
| Sind day before election   |   | TYPE                        | July 15                   |                                       | orting                   | Page              | :  | Δ                                     |  |
| 5 ORIGINAL PERIOD COVERED  O7/01/2022 THROUGH  12/31/2022  6 EXPLANATION OF CORRECTION  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 misrepre-sent the information contained in the report.  Other reports: I swear, or affirm, that I am filling 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 and without an intent to mislead or to mislead o |   |                             | ,                         |                                       | •                        | Rece              | ipi #  | Amount \$                             |  |
| Through 12/31/2022  Throug |   |                             | 8th day before election   | appointment (officeholde              | er only)                 | Date              | Processed O1/  | 12/2022 4:56 DM                       |  |
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| 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 misrepre-sent 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.  Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL  Swom to and subscribed before me by Joseph C. Pickett this the 12th day of January  20 23  |   | COVERED                     |                           |                                       | Date                     | Date Imaged       |  |                                       |  |
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| NOTARY STAMP/SEAL  Sworn to and subscribed before me by Joseph C. Pickett  20 23   |   |                             |                           | · · · · · · · · · · · · · · · · · · · | f Candidate/Officeholder |                   |  |                                       |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed before me by Joseph C. Pickett  20 23   |   |                             | DI.                       |                                       | (l C l l .               |                   |  |                                       |  |
| NOTARY STAMP/SEAL  Sworn to and subscribed before me by Joseph C. Pickett  | ,,  | A CCL L                     | Plea                      | ise complete el                       | ther option belo         | w:                |  |                                       |  |
| Sworn to and subscribed before me by Joseph C. Pickett  20 23, to certify which, witness my hand and seal of office.  Diana Nunez  Signature of officer administering oath  Printed name of officer administering oath  OR  (2) Unsworn Declaration  My name is, and my date of birth is,  (street), and my date of birth is,  (street), on theday of, 20  Executed in, County, State of, on theday of, 20  (month), 20  | (1  | ) Affidavit                 |                           |                                       |                          |                   |  |                                       |  |
| 20 23, to certify which, witness my hand and seal of office.  City Clerk's Office - Diana Nunez  Diana Nunez  Diana Nunez  Signature of officer administering oath  Printed name of officer administering oath  OR  (2) Unsworn Declaration  My name is  |   | NOTARY STAMP/SEA            | AL                        |                                       |                          |                   |  |                                       |  |
| 20 23, to certify which, witness my hand and seal of office.  City Clerk's Office - Diana Nunez  Diana Nunez  Diana Nunez  Signature of officer administering oath  Printed name of officer administering oath  OR  (2) Unsworn Declaration  My name is  | Sv  | vorn to and subscribed      | before me by Joseph C     | . Pickett                             | this the                 | <sub>=</sub> 12th | _ <sub>day of</sub> Ja                                     | inuary                                |  |
| Diana Nunez  Signature of officer administering oath  Printed name of officer administering oath  OR  (2) Unsworn Declaration  My name is  |   |                             |                           |                                       | _                        |                   |  |                                       |  |
| (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  |   | -                           |                           |                                       |                          |                   | Notary   | Public                                |  |
| (2) Unsworn Declaration         My name is   | Siç   | gnature of officer administ | ering oath Print          | ed name of officer admini             | stering oath             |                   | Title of office  | r administering oath                  |  |
| My name is   |   |                             |                           | OR                                    |                          |                   |  |                                       |  |
| My address is  | (2  | ) Unsworn Declarat          | ion                       |                                       |                          |                   |  |                                       |  |
| My address is  | My  | / name is                   |                           |                                       | , and my date of birth   | is                |  |                                       |  |
| (street) (city) (state) (zip code) (country)  Executed in County, State of, on the day of, 20  (month) (year)  |   |                             |                           |                                       |                          |                   |  |                                       |  |
| Executed in County, State of , on the day of , 20 (month) (year)   |   | -                           | (street)                  |                                       | (city)                   | (state)           | (zip code)   | (country)                             |  |
|  | Ex  | ecuted in                   | County, State of          | , on the                              | e day of                 |                   | , 20   | · · · · · · · · · · · · · · · · · · · |  |
| Signature of Candidate/Officeholder (Declarant)  |   |                             |                           |                                       | (mon                     | nth)              | (year)   | _                                     |  |
|  |   |                             |                           | _                                     | Signature of Cano        | didate/Offic      | eholder (Dec   | larant)                               |  |
| Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections   | _   | Damamhar Ta Arr             | als Amy Don't Of The O    | naina Financa B                       |                          |                   |  | ·                                     |  |

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

## INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- **1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- **2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.