

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

<b>1</b> ACCOUNT #		<b>2</b> Total pages filed: <u>3</u>		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Reported or Date Reported	
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Legal	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Totals	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed	
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Date Imaged	
05/01/2009 THROUGH 06/30/2009					

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

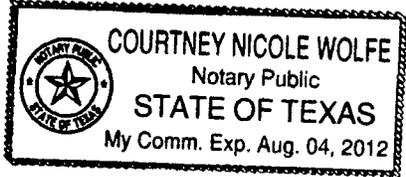
**6** EXPLANATION OF CORRECTION

1) To correct the dates of the filing period from 04/30/2009 to 07/15/2009 and change them to 05/01/2009 to 06/30/2009

2) To correct line 4 of Cover Sheet pg 2 as  $\neq$  political expenditures within the filing period. (Clarification - \$1,184.32 is ~~ex~~ total expenditure to date originally in the period of 03/31/09 to 04/29/09

**7** AFFIDAVIT

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



Check ONLY if applicable:

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.

Eliz J. McCune  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Elizabeth J. McCune this the 8 day of January

to certify which, witness my hand and seal of office.

Courtney Nicole Wolfe Courtney Nicole Wolfe 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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <span style="font-size: 2em; font-family: cursive;">3</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <i>Ms.</i> FIRST: <i>Elizabeth Jane</i> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <span style="font-size: 1.5em; font-family: cursive; display: block; text-align: center;">McCune</span>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; font-family: cursive;">2704 Stone Oak Drive Fort Worth, TX 76109</span>	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; font-family: cursive;">(817) 926-9850</span>	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <i>Ms.</i> FIRST: <i>Elizabeth Jane</i> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <span style="font-size: 1.5em; font-family: cursive; display: block; text-align: center;">McCune</span>	Receipt #	Amount
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; font-family: cursive;">2704 Stone Oak Drive Fort Worth, TX 76109</span>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em; font-family: cursive;">(817) 926-9850</span>	Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <span style="font-size: 1.2em; font-family: cursive;">05/01/2009    06/30/2009</span>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <span style="font-size: 1.2em; font-family: cursive;">05/09/2009</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <span style="font-size: 1.2em; font-family: cursive;">Fort Worth City Council, Dist 3</span>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name: _____  Address / PO Box; Apt. / Suite #: City; State; Zip Code: _____		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Elizabeth Jane McCune **16 ACCOUNT # (Ethics Commission Filers)**

**17 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	Ø
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	Ø
	4. TOTAL POLITICAL EXPENDITURES	\$	Ø
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	Ø
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	Ø

**19 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.

\_\_\_\_\_

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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