

**CORRECTION/AMENDMENT AFFIDAVIT FOR
CANDIDATE/OFFICEHOLDER**

FORM COR-C/OH

1 ACCOUNT #	2 Total Pages filed:	OFFICE USE ONLY
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	Date Received
	Mr. Greg ----- NICKNAME LAST SUFFIX Travis	10/5/2015
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (Specify)	Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	Receipt # Amount
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment(Officeholder only)	Legal Totals
	<input type="checkbox"/> 8th da before election <input type="checkbox"/> Final report	Date Processed
	5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 7/1/2015 THROUGH 9/24/2015

6 EXPLANATION OF CORRECTION
Office sought was not selected in the original report

7 AFFIDAVIT

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

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, 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 (excluding semiannual reports due on or after September 1, 2011): 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.

Greg Travis
Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Print 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**

