

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 1.2em;">13</span>						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Jacqueline      L <hr/> NICKNAME      LAST      SUFFIX Klein		<div style="border: 2px solid black; padding: 10px; margin: 5px;"> <b>OFFICE USE ONLY</b>           Date Received   <div style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div>  <div style="color: red; font-weight: bold; font-size: 1.2em;">APR 07 2022</div>  <div style="color: red; font-weight: bold; font-size: 1.2em;">Business Services</div>  <div style="color: red; font-weight: bold; font-size: 1.2em;">North East ISD</div>          Date Hand-delivered or Date Postmarked  <i>Lyonne J. Hutzler</i>  <hr/>         Receipt #      Amount \$           Date Processed           Date Imaged       </div>						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  ✓ Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE PO Box 6695, San Antonio, TX 78209								
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 210 )      262-4628								
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Teri      M <hr/> NICKNAME      LAST      SUFFIX Watson								
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 26614 Villa Toscana, San Antonio, TX 78260								
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 210 )      445-7605								
<b>9</b> REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>								
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month      Day      Year            2      /      17      /      22         </div> <div>THROUGH</div> <div>           Month      Day      Year            4      /      7      /      22         </div> </div>								
<b>11</b> ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month      Day      Year            5      /      7      /      22         </div> <div style="flex: 2;">           ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General           </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Special           </div> <div> <input type="checkbox"/> Other Description           </div> </div> </div> </div>								
<b>12</b> OFFICE	OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known) NEISD School Board Trustee, District 2								
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-right: 1px solid black; vertical-align: top;">           COMMITTEE TYPE   <input checked="" type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC         </td> <td style="border-right: 1px solid black; padding: 2px;">           COMMITTEE NAME            Parents United For Freedom         </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">           COMMITTEE ADDRESS            PO Box 591074, San Antonio, TX 78259         </td> <td style="padding: 2px;">           COMMITTEE CAMPAIGN TREASURER NAME            Melanie Hutzler         </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">           COMMITTEE CAMPAIGN TREASURER ADDRESS            PO Box 591074, San Antonio, TX 78259         </td> <td style="padding: 2px;"></td> </tr> </table> </div>			COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Parents United For Freedom	COMMITTEE ADDRESS PO Box 591074, San Antonio, TX 78259	COMMITTEE CAMPAIGN TREASURER NAME Melanie Hutzler	COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 591074, San Antonio, TX 78259	
COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Parents United For Freedom								
COMMITTEE ADDRESS PO Box 591074, San Antonio, TX 78259	COMMITTEE CAMPAIGN TREASURER NAME Melanie Hutzler								
COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 591074, San Antonio, TX 78259									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Jacqueline Klein

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,989.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 316.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,948.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 350.00

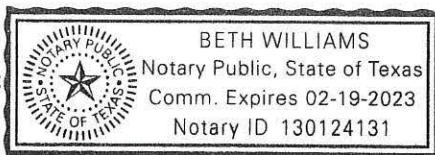
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Jacqueline Klein*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jacqueline Klein this the 17th day of April, 2022, to certify which, witness my hand and seal of office.  
Beth Williams Beth Williams Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Jacqueline Klein

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,989.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 350.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 316.40
6.	■ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 338.28
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Kyle Bolch 6 Contributor address; City; State; Zip Code 23538 Seven Winds, San Antonio, TX 78258	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2022	Full name of contributor out-of-state PAC (ID#: _____) Emily Hlavinka Contributor address; City; State; Zip Code 27730 Cascabel, San Antonio, TX 78260	Amount of contribution (\$)  24.43
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Moss Contributor address; City; State; Zip Code 3035 Sir Phillip, San Antonio, TX 78209	Amount of contribution (\$)  19.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2022	Full name of contributor out-of-state PAC (ID#: _____) Roland Morales Contributor address; City; State; Zip Code 16315 Rangerider, San Antonio, TX 78247	Amount of contribution (\$)  300.00
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.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **3****2** FILER NAME

Jacqueline Klein

**3** Filer ID (Ethics Commission Filers)**4** Date

03/28/2022

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Renee Hernandez

**7** Amount of contribution (\$)**200.00****6** Contributor address;

City;

State;

Zip Code

6914 Country View, San Antonio, TX 78240

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/31/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Suzanne Hildebrand

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

PO Box 792403 San Antonio, TX 78279

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cimmaron Gilson

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State;

Zip Code

1995 Schertz Pkwy, Suite 101, San Antonio, TX 78154

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2022

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Parker Scott

Amount of contribution (\$)

**300.00**

Contributor address;

City;

State;

Zip Code

30706 Acacia Pass, Bulverde, TX 78163

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.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Parents United For Freedom 6 Contributor address; City; State; Zip Code PO Box 591074, San Antonio, TX 78259	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Carey Hildebrand Contributor address; City; State; Zip Code 208 Morningside, San Antonio, TX 78209	Amount of contribution (\$) <b>245.15</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**SCHEDULE A2**

1 Total pages Schedule A2: 1

**3** Filer ID (Ethics Commission Filers)

\$

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Revised 8/17/2020

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/03/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacqueline Klein	9 Loan Amount (\$) 350.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 326 Olney Dr., San Antonio, TX 78209	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Member Benefits Representative		13 Employer (See Instructions) Hermann Sons Life
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME Jacqueline Klein		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/07/2022		<b>5</b> Payee name WordPress.com			
<b>6</b> Amount (\$) 51.17		<b>7</b> Payee address; City; State; Zip Code 60 29th Street #343, San Fransicso, CA 94110			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Purchase website address		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/07/2022		Payee name USPS PO Boxes Online			
Amount (\$) 45.00		Payee address; City; State; Zip Code 1107 Austin Highway, San Antonio, TX 78209			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description PO Box rental		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/07/2022		Payee name FedEx			
Amount (\$) 2.67		Payee address; City; State; Zip Code 7373 Broadway, San Antonio, TX 78209			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Jacqueline Klein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/24/2022	<b>5</b> Payee name RubberStamps.com	
<b>6</b> Amount (\$) 19.41	<b>7</b> Payee address; City; State; Zip Code PO Box 445, Butler, WI 53007	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Return address stamp
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 03/25/2022	Payee name VistaPrint.com	
Amount (\$) 31.37	Payee address; City; State; Zip Code 170 Data Dr., Waltham, MA 02451	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Stationary
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 03/25/2022	Payee name NameBadges.com	
Amount (\$) 31.98	Payee address; City; State; Zip Code 1544 N. 8th St., Manitowac, WI 54220	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Name badge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Jacqueline Klein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/28/2022	<b>5</b> Payee name Amazon.com		
<b>6</b> Amount (\$) 16.22	<b>7</b> Payee address; City; State; Zip Code 440 Terry Ave., N. Seattle, WA 98109		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Lapel pins (2)
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 03/31/2022	Payee name Wix.com		
Amount (\$) 20.56	Payee address; City; State; Zip Code 500 Terry A Francois Blvd., San Francisco, CA 94158		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Domain transfer (website)
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 04/04/2022	Payee name Precision Promotion		
Amount (\$) 196.86	Payee address; City; State; Zip Code 9413 Northchase Blvd. #204, San Antonio, TX 78250		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Screen printing t-shirts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Jacqueline Klein	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 04/04/2022	6 Payee name Awaloo Printing & Sign Shop	
7 Amount (\$) 338.28	8 Payee address; City; State; Zip Code 1230 Duke Rd., San Antonio, TX 78264	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard signs Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Jacqueline Klein

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder