

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Kerry L	Date Received <i>Received 4/26/2024 4:08pm VP</i>
	NICKNAME LAST SUFFIX Fossler	Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election Other (specify) _____ <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Receipt # Amount \$
	5 ORIGINAL PERIOD COVERED	Date Processed
	Month Day Year THROUGH Month Day Year 01 / 17 / 2024 03 / 25 / 2024	Date Imaged

6 EXPLANATION OF CORRECTION
 Schedule A1: A \$200 contribution by check from Richard Smith needs to be added to Schedule A1. It was an early check that was missed. The date of the check was during the original period covered for the 30th day report. This page to be added as a new page to schedule A1 on the original report.
 Schedule A2: We were made aware of an in-kind donation that occurred during the 30th day report period covered, after the 30th day report was filed. Schedule A2, unitemized in-kind contributions has increased by \$81.13, as compared to the original 30th day report filed. The other in-kind donation on this schedule from Carrie Caylor, is unchanged from the original 30th day report.

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

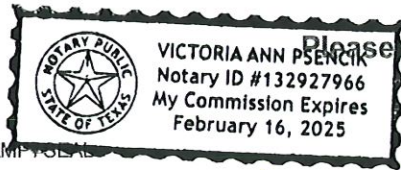
Check ONLY if applicable:

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.

[Signature]

Signature of Candidate/Officeholder



(1) Affidavit Please complete either option below:

Sworn to and subscribed before me by Kerry Fossler this the 26th day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] Victoria Ann Pseencik Notary
 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____.

Signature of Candidate/Officeholder (Declarant)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Smith	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 908 Pine St. Bastrop, TX 78602		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
--	--------------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>
--

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 182.59	
5 Date 3/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Caylor 7 Contributor address; City; State; Zip Code 1408 Wilson St. Bastrop, TX 78602	8 Amount of Contribution \$ 451.72 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Campaign party supplies and invitations.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Vice President of Coporate Administration		11 Employer (FOR NON-JUDICIAL)(See Instructions) Infinity Water Solutions	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			