## CORRECTION/AMENDMENT AFFIDAVIT

FOR CANDIDATE/OFFICEHOLDER			FORM COR-C/OH
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2	OFFICE USE ONLY
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  JACAV  NICKNAME  LAST  V	neline suffix	Date Received $5/1/2024$
4 ORIGINAL REPORT TYPE	30th day before election	seeded modified reporting	Date Hand-defivered or Date Postmarked  Receipt # Amount \$  Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year 04/24 TH	HROUGH 04/25/24	Date Imaged
6 EXPLANATION OF CO	inal report	listed the "t	hrough" date
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 report		ling this corrected report not later the	Hein
	Please c	omplete either option below	v:
(1) Affidavit	,,,,,,,	4.695.1	y's A
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the	day of,
20, to certify which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name	e of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarati	ion		
My name is	queline Klei Box 6519	SanAntonio	TX 78209 USA
Executed in Bexar county, State of Texas, on the 31 day of April (state) (zip code) (country)  Jacan County, State of Texas, on the Jacan Country)  Signature of Candidate/Officeholder (Declarant)			
Remember To Attach Any Part Of The Compaign Finance Deport Form Needed To Deport And Evaluin Compactions			

## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 13 FIRST MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Jacqueline NAME Date Received LAST SUFFIX NICKNAME Klein 5/1/2024 ADDRESS / PO BOX; APT / SUITE #: ZIP CODE 4 CANDIDATE / CITY: STATE: **OFFICEHOLDER** PO Box 6519 MAILING San Antonio, TX 78209 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210 262-4628 PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR TREASURER Terri Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Watson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN CITY: **TREASURER** PO Box 6519 **ADDRESS** San Antonio, TX 78209 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 445-7605 (210 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit Day Day Year 10 PERIOD Month Year COVERED 4 25 / 24 4 24 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Primary Other Day Year Month Description ■ Special General 24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE NEISD Board Trustee, District 2 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**