

FORM COR-C/OH

# **CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER**

<b>1 ACCOUNT #</b>		<b>2 Total pages filed:</b> 4		<b>OFFICE USE ONLY</b>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	Date Received	RECEIVED MAR 11 2011 4:45 PM City Secretary's Office	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
<b>4 ORIGINAL REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Receipt #	Amount	
				Date Processed		
<b>5 ORIGINAL PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year
	4	1	10	THROUGH	4	30
Date Imaged						

**6 EXPLANATION OF CORRECTION**

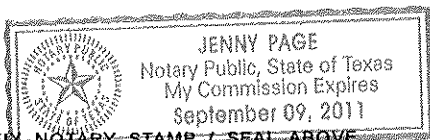
To correctly reflect campaign expenses covered by personal funds which were previously reported on Schedule F instead of Schedule G. Revised Schedule F and New Schedule G attached for this reporting period.

**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.



AFFIDANT NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by John Keating this the 11th day of March.

20 11 to certify which, witness my hand and seal of office.

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**

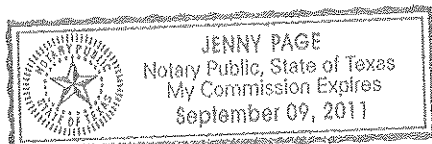
# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <u>John Keating</u>		<b>16 ACCOUNT #</b> (Ethics Commission Filers)	
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<b>COMMITTEE TYPE</b> <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> <u>Keating for Frisco</u>	
		<b>COMMITTEE ADDRESS</b> <u>4932 Shoreline Dr. Frisco, TX 75034</u>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> <u>Kelly Little</u>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> <u>5242 Quail Run Frisco, TX 75034</u>	
<b>18 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>785.00</u>
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>4956.01</u>
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>485.84</u>
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>17218.30</u>

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

John A. Keating  
Signature of Candidate or Officeholder

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

Jenny Page  
Signature of officer administering oath

Jenny Page  
Printed name of officer administering oath

City, Secretary/Notary  
Title of officer administering oath

**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.

<b>1</b> Total pages Schedule F: 1 of 1	<b>2</b> FILER NAME John Keating	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4-14-10	<b>5</b> Payee name Frisco Lakes Community Association	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code Frisco, Tx 75034	
<b>8</b> 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) Meet & Greet
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME John Keating		3 ACCOUNT # (Ethics Commission files)
4 Date 4-27-10	5 Payee name Metro Mailer 6 Payee address; City; State; Zip Code 5719 E. Rosedale, Ste 809 Fort Worth, TX 76112 7 Purpose of expenditure (See instructions regarding type of information required.) mailer (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 1058.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-15-10	Payee name Frisco Style Magazine Payee address; City; State; Zip Code PO Box 1676 Frisco, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) Candidate Profile (If travel outside of Texas, complete Schedule T)	Amount (\$) 600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-14-10	Payee name Clear Channel Outdoor Payee address; City; State; Zip Code 3700 E. Randall Mill Road Arlington, TX 76011 Purpose of expenditure (See instructions regarding type of information required.) Digital Billboard (If travel outside of Texas, complete Schedule T)	Amount (\$) 2998.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED