

# 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 Filer)	2 Total pages filed: <b>11</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST <b>Jacqueline</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Klein</b></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.2em;">8/29/2024</div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: <b>PO Box 6519</b> <b>San Antonio, TX 78209</b> <small>Change of Address</small>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(210 )      262-4628</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST <b>Terri</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Watson</b></div> <div>SUFFIX</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <hr/> <div>Date Processed</div> <hr/> <div>Date Imaged</div>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>PO Box 6519</b> <b>San Antonio, TX 78209</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(210 )      445-7605</b>		
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input 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 checked="" 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 PERIOD COVERED</b>	<div style="display: flex; justify-content: space-between;"> <div>             Month      Day      Year  <b>4      25      24</b> </div> <div>THROUGH</div> <div>             Month      Day      Year  <b>7      15      24</b> </div> </div>		
<b>11 ELECTION</b>	<div style="display: flex; justify-content: space-between;"> <div>             ELECTION DATE              Month      Day      Year  <b>5      4      24</b> </div> <div>             ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special           </div> </div>		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>13 OFFICE SOUGHT (if known)</b> <div style="text-align: center; font-size: 1.1em;"><b>NEISD Bard Trustee, District 2</b></div>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>		
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  <hr/> COMMITTEE ADDRESS  <hr/> COMMITTEE CAMPAIGN TREASURER NAME  <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS  <hr/>		

**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)**

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 1,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,999.97
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,950.40
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

**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.\_\_\_\_\_  
Signature of Candidate or 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 [REDACTED].My address is PO Box 6519, San Antonio, TX, 78209, USA.  
(street) (city) (state) (zip code) (country)Executed in Bexar County, State of Texas, on the 27 day of August, 2024.  
(month) (year)Jacqueline Klein  
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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,999.97
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 79.97

**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: **1****2 FILER NAME**

Jacqueline Klein

3 Filer ID (Ethics Commission Filers)

**4 Date**

05/28/2024

**5 Full name of contributor**

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

Verena Chaudoir

**7 Amount of contribution (\$)****100.00****6 Contributor address;**

City;

State;

Zip Code

8602 Charro Ln, San Antonio, TX 78217

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

05/28/2024

**Full name of contributor**

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

Suzanne Bettac

**Amount of contribution (\$)****1,000.00****Contributor address;**

City;

State;

Zip Code

108 Penns Way, San Antonio, TX 78231

**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.



# 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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 of 6</b>	2 FILER NAME <b>Jacqueline Klein</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/29/2024</b>	5 Payee name <b>Office Depot</b>	
6 Amount (\$) <b>8.65</b>	7 Payee address; <b>255 E Basse, Ste 1510 San Antonio, TX 78209</b>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Office Supplies</b>
	(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
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Date <b>04/29/2024</b>	Payee name <b>Target</b>		
Amount (\$) <b>10.81</b>	Payee address; <b>1223 Austin Highway San Antonio, TX 78209</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Office Supplies</b>	
	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
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Date <b>04/29/2024</b>	Payee name <b>Venmo - Randolph Macias</b>		
Amount (\$) <b>80.00</b>	Payee address; <b>5827 NW Loop 410, Apt 1216, San Antonio, TX 78238</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Block walking</b>	
	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
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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.

1 Total pages Schedule F1: <b>2 of 6</b>	2 FILER NAME <b>Jacqueline Klein</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/30/2024</b>	5 Payee name <b>Tripple Threat Strategies LLC</b>	
6 Amount (\$) <b>1,378.80</b>	7 Payee address; City; State; Zip Code <b>5049 Edwards Ranch Rd Ft Worth, TX 76109</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Text Services</b>
	(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 <b>04/30/2024</b>	Payee name <b>Venmo - Randolph Macias</b>	
Amount (\$) <b>40.00</b>	Payee address; City; State; Zip Code <b>5827 NW Loop 410, Apt 1216, San Antonio, TX 78238</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Blockwalking</b>
	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 <b>05/01/2024</b>	Payee name <b>Awaloo Printing - Yvette Martinez</b>	
Amount (\$) <b>828.11</b>	Payee address; City; State; Zip Code <b>1230 Duke Rd San Antonio, TX 78264</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs, push cards</b>
	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		

