

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>Mr.</u> FIRST <u>Steven</u>			
		NICKNAME <u>Shiny Steve</u> LAST <u>SAVAGE</u> SUFFIX		<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p>Ablene City Secretary</p> <p>JAN 11 2013</p> <p>Filed for Record</p> </div>	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input 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 THROUGH Month Day Year <u>01/01</u> <u>2017</u> <u>06/30</u> <u>2017</u>		Receipt # Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

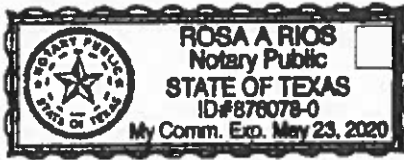
Correction to period covered section 9 on cover sheet page 1

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Savage, this the 11th day of January, 2018, to certify which, witness my hand and seal of office.

[Signature] Rosa A. Rios Notary Public
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 CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Steven MI: J NICKNAME: Stinky Steve LAST: Savage SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; margin: 10px 0;"> Abilene City Secretary JAN 11 2018 Filed for Record </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4810 Mary Lou Abilene TX 79606		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 201-4100		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MS</u> FIRST: Cristi MI: K NICKNAME: LAST: Savage SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4810 Mary Lou Abilene, TX 79606		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 428-8135		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2017 THROUGH 06 / 30 / 2017		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special N/A	
12 OFFICE	OFFICE HELD (if any) Abilene City Council - Place 6	13 OFFICE SOUGHT (if known) N/A	

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