

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **13**

OFFICE USE ONLY

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jacqueline Klein

Date Received

4/29/2022

4 ORIGINAL REPORT
TYPE

☐ January 15

☐ Runoff

☐ Final report

☐ July 15

☐ Exceeded modified reporting
limit

Other (specify)

☒ 30th day before election

☐ 8th day before election

☐ 15th day after treasurer
appointment (officeholder only)

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 ORIGINAL PERIOD
COVERED

Month

Day

Year

Month

Day

Year

02 / 17 / 22 THROUGH

04 / 07 / 22

6 EXPLANATION OF CORRECTION

Included form C/OH-FR with 30th day filing, was not necessary / checked 30th day box on coversheet pg 1

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 misrepresent the information contained in the report.

☒ Other reports: 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.

Jacqueline Klein

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **Jacqueline Klein**, and my date of birth is **May 23, 1980**

My address is **326 Olney Dr. San Antonio, TX 78209 USA**

(street) (city) (state) (zip code) (country)

Executed in **Bexar** County, State of **Texas**, on the **29th** day of **April**, 20 **22**

(month) (year)

Jacqueline Klein

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Jacqueline

L

NICKNAME

LAST

SUFFIX

Klein

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 6695, San Antonio, TX 78209

✓ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

262-4628

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Teri

NICKNAME

LAST

SUFFIX

Watson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

26614 Villa Toscana, San Antonio, TX 78260

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

445-7605

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

2

/

17

/

22

THROUGH

Month

Day

Year

4

/

7

/

22

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

7

/

22

Primary

Runoff

Other
Description

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

NEISD School Board Trustee, District 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

Parents United For Freedom

☒ GENERAL

COMMITTEE ADDRESS

PO Box 591074, San Antonio, TX 78259

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Melanie Hutzler

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 591074, San Antonio, TX 78259

Additional Pages

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

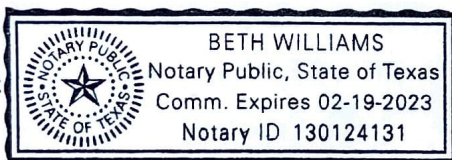
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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

20 22, 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

Kyle Bolch

out-of-state PAC (ID#: _____)

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

Emily Hlavinka

out-of-state PAC (ID#: _____)

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

Elizabeth Moss

out-of-state PAC (ID#: _____)

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

Roland Morales

out-of-state PAC (ID#: _____)

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

Renee Hernandez

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

6914 Country View, San Antonio, TX 78240

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/31/2022

Full name of contributor

Suzanne Hildebrand

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

PO Box 792403 San Antonio, TX 78279

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2022

Full name of contributor

Cimmaron Gilson

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

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

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2022

Full name of contributor

Parker Scott

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

30706 Acacia Pass, Bulverde, TX 78163

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

04/04/2022

5 Full name of contributor

out-of-state PAC (ID#: _____)

Parents United For Freedom

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

PO Box 591074, San Antonio, TX 78259

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

Amount of contribution (\$)

245.15

Contributor address;

City;

State;

Zip Code

208 Morningside, San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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: 1
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 3		2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2022		5 Payee name WordPress.com			
6 Amount (\$) 51.17		7 Payee address; City; State; Zip Code 60 29th Street #343, San Fransicso, CA 94110			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Purchase website address		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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					
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					

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **3** **2** FILER NAME **Jacqueline Klein** **3** Filer ID (Ethics Commission Filers)

4 Date **03/24/2022** **5** Payee name **RubberStamps.com**

6 Amount (\$) **19.41** **7** Payee address; City; State; Zip Code **PO Box 445, Butler, WI 53007**

8 **PURPOSE OF EXPENDITURE** **(a) Category** (See Categories listed at the top of this schedule) **Other** **(b) Description** **Return address stamp**

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY 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**

PURPOSE OF EXPENDITURE **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 ONLY 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**

PURPOSE OF EXPENDITURE **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 ONLY 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Jacqueline Klein		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2022		5 Payee name Amazon.com			
6 Amount (\$) 16.22		7 Payee address; City; State; Zip Code 440 Terry Ave., N. Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Lapel pins (2)		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 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
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)

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)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 04/04/2022	6 Payee name Awaloo Printing & Sign Shop
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7 Amount (\$) 338.28	8 Payee address; 1230 Duke Rd., San Antonio, TX 78264	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

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