CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

CANDIDATE /			2 Total Page	s filed:			OFFICE	USE ONLY
	MS/MRS/MR		FIRST		MI		Date Received	
OFFICEHOLDER	Mr.		Bill				10/22/2015	
NAME	NICKNAME		LAST		SUFFIX		1	
			King					
4 ORIGINAL							Date Hand-delivered	or Date Postmarked
REPORT	January 15	Runoff		Other (Specify)				
TYPE								
	July 15	Exceeded \$	500 limit		_		Receipt #	Amount
	X 30th day before elec		ter treasurer ht(Officeholder				Legal	Totals
	8th da before election	on Final report					Date Processed	
5 ORIGINAL PERIOD	Month	Day Year		Month	Day	Year	Date Imaged	
COVERED	7/*	1/2015	THROUGH	g	/24/2015			
6 EXPLANATION OF	CORRECTION							
7 AFFIDAVIT		I swear	, or affirm, under	penalty of pe	rjury, that th	nis correct	ed report is true a	and correct.
		Check C	NLY if applicable					
		after Sep original r	nual reports: This otember 1, 2011. I report was filed, I					
		affirm, th learned t	ports (excluding s at I am filing this that the report as	swear, or affi d or to misre emiannual re corrected rep originally file	present the present the ports due o port not later d is inaccura	original re information on or after than the ate or inco	n or after the eight eport was made in on contained in th September 1, 20 14th business da omplete. I swear,	th day after the n good faith and le report. 11): I swear, or
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