CORRECTED FINANCIAL STATEMENT **GOOD-FAITH AFFIDAVIT**

Date Received

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for

OFFICE USE ONLY

individuals appointed to offfice. See the PFS Instruction Guide for more information.

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

FILER NAME (FIRST, MI, LAST)

FILER ID

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Date Hand-delivered or Date Postmarked

1607 JORDAN AMARINO, TX

Amount S

(CHECK IF FILER'S HOME ADDRESS)

The correction(s) filed with this affidavit apply to my financial statement covering the \underline{single} calendar year January 1 through December 31, 2024

Date Processed Date Imaged

Receipt #

EXPLANATION OF CORRECTION

Had Teamsters NAME WRONG, Cornected to the Right NAME

Signature				
		Sign	ature of Filer (De	eclarant)
		0.9	011101 (20	onaram,
	Please complete either option below:			
(1) Affidavit				
NOTARY STAMP / SEAL				
Sworn to and subscribed before me by		this the	day of	
20, to certify which, witness my har	nd and seal of office.			
Signature of officer administering oath	Printed name of officer administering oath		Title of officer	administering oath
The state of	OR			
(2) Unsworn Declaration			-20.11	
viy flame is	, and my date	of birth is	79106	U. S.
My address is 1607 Jorda (stree	et)	(state)	(zip code)	(country)
Executed in Potel County, St.	ate of 1e +44 on the 27 day o	of teb	20 24	
	Danno	(month)	(year)	
	V _i	ignature of Filer	(Declarant)	

CORRECTED FINANCIAL STATEMENT AND

GOOD-FAITH AFFIDAVIT

All Reports: A filer who files a corrected financial statement must submit a correction affidavit. The affidavit must identify the information that has changed. Attach any part of your financial statement form needed to report and explain corrections.

Reports filed with Texas Ethics Commission: Under state law, a personal financial statement (PFS) filed with the Ethics Commission by an elected officeholder, a candidate for an elected office, or a state party chair must be filed electronically. All corrections to an electronically filed PFS must also be filed electronically. Under new state law effective May 29, 2017, a PFS filed with the Ethics Commission by an appointed officer may be filed electronically using the online filing application or on a paper Form PFS.

Note: A person who is required to file a PFS with the Ethics Commission as a *candidate* for office or as an *elected* official does not have the option to file a PFS or a corrected PFS on paper.

Local Filers: If you are filing a personal financial statement (PFS) with a local filing authority, you must ensure that the PFS is in the proper format required by the local filing authority. All corrections to a PFS must be filed in the same format as the original.

This correction affidavit can be used only for a personal financial statement (PFS) that is filed on paper. Do not use this correction affidavit for a PFS that is filed electronically with the Commission.

A corrected financial statement filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties unless: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

- 로막 FFT 문화군속 and.하나당

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

The Inst	ruction Guide explains how to complete thi	1 Total pages Schedule A1:			
2 FILER NAME DARMI WERTZ			3 Filer ID (Ethics Commission Filers)		
	Full name of contributor out-of-state PA TEAMS HERS 577 D.R.I.V. Contributor address; City; 201 N. Johnson Ama	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PA Contributor address; Clty;	C (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
Date		C (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state P/ Contributor address; City;	.c (ID#:) State; Zlp Code	Amount of contribution (\$)		
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruc	etions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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