

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

OFFICE USE ONLY
RECEIVED
JUL 11 2024

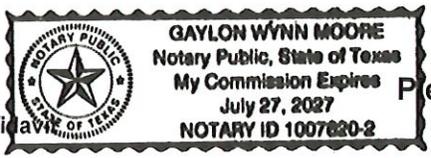
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election		
5 ORIGINAL PERIOD COVERED	Month	Day	Year
	Month	Day	Year

Date Received	
Date Hand-delivered or Date Postmarked	
Bosque Co. Elections	
Receipt #	Amount \$
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION
Failed to file a schedule G For Filing Fees paid by myself.
Failed to enter total expense for filing fee paid

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.

Arlene Swiney
 Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit
 NOTARY STAMP / SEAL
 Sworn to and subscribed before me by Arlene Swiney this the 11th day of July, 2024 to certify which, witness my hand and seal of office.
Gaylon Wynn Moore Signature of officer administering oath
 Gaylon Wynn Moore Printed name of officer administering oath
 Notary 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_____.

 Signature of Candidate/Officeholder (Declarant)

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 2**

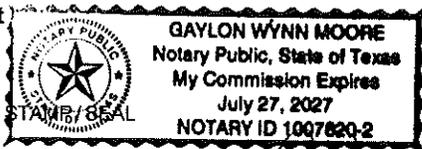
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 750 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Clare Swiney
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Clare Swiney this the 11th day of July, 2024, to certify which, witness my hand and seal of office.

Gaylon Wynn Moore Signature of officer administering oath
Gaylon Wynn Moore Printed name of officer administering oath
Notary 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)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Arlene Swiney	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name Arlene Swiney
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6 Amount (\$)	7 Payee address; [REDACTED]	City; MURKIN TX	State;	Zip Code 76645
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Reimbursement from political contributions intended

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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Reimbursement from political contributions intended

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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Reimbursement from political contributions intended

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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED