


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

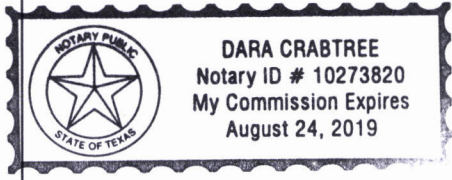
1 Filer ID (Ethics Commission Filer's)		2 Total pages filed:		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME				
MS / MRS / MR		FIRST		
Troy Hill		Troy Hill		
NICKNAME		LAST		
Troy Hill		Hill		Date Received
4 ORIGINAL REPORT TYPE		MI		Date Hand-delivered or Date Postmarked
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		<input type="checkbox"/> Other (specify) _____ Receipt # _____ Amount \$ _____
5 ORIGINAL PERIOD COVERED		SUFFIX		Date Processed
Month Day Year		Month Day Year		Date Imaged
3 / 27 / 18		THROUGH 4 / 27 / 18		

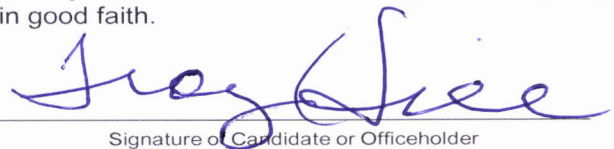
6 EXPLANATION OF CORRECTION
 Adding donation of \$1000 that cleared bank on 4/23/18. Donation made from TX Stronger PAC on page 2 of AG

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.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Troy Hill, this the 1 day of May, 2018, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary
 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**