CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:

OFFICE USE ONLY
RECEIVED
Date Received
APR 28 2023
City Secretary
Port Aransas, Tx
@ 4:44 pm
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3 CANDIDATE / OFFICEHOLDER NAME

(MS) / MRS / MR | FIRST: Jo Ellyn | MI
NICKNAME | LAST: Krueger | SUFFIX

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☒ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☐ Final report
- Other (specify): _____

5 ORIGINAL PERIOD COVERED

Month / Day / Year THROUGH Month / Day / Year

6 EXPLANATION OF CORRECTION

Did not realize I needed to do Unsworn Declaration or have Notary stamp

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 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.

Jo Ellyn Krueger
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

FRANCISCA NIXON
My Notary ID # 129699129
NOTARY STAMP/SEAL Expires February 8, 2026

Sworn to and subscribed before me by Jo Ellyn Krueger this the 28th day of April, 20 23, to certify which, witness my hand and seal of office.

Francisca Nixon — Francisca Nixon — 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)

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