

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

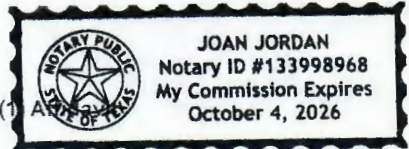
FORM COR-C/OH

|                                       |  |   |  |  |  |
|---------------------------------------|--|---|--|--|--|
| 1 Filer ID (Ethics Commission Filers) |  | 2 Total pages filed:<br>3   |  | OFFICE USE ONLY  |  |
| 3 CANDIDATE / OFFICEHOLDER NAME       |  | MS / MRS / MR   | FIRST<br>Kenny   | MI   | Date Received<br><b>PASADENA ISD</b><br><b>APR 06 2023</b> |
|                                       |  | NICKNAME  | LAST<br>Fernandez  | SUFFIX   | ACCOUNTABILITY & COMPLIANCE                                |
| 4 ORIGINAL REPORT TYPE                |  | <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | <input type="checkbox"/> Final report<br>Other (specify) |  |
| 5 ORIGINAL PERIOD COVERED             |  | Month Day Year  | THROUGH  | Month Day Year   |  |
|                                       |  | 07 / 01 / 22  |  | 12 / 31 / 22   |  |

6 EXPLANATION OF CORRECTION  
Amending cover sheet dates for report period and election date, cash-on-hand

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.

*Kenny Fernandez*  
Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Kenny Fernandez this the 6 day of April, 2023, to certify which, witness my hand and seal of office.  
*Joan Jordan* Signature of officer administering oath  
Joan JORDAN Printed name of officer administering oath  
Notary 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\_\_\_\_\_.  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

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