CORRECTION AFFIDAVIT FOR POLITICAL PARTY REPORT FORM COR-PTY REGARDING FUNDS FROM CORPORATIONS AND LABOR **ORGANIZATIONS** Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00023794 Date Received POLITICAL PARTY Burleson County Republican Party (P) **ELECTRONICALLY FILED** NAME 01/11/2024 POLITICAL PARTY FIRST LAST SUFFIX **CHAIR** Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 8th day before primary election REPORT TYPE Receipt # Amount 50th day before general election July 15 Date Processed ORIGINAL PERIOD Month Day Year Month Day Year Date Imaged **COVERED THROUGH** 01/01/2023 06/30/2023 **EXPLANATION OF CORRECTION** The total contributions maintained should have stated \$9574.15 as noted in the prior filing. There was a \$150 expenditure to the Kolache Festival for advertising on 9-8-2022. The incorrect amount listed on this filing was \$9724.15. 8 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. Karen Bolt Signature of Political Party Chair AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ___, this the __ _____, 20_____, 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 Form PTY-CORP Needed To Report And Explain Corrections

FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00023794 3 POLITICAL PARTY Burleson County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 01/11/2024 X County: Burleson POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS 6339 CR 309 Date Processed Change of Address CALDWELL, TX 77836 Date Imaged POLITICAL PARTY TITLE **NICKNAME** LAST **SUFFIX FIRST** MΙ **CHAIR CHAIR MAILING** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** Change of Address CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **10** CHAIR PHONE **EXTENSION** 11 REPORT TYPE January 15 8th day before primary election X July 15 50th day before general election 12 PERIOD COVERED Month Day Year Month Day Year **THROUGH** 01/01/2023 06/30/2023

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FORM PTY-CORP POLITICAL PARTY REPORT: **TOTALS AND AFFIDAVIT COVER SHEET PG 2** 14 Filer ID 13 POLITICAL PARTY NAME (Ethics Commission Filers) 00023794 Burleson County Republican Party (P) 15 TOTALS 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR **ORGANIZATIONS** \$ 0.00 (OTHER THAN LOANS OR GUARANTEES OF LOANS) 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS \$ 0.00 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 9.724.15 A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions. 16 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. Signature of Political Party Chair AFFIX NOTARY STAMP / SEAL Sworn to and subscribed before me, by the said

Signature of officer administering oath

Printed name of officer administering oath

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

Title of officer administering oath

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Burleson County Republican Party (P) 00023794 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$