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# 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	Event/Recreation Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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: <b>3 of 6</b>	<b>2</b> FILER NAME Jacqueline Klein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2024	<b>5</b> Payee name Tripple Threat Strategies LLC	
<b>6</b> Amount (\$) <b>275.76</b>	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Rd Ft Worth, TX 76109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Text Services
	<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 05/01/2024	Payee name Tripple Threat Strategies LLC	
Amount (\$) <b>276.40</b>	Payee address; City; State; Zip Code 5049 Edwards Ranch Rd Ft Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Text Services
	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 05/01/2024	Payee name CAZ Consulting	
Amount (\$) <b>3,243.00</b>	Payee address; City; State; Zip Code 7720 Laura Lake Ln FT Worth, TX 78216	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting, mailers
	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		

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# 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  
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: <b>4 of 6</b>		<b>2</b> FILER NAME Jacqueline Klein		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/02/2024		<b>5</b> Payee name Google			
<b>6</b> Amount (\$) 12.79		<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway, Mountain View, California 94043			
<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 Domain services		
	<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 05/03/2024		Payee name Alamo City Conservatives			
Amount (\$) 32.00		Payee address; City; State; Zip Code 7714 Forest Stream, Live Oak, TX 78233			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food		Description Meeting meal		
	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 05/03/2024		Payee name Hulu Ads			
Amount (\$) 392.08		Payee address; City; State; Zip Code 2500 Broadway, Santa Monica, CA 90404			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Commercials		
	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  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
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: <b>5 of 6</b>	2 FILER NAME <b>Jacqueline Klein</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>05/06/2024</b>	5 Payee name <b>Wix</b>	
6 Amount (\$) <b>25.98</b>	7 Payee address; City; State; Zip Code <b>500 Terry Francois Blvd San Francisco, CA 94158</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Website</b>
	(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 <b>05/06/2024</b>	Payee name <b>Tripple Threat Strategies LLC</b>	
Amount (\$) <b>276.40</b>	Payee address; City; State; Zip Code <b>5049 Edwards Ranch Rd Ft Worth, TX 76109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Text services</b>
	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 <b>05/20/2024</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>67.43</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park, CA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Boost Post</b>
	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  
Printing 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: <b>6 of 6</b>	2 FILER NAME <b>Jacqueline Klein</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>06/03/2024</b>	5 Payee name <b>Google</b>	
6 Amount (\$) <b>12.79</b>	7 Payee address; <b>1600 Amphitheatre Way Mountain View, CA 94043</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Domain services</b>
	(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 <b>06/05/2024</b>	Payee name <b>Wix</b>	
Amount (\$) <b>25.98</b>	Payee address; <b>500 Terry A Francois Blvd San Francisco, CA 94158</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Website</b>
	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 <b>06/02/2024</b>	Payee name <b>Squarespace</b>	
Amount (\$) <b>12.99</b>	Payee address; <b>8 Clarkson St. New York, NY 10014</b>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Web hosting</b>
	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

Revised 1/1/2024



**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K: **1****2** FILER NAME

Jacqueline Klein

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

<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
04/29/2024	Office Max	79.63
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	255 E Basse, Ste1510 San Antonio, TX 78209	
	<b>7</b> Purpose for which amount is received	Check if political contribution returned to filer
	refund office supplies	

Date	Name of person from whom amount is received	Amount (\$)
05/10/2024	Frost National Bank	0.34
	Address of person from whom amount is received; City; State; Zip Code	
	111 W. Houston St San Antonio, TX 78205	
	Purpose for which amount is received	Check if political contribution returned to filer
	Interest payment	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED