

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>2</u>		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	<u>JOE</u>		<u>M</u>	RECEIVED - CSO APR 22 PM 4:22			
NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked				
		<u>McHaney</u>		Receipt #	Amount		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Processed			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Imaged			
	<input checked="" 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	Month	Day	Year	
	<u>1</u>	<u>1</u>	<u>13</u>	THROUGH	<u>4</u>	<u>11</u>	<u>13</u>

6 EXPLANATION OF CORRECTION

TO CORRECT NAME OF INKIND CONTRIBUTION

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.



Joe McHaney  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe McHaney, this the 22nd day of April

20 13, to certify which, witness my hand and seal of office.

Tina Stewart Signature of officer administering oath  
Tina Stewart 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JOE M McHANEY		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE McCOLLUM	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 172202 ARLINGTON, TX 76003		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Businessman / OWNER		10 Employer (See Instructions)	
Date 4/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TINA DAO	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10935 ESTATE LANE SUITE 8180 DALLAS, TEXAS 75238		\$5000.00	
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) RADIO STATION OWNER		Employer (See Instructions)	
Date 4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILL GILPIN	Amount of contribution (\$) \$800	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 140 INDUSTRIAL, LANCASTER, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENVIRONMENTAL / ACE ENVIRONMENTAL		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.