CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		OFFICE USE ONLY	
			Date Filed 1/11/25
3 CANDIDATE/	MS / MRS / MR FIRST	MI	Date Received
OFFICEHOLDER	Mr Jam	PC	1
NAME		E	Dit
	NICKNAME LAST	SUF	FIX NUMBER
and the same of th	Sim Klein	2	Rebecca Huerta
4 ORIGINAL REPORT	☐ January 15 Run	off	Date Hand delive Cd-on-Patet-Postmerked
TYPE		Final re eeded modified reporting	port City Secretary
	I 🔚 '		D
	30th day before election	Other (specify day after treasurer	Receipt # Amount \$
		ointment (officeholder only)	
F ODIONAL DEDICE			Date Processed
5 ORIGINAL PERIOD	Month Day Year	Month Day	Year
COVERED	11 / 1 / 1 / 27 TH	ROUGH 17 /31 /	2 Date Imaged
	11/1/22	12/31/0	
6 EXPLANATION OF CORRECTION Inadvertantly submitted Final Report on 1-4-23.			
7 SIGNATURE I SWE	ear or affirm under penalty of	neriury 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 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.			
550			
MARIAH H MANNINO			
	ID# 13368975-7	Signature of	Candidate/Officeholder
Notary Public Places complete either entire heles.			
STATE OF TEXAS Please complete either option below:			
(1) Afficiavit My Comm. Exp. 04-06-2026			
NOTARY STAMP/SEA	₹L /		
Sworn to and subscribed before me by Tamas Klein this the I day of Tanuary.			
Sworn to and subscribed before me by this the the day of anu with the day of the day of this the day of the da			
20, to confry which, witness my hand and seal of office.			
Mariah Mannino Notary public			
Signature of officer administ	* Martin Commence of the Comme	of officer administering oath	Title of officer administering oath
	Frinted Hame	of officer administering dath	Title of officer administering oath
		OR	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(2) Unsworn Declarat	ion		
My name is		and our date of	etalis ter
			pirth 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)
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections			
	i ais or the oumpaign	anoo nopon nonin ideedi	M TO REPORTATION EXPIRITE COFFECTIONS