CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	.5					0.11-0/011
1 Filer ID (Ethics Com	mission Filers)	2 7	Total pages filed:	3	OFFICE	USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Jacque Krein	line	MI 	Date Received $4/29/2022$	į
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election	on limit 15th day afte		Final report	Date Hand-delivered o	Amount \$
5 ORIGINAL PERIOD COVERED	Month Day /	Year THROUGH	24 2	22 Year	Date Imaged	
not nece	FRACTION C/1 SSAVY/C	OH-FR hecked	with 30½ 30 th day	day f box ou	iling, wa ncovers	as .heetpgi
7 SIGNATURE I swe	ar, or affirm, under	penalty of perju	ry, that this corre	ected report i	s true and corre	ect.
Chec	k ONLY if applicabl	e:				
Semiannual mislead or to	reports: I swear, or a misrepre-sent the in	iffirm, that the original formation contain	ginal report was med in the report.	nade in good fa	aith and without	an intent to
date I learne	s: I swear, or affirm, to that the report as on the report as originally	riginally filed is in:	accurate or incomin good faith.		, or affirm, that a	
	F	Please comple	ete either opti	on below:		
1) Affidavit		rouge compre				
NOTARY STAMP/SEAL						
Sworn to and subscribed	before me by			this the	day of	
	which, witness my hand a	nd seal of office.				
ignature of officer administer	ing oath	Printed name of office	r administering oath		Title of officer	administering oath
Page 1 - 1 - 1 - 1 - 1 - 1 - 1		C	OR .			
2) Unsworn Declaratio	'n					
ly name is JACAV ly address is 326 xecuted in BEXA	Meline Klei Olney Dv. S (street) County, State o	AN ANTON	, on the $\frac{29^{\text{(city)}}}{\text{JA }}$	te of birth is 2709 (state y of (flotth) re of Candidate)	MAY 23, 1 (zip code) (zip code) (20 22) (Officeholder (Decla	(country)
Remember To Attack	n Any Part Of The Ca	ampaign Financ	The second of the second		The second second	

		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jacqueline	MI L	OFFICE USE ONLY
NAME	NICKNAME	LAST Klein	SUFFIX	Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 669	ox; APT / SUITE #; CO 95, San Antonio, TX	T8209 STATE; ZIP CODE	APR 0 7 2022
Change of Address		OF MORE PROPERTY.	PICE TO THE PERSON OF THE PERS	Business Services
CANDIDATE/ OFFICEHOLDER PHONE	(210)	PHONE NUMBER 262-4628	EXTENSION	North Fast ISD Date Hand-delivered or hate Postmarked
CAMPAIGN TREASURER	MS / MRS / MR	FIRST Teri	MI	Recĕipt # Amount \$
NAME	NICKNAME	LAST Watson	SUFFIX	Date Imaged
CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI Toscana, San Anto		STATE; ZIP CODE
sidence or Business)			P. William C. Propins and	
CAMPAIGN FREASURER PHONE	AREA CODE	PHONE NUMBER 445-7605	EXTENSION	
REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
PERIOD COVERED	Month 2	Day Year / 17 / 22	THROUGH 4	Day Year / 7 / 22
ELECTION	ELECTION D	DATE	ELECTION TYPE	a P
	Month Day	The state of the s	Runoff Other Description	
	5 / 7	✓ 22 General	Special	
OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if know	m) pard Trustee, District 2
NOTICE FROM POLITICAL	OFFICE HELD (if any	y) IICE OF POLITICAL CONTRIBUTIONS IICEHOLDER. THESE EXPENDITURES	13 OFFICE SOUGHT (if know NEISD School BO	pard Trustee, District 2 MADE BY POLITICAL COMMITTEES TO SUPPOR NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE
NOTICE FROM POLITICAL	OFFICE HELD (if any	cice of political contributions inceholder. These expenditures and officeholders are required committee name Parents United For Fr	13 OFFICE SOUGHT (if know NEISD School BO ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	pard Trustee, District 2 MADE BY POLITICAL COMMITTEES TO SUPPOR NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE
NOTICE FROM POLITICAL	OFFICE HELD (if any THIS BOX IS FOR NOT THE CANDIDATE / OFFI CONSENT. CANDIDATE	committee address PO Box 591074, S	13 OFFICE SOUGHT (if know NEISD School Boaccepted or Political Expenditures MAY HAVE BEEN MADE WITHOUT THE CARRED TO REPORT THIS INFORMATION ONLY IF BEED ANTONIO, TX 78259	pard Trustee, District 2 MADE BY POLITICAL COMMITTEES TO SUPPOR NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE
OFFICE NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	OFFICE HELD (if any THIS BOX IS FOR NOT THE CANDIDATE / OFFI CONSENT. CANDIDATE COMMITTEE TYPE	committee address	13 OFFICE SOUGHT (if know NEISD School BO ACCEPTED OR POLITICAL EXPENDITURES OF MAY HAVE BEEN MADE WITHOUT THE CAIRED TO REPORT THIS INFORMATION ONLY IF DEED ON THE CAIRED TO REPORT THIS INFORMATION ONLY IF DEED ON THE CAIRED TO REPORT THIS INFORMATION ONLY IF DEED ON THE CAIRED TO REPORT THIS INFORMATION ONLY IF DEED ON THE CAIRED TO REPORT THIS INFORMATION ONLY IF DEED ON THE CAIRED TO REPORT THE CAIRED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jacqueline Klein	-	1	6 Filer I	D (Ethi	ics 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 OF REPORTING PERIOD	DAY	\$	1,948.29
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	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 Hain

