

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                     | <b>RECEIVED</b><br><b>MAR 11 2011</b> 4:45 PM<br>City Secretary's Office |      |    |
|                                 | NICKNAME  | LAST  | SUFFIX                                   | Date Hand-delivered or Postmarked |  |      |    |
| 4 ORIGINAL REPORT TYPE          | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) | Receipt #                         | Amount   |      |    |
|                                 | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded \$500 limit                                     |  | Date Processed                    |  |      |    |
|                                 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Date Imaged                       |  |      |    |
|                                 | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final report   |  |                                   |  |      |    |
| 5 ORIGINAL PERIOD COVERED       | Month   | Day   | Year                                     | Month                             | Day  | Year |    |
|                                 | 7   | 1   | 10                                       | THROUGH                           | 1  | 15   | 11 |

## 6 EXPLANATION OF CORRECTION

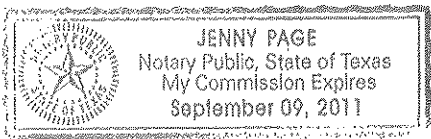
To correct campaign expenses previously reported on Schedule F.

## 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 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

15 C/OH NAME

John Keating

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

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.

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Keating for Frisco

COMMITTEE ADDRESS

4932 Shoreline Dr.  
Frisco, TX 75034

COMMITTEE CAMPAIGN TREASURER NAME

Kelly Little

COMMITTEE CAMPAIGN TREASURER ADDRESS

5242 Quail Run  
Frisco, TX 75034☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 250.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 550.88

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ .03

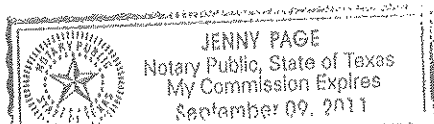
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 31089.50

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

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.

Signature of officer administering oath

Printed name of officer administering oath

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:<br>1 of 1                          | <b>2</b> FILER NAME<br>John Keating  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                                    |
| <b>4</b> Date<br>8-26-10  | <b>5</b> Payee name<br>Proforma Specialty Marketing  |  |
| <b>6</b> Amount (\$)<br>480.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>3044 Old Denton Rd #111-321<br>Carrollton, TX 75007 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | (a) Category (See categories listed at the top of this schedule)<br>Advertising Expense              | (b) Description (If travel outside of Texas, complete Schedule T)<br>Car Magnets |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held   |
| Date<br>8-26-10   | Payee name<br>Pay Pal  |  |
| Amount (\$)<br>70.88  | Payee address; City; State; Zip Code<br>website  |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br>Accounting / Banking                 | Description (If travel outside of Texas, complete Schedule T)<br>Fees            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | 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          | Candidate / Officeholder name  | 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          | Candidate / Officeholder name  | Office sought      Office held   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED