

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

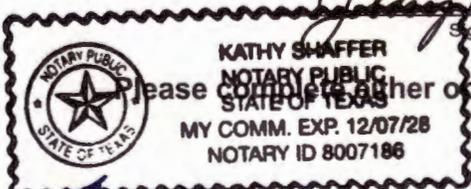
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jerry	MI Don	Date Received RECEIVED FEB 23 2026	
	NICKNAME	LAST Moss	SUFFIX	Date Hand-delivered or Date Postmarked LLANO CO ELECTIONS ADMINISTRATOR	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	Amount \$
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Date Processed	
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Imaged	
	<input type="checkbox"/> 8th day before election				

6 EXPLANATION OF CORRECTION
 On schedules A1 there was an entry for \$500 from Robert Kelsey, Jr for \$500 which was incorrect.

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 of Candidate/Officeholder: *Jerry Don Moss*

(1) Affidavit
 NOTARY STAMP/SEAL: 

Sworn to and subscribed before me by Jerry Don Moss this the 23 day of February, 2026 to certify which, witness my hand and seal of office.
 Signature of officer administering oath: *Kathy Shaffer*
 Printed name of officer administering oath: KATHY Shaffer
 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): _____

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