CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages fil | 2 Total pages filed: | | OFFICE USE ONLY | | |
|---------------------------------------|--|---|----------------------|---|--|----------------------------------|--|
| 3 CANDIDATE / OFFICEHOLDER | | MS/MRS/MR FIRST MI Dick | | Da | Date Received | | |
| NAME | NICKNAME LAST SUFFIX | | IX II | RECEIVED By Travis Central Appraisal District at 9:10 am, May 02, 2024 | | | |
| 4 ORIGINAL REPORT TYPE | January 15 | Runoff Exceeded modified reportin | Final report | | Date Hand-delivered or Date Postmarked | | |
| | 30th day before election X 8th day before election | Iimit 15th day after treasurer appointment (officeholder or | Other (specify) | | ceipt # | Amount \$ | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 03 / 26 / 2024 | Month THROUGH 04 | , , | Year | te Processed te Imaged | | |
| 6 EXPLANATION OF CO | 00 / / | | | | | | |
| Revised Contribu | tion Balance to reflect bank | account balance as | s of 04/24/2024 | 4. | | | |
| 7 SIGNATURE I SWE | ear, or affirm, under penalt | y of perjury, that th | is corrected r | eport is ti | ue and corr | ect. | |
| Cheo | ck ONLY if applicable: | | | | | | |
| | l reports: I swear, or affirm, the misrepre-sent the informati | | | good faith | and without | an intent to | |
| 🛆 date I learne | ts: I swear, or affirm, that I a ed that the report as originally the report as originally filed v | v filed is inaccurate of | or incomplete. | er than the I swear, o | e 14th busines r affirm, that a | ss day after the any error or | |
| | | | Dick | Lavine | | | |
| | | | Signature of (| Candidate/O | fficeholder | | |
| (1) Affidavit | Please | e complete eith | er option be | elow: | | | |
| NOTARY STAMP/SE | AL | | | | | | |
| Sworn to and subscribed | d before me by | | this | the | day of | , | |
| 20, to certif | y which, witness my hand and seal | of office. | | | | | |
| Signature of officer administ | tering oath Printed | name of officer administe | ring oath | | Title of office | r administering oath | |
| | | OR | | | | | |
| (2) Unsworn Declarat | lion | | | | | | |
| My name is | | , e | and my date of bi | rth is | | | |
| My address is | | ,, | | _,, | ; | · | |
| | (street) | | | | (zip code) | | |
| Executed in | County, State of | , on the | day of(| month) | , 20 (year) | | |
| | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Dick Lavine | | | 16 Filer ID | (Ethics Commission Filers) | | |
|------------------------------------|---|---|----------------|----------------------------------|--|--|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | N \$ | 0.00 | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | |) \$ | 5,853.34 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL E | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | 2,393.82 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD | IS MAINTAINED AS OF THE LA | ST DAY | 10,355.68 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING P | | OF THE | 0.00 | | |
| | swear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elect | | ue and correc | and includes all information | | |
| | Dick Lavine | | | | | |
| | - | Signature of C | andidate or (| Officeholder | | |
| | Please complet | e either option below | w : | | | |
| (1) Affidavit | | | | | | |
| NOTARY STAMP/SEA | AL | | | | | |
| Sworn to and subscribed | before me by | this the | c | lay of, | | |
| 20, to certify | which, witness my hand and seal of office. | | | | | |
| Signature of officer administe | ering oath Printed name of officer | administering oath | Tit | le of officer administering oath | | |
| | OF | L | | | | |
| (2) Unsworn Declarati | ion | | | | | |
| My name is | | , and my date of birth i | s | | | |
| My address is | | ,,,, | , | , | | |
| | (street) | (city) | (state) (zip | o code) (country) | | |
| Executed in | County, State of, | on the day of (mon | , th) | 20 (year) | | |
| | | Signature of Cand | idate/Officehc | lder (Declarant) | | |