Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

RECEIVED
MAY 8 2007
CITY OF FORT WORTH
CITY SECRETARY

FORM **COR-C/OH**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #

2 Total pages filed: 1

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Legal	Totals

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST | MI

NICKNAME: CHUCK | LAST: Silcox | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month / Day / Year THROUGH Month / Day / Year

6 EXPLANATION OF CORRECTION

THE "EIGHT DAY BEFORE" REPORT WAS SUBMITTED ON FRIDAY MAY 4, 2007. HOWEVER, SCHEDULE "F" WAS NOT INCLUDED WHEN TURNED IN. THIS CORRECTION IS TO COVER THAT OVERSIGHT. SCHEDULE F HAS NOW BEEN TURNED IN.

7 AFFIDAVIT

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

Check ONLY if applicable:

[x] 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.

RONALD P. GONZALES
MY COMMISSION EXPIRES
May 17, 2008

AFFIX NOTARY STAMP / SEAL ABOVE

Chuck Silcox
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Chuck Silcox this the 8th day of May, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Ronald P. Gonzales	Ronald P. Gonzales	Notary

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME CHUCK SILCOX

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
4-12-07	TRAVIS Q. PARMER PO Box 11517 Fort Worth, Tx 76110	5000 00

8 Purpose of payment (See instructions regarding type of information required.)
CONSULTANT SERVICES
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
5-1-07	GRAPHICS 2 507 S. Main St. FW Tx 76104	2479.72

Purpose of payment (See instructions regarding type of information required.)
PRINT + MAILING
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED