



CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <u>3</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	First	MI
	NICKNAME	LAST	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED	Month	Day	Year
	1	1	2009
	THROUGH	3	30
			2009

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

6 EXPLANATION OF CORRECTION

need to add postage expense of \$ 657.91 and refigure calculations.

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.

Suzette Watkins

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Suzette Watkins this the 15 day of July 2009 to certify which, witness my hand and seal of office.

Catanna S. Juarez *Catanna S. Juarez* *Notary*

 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 REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Suzette Watkins 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.

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

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1018. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2751.28
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ 1770.85 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 1770.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 283.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Suzette Watkins
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Suzette Watkins, this the 15th day of July, 2009, to certify which, witness my hand and seal of office.

Catarina S. Juarez Catarina S. Juarez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 1

2 FILER NAME Suzette Watkins 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/12/09</u>	5 Payee name <u>USPS</u>	7 Amount (\$) <u>675 SW</u> <u>657.91</u>
6 Payee address, City, State, Zip Code <u>H. Worth, TX 76103</u>		

8 Purpose of payment (See instructions regarding type of information required.) postage 9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		

Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED