

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	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAST NICKNAME SUFFIX	MI LAST 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			Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	

6 EXPLANATION OF CORRECTION
 DID NOT REALIZE I NEEDED TO DO UNSWORN DECLARATION OR HAVE NOTARY STAMP

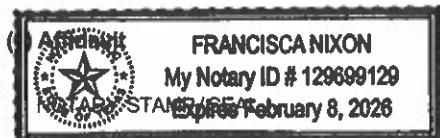
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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 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.

Jo Elyn Krueger
 Signature of Candidate/Officeholder

Please complete either option below:



Sworn to and subscribed before me by Jo Elyn Krueger this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

Franciska Nixon Franciska 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