

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT # <u>                    </u>		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	FILED TARRANT COUNTY 2014 JAN 21 PM 5:30 ELECTIONS ADMINISTRATOR STEVE RABON
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
		<u>Leo</u>	<u>Everett</u>	Receipt #	Amount
		<u>Youngs</u>	<u>Jr.</u>	Date Processed	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Imaged	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input 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>07 / 01 / 13</u>	THROUGH <u>12 / 31 / 13</u>		

6 EXPLANATION OF CORRECTION

*On page 13 of 13 pages of the Political Contributions (Schedule A(J)) the Box for the Date for the Contribution of William H. Ray was left blank by mistake. The date his contribution was accepted was 12-18-13. This additional information is made to correct the report.*

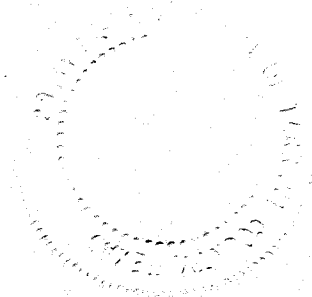
7 AFFIDAVIT

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.


  
Leo Everett Young Jr.  
 Signature of Candidate / Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leo Everett Young Jr., this the 21<sup>st</sup> day of January 2014, to certify which, witness my hand and seal of office.

Lee Ann Swan                      Lee Ann Swan                      Associate clerk  
 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**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>13</b>	
2 FILER NAME <b>Leo Everett Young, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers) <b>-</b>	
4 Date <b>12-18-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William H. Ray</b>	7 Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable) <b>FILED ARRANT COUNTY JAN 21 11 3:30 STEVE NAYAN ELECTIONS ADMINISTRATOR</b>
6 Contributor address; City; State; Zip Code <b>512 Main Street, Suite 308, Fort Worth, Texas 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney at Law</b>		10 Contributor's job title <b>Attorney at Law</b>	
11 Contributor's employer/law firm <b>William H. Ray, Attorney at Law</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.