

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY RECEIVED JUL 12 2024	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Swiney</i>	FIRST <i>Arlene</i>	MI		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked Bosque Co. Elections	Receipt #
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Processed	Amount \$
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Date Imaged	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	<i>1 / 1 / 24</i>		<i>1 / 25 / 24</i>		

6 EXPLANATION OF CORRECTION
Failed to disclose 750.00 Total Political Contributions
Failed to disclose 750.00 Total Political expenditures

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

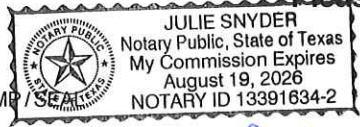
Check ONLY if applicable:

- 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

Sworn to and subscribed before me by *Arlene Swiney* this the *12th* day of *July*, 20*24*, to certify which, witness my hand and seal of office.

Julie Snyder Signature of officer administering oath
Julie Snyder 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)

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

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 | 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 F1: <i>1</i>	2 FILER NAME <i>Arlene Swiney</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-25-24</i>	5 Payee name <i>Arlene Swiney</i>	
6 Amount (\$) <i>\$750.00</i>	7 Payee address; <i>4442 FM 1991</i>	City; State; Zip Code <i>Meridian TX 76665</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Paid Self for Filing Fees.</i>
	(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 <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME <i>Arlene Swiney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-25-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William H Watson</i>	7 Amount of contribution (\$) <i>750⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4517 FM 1991 Meridian TX 76665</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.