

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>4/5</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		Date Received			
MS / MRS / MR <u>MR</u>		FIRST <u>Andre</u>		2022 JAN 19 AM 10:41 FILED JOHN F. WARREN COUNTY CLERK DALLAS COUNTY BY <u>SS</u> DEPUTY	
NICKNAME		LAST <u>Turner</u>			
4 ORIGINAL REPORT TYPE		Date Hand-Delivered or Date Postmarked		Receipt #	
<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)	
5 ORIGINAL PERIOD COVERED		Date Processed		Date Imaged	
Month Day Year		Month Day Year			
<u>7 / 1 / 21</u> THROUGH		<u>12 / 31 / 2021</u>			

6 EXPLANATION OF CORRECTION I forgot to Attach 7 Additional Monetary Political Contributions sheets. Totaling \$2,910.00

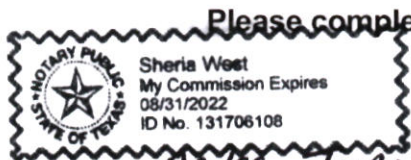
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

Andre Turner
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andre TURNER this the 19th day of January, 2022 to certify which, witness my hand and seal of office.

[Signature] SHERIA WEST Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Handwritten notes at the top of the page, including the word "Handwritten" written vertically on the left and "Handwritten" written horizontally in the center.

Handwritten text in the middle section, possibly a title or a list of items.

Handwritten text in the lower middle section.

Handwritten text in the bottom left corner.

Handwritten text in the bottom center.

Handwritten text in the bottom right corner.