

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | |
|---------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|------------|------|
| 1 Filer ID (Ethics Commission Filers) 00087888 | | 2 Total pages filed: 8 | | OFFICE USE ONLY | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Jessica Rose | MI MI | ELECTRONICALLY FILED 02/07/2024 | | |
| | NICKNAME | LAST Huang | SUFFIX | | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit _____ | | | | |
| | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 5 ORIGINAL PERIOD COVERED | Month | Day | Year | Month | Day | Year |
| | | 01/01/2024 | THROUGH | | 01/25/2024 | |

6 EXPLANATION OF CORRECTION
Adding Missing Expenditures

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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.

Mrs. Jessica Rose Huang

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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) 00087888 | 2 Total pages filed: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Jessica Rose | MI MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/07/2024 | |
| | NICKNAME | LAST Huang | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 17424 W Grand Pkwy S #777 Sugar Land, TX 77479 | | ZIP CODE | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Elizabeth W. | MI MI | | |
| | NICKNAME | LAST Marie | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1739 Rock Fence Dr. Richmond, TX 77406 | | | | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 453-2905 | EXTENSION | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2024 | | THROUGH | Month Day Year 01/25/2024 | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| | | | | | |
| 11 OFFICE | OFFICE HELD (if any) None District HD 61 Fort Bend | | 12 OFFICE SOUGHT (if known) State Representative District HD 61 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Huang, Jessica Rose (Mrs.) **14** Filer ID (Ethics Commission Filers)
00087888

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 3,717.60 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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.

Mrs. Jessica Rose Huang

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

4 of 8

| | | |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 18 FILER NAME Huang, Jessica Rose (Mrs.) | | 19 Filer ID (Ethics Commission Filers) 00087888 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 3,717.60 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 5/8 | 2 FILER NAME Huang, Jessica Rose (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087888 |
| 4 Date 01/12/2024 | 5 Payee name Abrigo, Nick | |
| 6 Amount (\$) \$206.00 | 7 Payee address; City; State; Zip Code 10603 Southdown Trace Houston, TX 77034 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/16/2024 | Payee name Badger Maps, Inc. | |
| Amount (\$) \$105.00 | Payee address; City; State; Zip Code 1 Sansome Street Suite 3500 - PMB #42821 San Francisco, CA 94104 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/10/2024 | Payee name Central Fort Bend Chamber | |
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code 4120 Avenue H Rosenberg, TX 77471 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Subscriptions |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 6/8 | 2 FILER NAME Huang, Jessica Rose (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087888 |
| 4 Date 01/24/2024 | 5 Payee name Facebook | |
| 6 Amount (\$) \$26.20 | 7 Payee address; City; State; Zip Code 1 Hacker Wy Menlo Park, TX 94025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/08/2024 | Payee name Fort Bend Herald | |
| Amount (\$) \$800.00 | Payee address; City; State; Zip Code 1902 4th St Rosenberg, TX 77471 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2024 | Payee name Republican Women's Club of Katy | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 5432 Franz Rd Katy, TX 77493 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donations | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donations |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 7/8 | 2 FILER NAME Huang, Jessica Rose (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087888 |
| 4 Date 01/10/2024 | 5 Payee name Rodriguez, Cynthia | |
| 6 Amount (\$) \$600.00 | 7 Payee address; City; State; Zip Code 17914 Amy Point Ln Richmond, TX 77407 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/12/2024 | Payee name Rodriguez, Cynthia | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 17914 Amy Point Ln Richmond, TX 77407 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/12/2024 | Payee name Rodriguez, Cynthia | |
| Amount (\$) \$600.00 | Payee address; City; State; Zip Code 17914 Amy Point Ln Richmond, TX 77407 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 4/4 Rpt: 8/8 | 2 FILER NAME Huang, Jessica Rose (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087888 |
|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|----------------------------------------|
| 4 Date 01/13/2024 | 5 Payee name Texas Campaigns |
|-----------------------------|----------------------------------------|

| | |
|------------------------------------|--------------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$1,160.00 | 7 Payee address; City; State; Zip Code 3100 Richmond Ave. #290 Houston, TX 77098 |
|------------------------------------|--------------------------------------------------------------------------------------------------|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------|
| Date 01/02/2024 | Payee name Wix |
|--------------------|-------------------|

| | |
|-----------------------|--------------------------------------------------------------------------------------|
| Amount (\$) \$5.40 | Payee address; City; State; Zip Code 6701 Harwin Dr. #105 Houston, TX 77036 |
|-----------------------|--------------------------------------------------------------------------------------|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website |
|-------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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