

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>3</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		

6 EXPLANATION OF CORRECTION

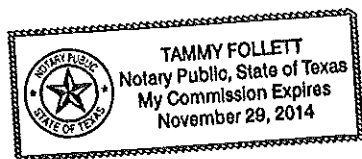
To provide additional detail for campaign expenses reported previously. Only Section F from previous report was affected.

7 AFFIDAVIT

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

Check ONLY if applicable:

☐ 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by John P. Keating this the 17th day of January, 20 11, to certify which, witness my hand and seal of office.

Tammy Follett
Signature of officer administering oath

Tammy Follett
Printed name of officer administering oath

Notary
Title of officer administering oath

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 2		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-19-10		5 Payee name Frisco Lakes Community Center			
6 Amount (\$) \$450.00		7 Payee address; City; State; Zip Code 7277 Frisco Lakes Dr. Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Rental for campaign event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-28-10		Payee name US Postal Service			
Amount (\$) \$1452.00		Payee address; City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-21-10		Payee name Praffeo			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code 5500 Buckskin Dr. The Colony, TX 75056			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-21-10		Payee name Staples			
Amount (\$) \$454.73		Payee address; City; State; Zip Code 3333 Preston Rd. Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Ad Printing Expense		Description (If travel outside of Texas, complete Schedule T) Mailing Labels	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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Salaries/Wages/Contract Labor
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Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2		2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-21-10		5 Payee name Wal-Mart			
6 Amount (\$) \$47.45		7 Payee address; City; State; Zip Code 12220 Fm 423 Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Supplies for FL event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-21-10		Payee name Goody-Goody			
Amount (\$) \$363.51		Payee address; City; State; Zip Code 5285 Texas 121 The Colony, 75056			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Supplies for FL event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-21-10		Payee name Proforma Specialty Marketing			
Amount (\$) \$475.00		Payee address; City; State; Zip Code 3044 Old Denton Rd. #111-321 Carrollton, TX 75007			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Police/Fire Stickers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-21-10		Payee name Collin County Elections			
Amount (\$) \$5.00		Payee address; City; State; Zip Code 2010 Redbud Blvd. Ste 102 McKinney, TX 75069			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) Voting Records	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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