# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

				-	
1 Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:		D D D OFFICE	HSE PHLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	Arlene	MI  SUFFIX	Date Repelve V	3 5054 JTPAL TOTA
4 ORIGINAL REPORT TYPE	July 15 Exc limi	noff ceeded modified reporting it th day after treasurer pointment (officeholder only)	Final report Other (specify)	Date Hand-delivered of Bosque Conseque	or Date Postmarked O. Elections  Amount \$
5 ORIGINAL PERIOD COVERED	1 / 1 / 24	Month	Day Year 25/24	Date Imaged	
6 EXPLANATION OF CO Failed to disclo	DRRECTION USE 750 Total Political USE 750 Total Political	CONTRIBOTION Expenditures	د		
7 SIGNATURE I swe	ear, or affirm, under penalty o	f perjury, that this	corrected repo	rt is true and corr	ect.
Chec	ck ONLY if applicable:				
Semiannua mislead or t	reports: I swear, or affirm, that on misrepre-sent the information	the original report v contained in the rep	vas made in goo oort.	d faith and without	an intent to
☐ date I learn	ts: I swear, or affirm, that I am f ed that the report as originally fil the report as originally filed was	ed is inaccurate or i	ncomplete. I sw	ear, or affirm, that a	
(1) Affidavit	JULIE SNYDER  Notary Public, State of Texas My Commission Expires August 19, 2026 NOTARY ID 13391634-2	complete either			
Sworn to and subscribe	d before me by Arlene	Swiney	this the	12th day of	July.
July 3n	fy which, witness my hand and seal of c	5 nyder		Novar	4
Signature of officer adminis	tering oath Printed nan	ne of officer administering	g oath	Title of office	er administering oath
(2) Unsworn Declara	tion	OR			
My name is		, and	my date of birth is	8	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
×	(street)			(state) (zip code)	
Executed in	County, State of	, on the	day of (mont	(year)	-: NEW
		-	Signature of Cand	idate/Officeholder (Dec	clarant)
Remember To Att	ach Any Part Of The Campaig	n Finance Report F			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750°°
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 75000
	4. TOTAL POLITICAL EXPENDITURES	\$ 75000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ -O-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	\$ -O-
	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
	Signature of C	andidate or Officeholder
		J
	Please complete either option below	w:
	•	
(4) ASS 1		
(1) Affidavit	JULIE SNYDER Notary Public, State of Texas My Commission Expires August 19, 2026 PURPLY ID 13391634-2	
NOTARY STAMP		inthe The
Sworn to and subscribed 20 , to certify	before me by Arlene Switch, witness my hand and seal of office.	day of July,
July Snyd	Tulie Shuper	Hotern
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unewers Destant	OR	
(2) Unsworn Declarati	ion	
Signature and the second secon	, and my date of birth	is
My address is	(street) (city)	(state) (zip code) (country)
Executed in	(Street) (City) County, State of , on the day of (mon	
	Signature of Cano	didate/Officeholder (Declarant)

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	ARIENE SWINEY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name AKLENE SWINEY		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
475000	4442 FM 1991	Musidian	Tx 76665
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	.5^	O. line	
EXPENDITURE	Fees	Paid Self fo	or Filing Fees.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	A
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

ARIENE SWINEY  Date  5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$)  William H Wetson  6 Contributor address; City; State; Zip Code  4517 FM 199) MERIDIAN TX 76665	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Date  5 Full name of contributor	FILER NAME	ARIENE Swiney	
Principal occupation / Job title (See Instructions)    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)   Date	Date	5 Full name of contributor	7 Amount of contribution (\$)
Date   Full name of contributor   out-of-state PAC (ID#:	FX1.21		
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor 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 out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code	Principal occu	pation, obs the (est many)	ee Instructions)
Contributor address; City: State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor oul-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City: State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City: State; Zip Code	Date		
Date Full name of contributor out-of-state PAC (ID#:			
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:	Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:	Date	Full name of contributor	Amount of contribution (\$)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code			1
Contributor address; City; State; Zip Code	Principal occ	upation / Job title (See Instructions) Employer (	See Instructions)
Contributor address; City; State; Zip Code	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Code
	Principal occ	supation / Job title (See Instructions) Employer	(See Instructions)