

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked: <u>1-16-2024</u> Receipt # <u>0</u> Amount \$ <u>0</u> Date Processed: <u>1-16-2024</u> Date Imaged: <u>1-16-2024</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MA.</u>	FIRST <u>CLYDE</u>	MI <u>E.</u>	
	NICKNAME	LAST <u>WATSON</u>	SUFFIX <u>SR</u>	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election			
Month Day Year		Month Day Year		
<u>07 / 01 / 2023</u>		THROUGH <u>12 / 31 / 2023</u>		

6 EXPLANATION OF CORRECTION ON THE CAMPAIGN FINANCE REPORT, FILED ON 1-12-24 WAS NOT THE FINAL REPORT - SO THE DESIGNATION OF FINAL REPORT PAGE SHOULD NOT HAVE BEEN SIGNED, TURNED IN, OR ENTERED AS A NEW FINANCE REPORT IS FILED

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 misrepresent 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.

Clyde E. Watson Sr.  
Signature of Candidate/Officeholder

**(1) Affidavit**

NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by Sherrin Petty this the 16<sup>th</sup> day of January, 2024 to certify which, witness my hand and seal of office.

Sherrin Petty Printed name of officer administering oath Sherrin Petty Title of officer administering oath Notary Public

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

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