

**CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER**

**FORM COR-C/OH**

1 Filer ID (Ethics Commission Filers) 00090327		2 Total pages filed: 9		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ms. Jacqueline A.	MI	ELECTRONICALLY FILED 01/15/2026	
	NICKNAME Jackie	LAST Bescherer	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	Receipt # _____	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Amount		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	Date Processed		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	Date Imaged		
5 ORIGINAL PERIOD COVERED	Month 11/17/2025	Day	Year	Month 12/31/2025	Day

**6 EXPLANATION OF CORRECTION**

Per compliance advice updated dates and corrected totals

**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.

Ms. Jacqueline A. Bescherer

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) 00090327	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Jacqueline A.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME Jackie	LAST Bescherer	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4411 Monte Vista Ln			Date Hand-delivered or Date Postmarked		
	McKinney, TX 75070			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Jacqueline A.	MI			
	NICKNAME Jackie	LAST Bescherer	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4411 Monte Vista Ln.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	McKinney, TX 75070					
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 862-1811	EXTENSION			
8 REPORT TYPE	<input checked="" 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) <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 11/17/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<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)			12 OFFICE SOUGHT (if known) State Representative District 61		

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**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

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13 C / OH NAME	Bescherer, Jacqueline A. (Ms.)		14 Filer ID (Ethics Commission Filers) 00090327
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 1,050.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 997.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,500.00

**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.

Ms. Jacqueline A. Bescherer

\_\_\_\_\_  
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**

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<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Bescherer, Jacqueline A. (Ms.)	00090327	
<b>20</b> SCHEDULE SUBTOTALS	NAME OF SCHEDULE	
	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	550.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	1,500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,050.45
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	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 5/9
<b>2</b> FILER NAME Bescherer, Jacqueline A. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090327
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bescherer, Jennifer	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Chalfont, PA 18914	
<b>8</b> Principal occupation / Job title (See Instructions) Customer Service		<b>9</b> Employer (See Instructions) Core Foods
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Lynne (Mrs.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  McKinney, TX 75072	
Principal occupation / Job title (See Instructions) Quilter		Employer (See Instructions) Lynne Haley/Sapphire Quilting
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jepson, Dana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78758	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Video Director		Employer (See Instructions) Cambium Learning

## LOANS

## **SCHEDULE E**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/9</p>
<p><b>2</b> FILER NAME Bescherer, Jacqueline A. (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00090327</p>
<p><b>4</b> TOTAL OF UNITEMIZED LOANS</p>		<p>\$</p>
<p><b>5</b> Date of loan 11/17/2025</p>	<p><b>7</b> Name of lender Bescherer, Jacqueline (Ms.)</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p><b>9</b> Loan Amount (\$) \$1,500.00</p>
<p><b>6</b> Is lender a financial institution? No</p>	<p><b>8</b> Lender address; City; State; Zip Code McKinney, TX 75070</p>	<p><b>10</b> Interest Rate</p> <p><b>11</b> Maturity Date</p>
<p><b>12</b> Principal occupation / Job title (See Instructions) Telecoms Engineer</p>		<p><b>13</b> Employer (See Instructions) Comcast</p>
<p><b>14</b> Description of Collateral <input checked="" type="checkbox"/> None</p>		<p><b>15</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)</p>
<p><b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p><b>17</b> Name of guarantor .....</p> <p><b>18</b> Guarantor address; City; State; Zip Code</p>	<p><b>19</b> Amount Guaranteed (\$)</p>
<p><b>20</b> Principal occupation</p>		<p><b>21</b> Employer (See Instructions)</p>

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/9	2 FILER NAME Bescherer, Jacqueline A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090327
4 Date 11/21/2025	5 Payee name Collin County Democratic Party	
6 Amount (\$) \$750.00	7 Payee address; City; 6829 K Ave Ste 111 Plano, TX 75074	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee to Register as Canidate	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to Register with CCDC as a canidate
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Prosperity Bank	
Amount (\$) \$15.50	Payee address; City; 2976 Eldorado Pkwy  McKinney, TX 75072	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/07/2025	Payee name Square Space	
Amount (\$) \$241.67	Payee address; City; 225 Varick Street 12th Floor New York, NY 10014	
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 Website Hosting
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/9	2 FILER NAME Bescherer, Jacqueline A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090327	
4 Date 12/10/2025	5 Payee name Vista Pring		
6 Amount (\$) \$43.28	7 Payee address; City; 275 Wyman St  Waltham, ME 02451		
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 Business Cards	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

## TEXT ANNOTATION

Sch: 1/1 Rpt: 9/9

FILER NAME Bescherer, Jacqueline A. (Ms.)	Filer ID (Ethics Commission Filers) 00090327
Schedule F1	

Information entered by filer as a memo:

I filed 1/12/25. F1 Collin County Democratic Party should be \$750.00 My original filing had it as \$755.50 (it included the fee Prosperity bank charged to write a cashier's check: \$5.50)  
F1 Prosperity Bank amount thus changed from \$10.00 to \$15.50 - the bank fee plus the cashier's check fee.