CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mitchell NICKNAME LAST Smith	A SUFFIX	angle I noght 12:24 p.m.	
4 ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Date Hand-delivered or Date Postmarked O 2 - 23 - 24 Receipt # Amount \$ Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year 7 26 23 TH	Month Day Year IROUGH 12 31 23	02-23-24 Date Imaged 02-23-24	
6 EXPLANATION OF CORRECTION On 12/31/2023 I received a contribution from my pastor's discretionary church fund of \$500 as reported on Schedule A1 pg2. I learned later that it could be viewed as a donation from the church as the check was in the church name. Once I learned of the potential issue I contacted the ethic commission for advice and then returned the funds on 2/9/24.				
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:				
Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.				
Other reports: 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.				
LAEKEN BRINLEE Notary ID #134081027 My Commission Expires November 28, 2019 ea se complete either option below:				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by With Britu this the 23 th day of Flich Watry.				
20 27, to certify which, witness my hand and seal of office.				
Signature of officer adminis	tering oath Printed name	e of officer administering oath	Title of officer administering oath	
(2) Unsworn Declaration				
My name is, and my date of birth is				
My address is				
	(street)	, ,,	ate) (zip code) (country)	
Executed in	County, State of	, on the day of(month)	, 20 (year)	
		Signature of Candida	te/Officeholder (Declarant)	
Pemember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections				