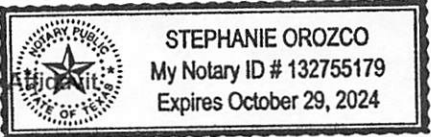


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Ms.</u>		FIRST <u>Jacqueline</u>		Date Received <u>7/17/2023</u> <u>EO</u>
	NICKNAME		LAST <u>Martinez</u>		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged <u>7/17/2023</u> <u>EO</u>
	<input type="checkbox"/> Final report Other (specify) _____				
5 ORIGINAL PERIOD COVERED	Month _____ Day _____ Year _____ THROUGH Month _____ Day _____ Year _____				
6 EXPLANATION OF CORRECTION <u>The donation for \$500 from El Paso Contractors Association was not included in previous finance report</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.					
 NOTARY STAMP/SEAL		Signature of Candidate/Officeholder <u>Jacqueline Martinez</u>			
Please complete either option below:					
Sworn to and subscribed before me by <u>Jacqueline Martinez</u> this the <u>17th</u> day of <u>July</u> , 20 <u>23</u> , to certify which, witness my hand and seal of office. <u>Stephanie Orozco</u> <u>Stephanie Orozco</u> <u>Notary</u> 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					