

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                       |  |   |   |                                       |   |
|---------------------------------------|--|---|---|---------------------------------------|---|
| 1 Filer ID (Ethics Commission Filers) |  | 2 Total pages filed: <u>3</u>                     |   | OFFICE USE ONLY                       |   |
| 3 CANDIDATE / OFFICEHOLDER NAME       |  | MS / MRS / MR<br><u>Mr</u>                        | FIRST<br><u>Jeff</u>  |                                       |   |
|                                       |  | NICKNAME  | LAST<br><u>Nevarez</u>  | SUFFIX                                | Date Hand-delivered or Date Postmarked<br><u>EMAIL 4/3/25</u> |
| 4 ORIGINAL REPORT TYPE                |  | <input type="checkbox"/> January 15               | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Final report | Receipt #   |
|                                       |  | <input type="checkbox"/> July 15                  | <input checked="" type="checkbox"/> Exceeded modified reporting limit             | Other (specify)                       | Amount \$   |
|                                       |  | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |                                       | Date Processed<br><u>4/3/25</u>                               |
|                                       |  | <input type="checkbox"/> 8th day before election  |   |                                       | Date Imaged<br><u>4/3/25</u>                                  |
| 5 ORIGINAL PERIOD COVERED             |  | Month Day Year                                    | THROUGH   | Month Day Year                        |   |
|                                       |  | <u>01 / 15 / 2025</u>                             |   | <u>3 / 7 / 2025</u>                   |   |

6 EXPLANATION OF CORRECTION

I am correcting the date for the time period.

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.

Jeff N  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeff Nevarez this 3 day of April, 2025, to certify which, witness my hand and seal of office.

Bobbie Jo Taylor Signature of officer administering oath  
Bobbie Jo Taylor Printed name of officer administering oath  
City Secretary 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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |  |  |   |
|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:<br><span style="font-size: 2em; color: blue;">2</span> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br><span style="font-size: 1.5em; color: blue;">Mr.</span>   | FIRST<br><span style="font-size: 1.5em; color: blue;">Jeff</span>  | MI  |
|  | NICKNAME   | LAST<br><span style="font-size: 1.5em; color: blue;">Newman 2</span>   | SUFFIX  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><span style="background-color: black; color: black;">[REDACTED]</span> <span style="font-size: 1.5em; color: blue;">Kennedale TX 76060</span>  |  |   |
| <input type="checkbox"/> Change of Address                     |  |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br><span style="background-color: black; color: black;">[REDACTED]</span>   |  |   |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR<br><span style="font-size: 1.5em; color: blue;">Mr</span>  | FIRST<br><span style="font-size: 1.5em; color: blue;">Jeff</span>  | MI  |
|  | NICKNAME   | LAST<br><span style="font-size: 1.5em; color: blue;">Newman 2</span>   | SUFFIX  |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><span style="background-color: black; color: black;">[REDACTED]</span> <span style="font-size: 1.5em; color: blue;">Kennedale TX 76060</span>   |  |   |
| (Residence or Business)  |  |  |   |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br><span style="background-color: black; color: black;">[REDACTED]</span>   |  |   |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |   |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><span style="font-size: 1.5em; color: blue;">1 / 15 / 2025</span> <span style="font-size: 1.5em; color: blue;">THROUGH</span> <span style="font-size: 1.5em; color: blue;">3 / 31 / 2025</span>   |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><span style="font-size: 1.5em; color: blue;">05 / 3 / 2025</span>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| 12 OFFICE  | OFFICE HELD (if any)<br><span style="font-size: 1.5em; color: blue;">City Council Place 5</span>   | 13 OFFICE SOUGHT (if known)<br><span style="font-size: 1.5em; color: blue;">City Council Place 5</span>  |   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                          | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |  |   |
| <input type="checkbox"/> Additional Pages                      | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |

OFFICE USE ONLY

Date Received  
4/3/25

Date Hand-delivered or Date Postmarked  
HD 4/3/25

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed  
4/3/25

Date Imaged  
4/3/25

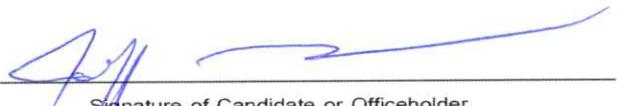
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0  |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 1450.00                                    |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 788.50                                     |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 661.50                                     |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ N/A  |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by B. Taylor on the 3rd day of April, 2025, to certify which, witness my hand and seal of office.



B. Taylor Signature of officer administering oath     
 Bobbie Jo Taylor Printed name of officer administering oath     
 City Secretary 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)