CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1000 A 10	1 Filer ID (E	Ethics Comm	ission Filers)	2 Total pages file	ad:	
The C/OH instruction Guide explains now to complete this form.						a rotal pages ille	ou.	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MAS/MR SWINE	y ARlene		М	1	OFFICE	USEONLY	
IVAIVIL	NICKNAME	LAST		s	UFFIX	Date Received		
			RECEIVED					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	APT / SUITE #	200		P CODE	4	0 0004	
MAILING		No.	erioi an	TX	76665	IAN I	6 2024	
ADDRESS						BOSOUE CO	D. ELECTIONS	
Change of Address 5 CANDIDATE/			EV	KTENSION				
OFFICEHOLDER	DIG4				Date Hand-delivered or Date Postmarked			
PHONE			O)	64		Receipt #	Amount \$	
6 CAMPAIGN TREASURER NAME	WIS T WING T WING			М	1		annount 5	
	NICKNAME LAST SUFFIX							
	MICKINAME	LAS	Date Imaged					
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE) APT /	SUITE #	CITY				
TREASURER	OMEET ADDITED	NO TO BOX PERSE! APTY	3011E#	CITY		STATE.	ZIP CODE	
ADDRESS								
(Residence or Business)								
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION							
PHONE								
9 REPORT TYPE								
	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)							
	July 15	8th day before e	lection	Exceede Reporting	d Modified g Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year			Month	Day Year		
	7/1/23 THROUGH 12/31/23							
11 ELECTION	ELECTION DATE ELECTION TYPE							
	Month Day Year Primary Runoff Other Description							
	3/6 /24 General Special							
12 OFFICE	OFFICE HELD (If any)							
	bosove County lax Assessor/Collector							
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME				IL I NEGETTE NOTICE OF	JOHN EXPENDITURES.	
Additional Pages		COMMITTEE ADDRESS						
	GENERAL							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2								

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)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
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.							
Signature of Candidate or Officeholder Please complete either option below:							
(1) Affidavit NOTARY STAMP/SEA		11th Towns					
	this the	day of January					
20 24 , 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							
The state of the s							
(2) Unsworn Declarat	ion						
My name is	, and my date of birth is	S					
A STATE OF THE STA							
	(street) (city) (state) (zip code) (country)					
Executed in	County, State of , on the day of (mont	, 20 h) (year)					
	Signature of Candi	idate/Officeholder (Declarant)					