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



BETH WILLIAMS Notary Public, State of Texas Comm. Expires 02-19-2023 Notary ID 130124131

NOTARY STAMP/SEAL

Sworn to and subscribed before me by <u>Jacqueline Klein</u>

this the



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

Bethwilliams

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		, an	d my date of bi	rth is		
My address is						
in a	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	month)	, 20 (year)	-
		To the state of	Signature of C	Candidate/Of	ficeholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Jacqueline Klein		ssion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		1,989.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		Specific
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s	
4.	SCHEDULE E: LOANS	\$	350.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	316.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	338.28
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$	
3.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	4.43
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
2.4	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$	
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$	A STATE OF THE STA
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED \$	ger and

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULF A1

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3
2 FILER NAMI Jacquelir		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/15/2022	6 Contributor address; City; State; Zip Code 23538 Seven Winds, San Antonio, TX 78258	
Principal occu	upation / Job title (See Instructions) 9 Employer (See I	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/19/2022	Emily Hlavinka	100.00
	Contributor address; City; State; Zip Code	24.43
	27730 Cascabel, San Antonio, TX 78260	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
3/22/2022	Elizabeth Moss	40.50
	Contributor address; City; State; Zip Code	19.52
	3035 Sir Phillip, San Antonio, TX 78209	
Principal occup	ation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/28/2022	Roland Morales	200
	Contributor address; City; State; Zip Code 16315 Rangerider, San Antonio, TX 78247	300.00
Principal occupa	ation / Job title (See Instructions) Employer (See In	nstructions)
	1 2	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3
2 FILER N	AME Iine Klein	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Renee Hernandez	7 Amount of contribution (\$)
03/28/202	6 Contributor address; City; State; Zip Code 6914 Country View, San Antonio, TX 78240	200.00
8 Principal of	ccupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Suzanne Hildebrand	Amount of contribution (\$)
03/31/2022	Contributor address; City; State; Zip Code PO Box 792403 San Antonio, TX 78279	100.00
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/31/2022	Cimmaron Gilson Contributor address; City; State; Zip Code	250.00
	1995 Schertz Pkwy, Suite 101, San Antonio, TX 78154	230.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Parker Scott	Amount of contribution (\$)
)4/04/2022	Contributor address; City; State; Zip Code	300.00
	30706 Acacia Pass, Bulverde, TX 78163	
Principal occupa	tion / Job title (See Instructions) Employer (See Instru	ctions)
	·	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requ	rested information is not applicable, DO NOT ir	nclude this page in the	report.
Th	ne Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1: 3
2 FILER NAMI Jacquelir			3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2022	5 Full name of contributor out-of-state PAR Parents United For Freedom 6 Contributor address; City; PO Box 591074, San Antonio,	7 Amount of contribution (\$)	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 04/05/2022	Full name of contributor out-of-state PAC Carey Hildebrand Contributor address; City; 208 Morningside, San Antonio,	State; Zip Code	Amount of contribution (\$) 245.15
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	iions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

If the requ	uested information is not applicable, bottor meta-	176.50	
Т	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	ΛΕ		3 Filer ID (Ethics Commission Filers)
Jacquelin	ne Klein		
	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution 9 description
	Awaloo Printing & Sign Shop		185.00 Business Cards (\$65)
04/04/2022	7 Contributor address; City; State;	Zip Code	Yard signs (\$120)
	1230 Duke Rd. San Antonio, TX 782	264	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	ver (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	outor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
10 II COntinuate.	IS a Cililo, law min or parondo, to 2007 to		
Date	Full name of contributor)	Amount of In-kind contribution description
	Contributor address; City; State;	Zip Code	.
Principal occ	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)
Contributor's	's principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	's employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L	,
		water and the same of the same	

LOANS SCHEDULE E

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

If the requeste	d information is not applicable,	page an another	, port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1
2 FILER NAME	post di		3 Filer ID (Ethics Commission Filers)
Jacqueline K	(lein		
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	9 Loan Amount (\$)	
03/03/2022	Jacqueline Klein		350.00
6 Is lender a financial	8 Lender address; City; 326 Olney Dr., San Antonio, TX	State; Zip Code X 78209	10 Interest rate
Institution?	520 Officy Dr., Guilly arterine, 17	of the second se	11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Member Bene	efits Representative	Hermann Sons Life	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
- T	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

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

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)

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

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

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	le By Gift/Awards/Memorials Expense Printi	ing Expense aries/Wages/Contract Labor w to complete this form.	I ravel in District Travel Out Of District Other (enter a category not	t listed above)
1 Total pages Schedule F1	1: 2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics Com	nmission Filers)
4 Date	5 Payee name			
03/24/2022	RubberStamps.com	· · · · · · · · · · · · · · · · · · ·		
6 Amount (\$)	7 Payee address;	City;	State; Z	Zip Code
19.41	PO Box 445, Butler, WI 53007			
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description		
PURPOSE	Other	Return addres	ss stamp	
OF EXPENDITURE	1 200		e e	
	(c) Check if travel outside of Texas. Complete Schedule T	T. Check if Aus	stin, TX, officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offi	ice held
Date	Payee name			
03/25/2022	VistaPrint.com			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
31.37	170 Data Dr., Waltham, MA 02451	1		
	Category (See Categories listed at the top of this schedule)	e) Description	40	
PURPOSE	Printing	Stationary		
OF EXPENDITURE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	3-3		
	Check if travel outside of Texas, Complete Schedule T.	T. Check if Aust	tin, TX, officeholder living expe	onea
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ce held
Date	Payee name		·	
03/25/2022	NameBadges.com			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
31.98	1544 N. 8th St., Manitowac, WI 542	220		
	Category (See Categories listed at the top of this schedule)) Description		
PURPOSE (OF EXPENDITURE	Other	Name badge		
	Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living exper	•nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ice held
	ATTACH ADDITIONAL CODITO OF THE			
-	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NET	<i>E</i> DED	

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 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1	1: 2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics	s Commission Filers)
4 Date 03/28/2022	5 Payee name Amazon.com			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.22	440 Terry Ave., N. Seattle, WA 98109	9		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Lapel pins (2)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	20.0	Office held
Date	Payee name	- 35 ·	-	
03/31/2022	Wix.com		5	
Amount (\$)	Payee address;	City;	State;	Zip Code
20.56	500 Terry A Francois Blvd., San Fran	ncisco, CA 9415	58	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Domain transf	fer (website)	
	Check if travel outside of Texas, Complete Schedule T,	Check if Ausi	tin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	No. of the last of		
04/04/2022	Precision Promotion			
Amount (\$)	Payee address;	City;	State;	Zip Code
196.86	9413 Northchase Blvd. #204, San An	itonio, TX 7825	0	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Screen printin	g t-shirts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought		Office held
Form	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED	-

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 Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: Jacqueline Klein 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date Awaloo Printing & Sign Shop 04/04/2022 Zip Code 8 Payee address; City; State; 7 Amount (\$) 1230 Duke Rd., San Antonio, TX 78264 338.28 TYPE OF ■ Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Yard signs Printing Expense PURPOSE OF **Push Cards** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED