CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The	C/OH Instruction G	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00088274		2 Total pages filed: 10	
	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
	NAME	Mrs.	Laurel Jordan			Date Received ELECTRONICALLY FILED	
		NICKNAME	LAST Swift		SUFFIX	···· 02/05/2024	
	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
	OFFICEHOLDER MAILING ADDRESS	P.O. Box 6866				Receipt # Amount	
	Change of Address	San Antonio, TX 78209				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
l ·	TREASURER NAME	Mr.	John L.				
		NICKNAME	LAST		SUFFIX		
			Swift		II		
·	CAMPAIGN TREASURER	STREET ADDRESS (NO PO 7627 Woodridge Dr.	BOX PLEASE);	AP.	T / SUITE #; CITY;	; STATE; ZIP CODE	
	ADDRESS	TOZT WOOdinggo Di.					
	(Residence or Business)	San Antonio, TX 78209					
'	CAMPAIGN TREASURER PHONE	AREA CODE PHON (210) 385-6906	NE NUMBER E	EXTENSION			
	REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
		July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
	PERIOD COVERED	Month Day Year 01/01/2024	TH	HROUGH	Month Day 01/25/202	Year 24	
10	ELECTION	ELECTION DATE Month Day Year	ΧPI	Primary	ELECTION TYPE Runoff	Other	
		03/05/2024		Seneral	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		None Place SAN ANTONI	O District 121 B	3exar	State Represent 121	tative Place SAN ANTONIO District	
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Swift, Laurel Jordan (Mrs.)	14 Filer ID 00088274	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or or consent. Candidates and officeholders are required to report this information only if they receive							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN:	S)	\$ 1,300.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC		\$ 14,286.90					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,300.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 21,000.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		Mrs. I	_aurel Jordan Swift					
		Signature o	f Candidate or Officeho	lder				
AFFIX NO	ΓARY STAMP / SEAL AΒ	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath				

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 10
18 FILE	ER NAN ft, Lau	19 Filer ID 00088274	(Eth	nics Commission Filers)	
20 SCH	HEDULI ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	550.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	750.00
3.		\$			
4.	X	SCHEDULE E: LOANS		\$	10,000.00
5.	X	\$	14,286.90		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONT	SCHEDULE A1					
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Fotal pages Schedule A1: Sch: 1/1 Rpt: 4/10		
2	FILER NAME Swift, Laurel	Jordan (Mrs.)			3	Filer ID (Ethics Commission 00088274	n Filers)	
4	Date 01/22/2024 5 Full name of contributor out-of-state PAC (ID#:) Baker, Cynthia (Ms.) 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$)	\$50.00	
		San Antonio, TX 78213	ļ					
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Alamo Colleges District	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/25/2024 Bucci, Jacki (Ms.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00	
	San Antonio, TX 78218 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u>			
Not Employed Not Employed				Not Employed				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		San Antonio, TX 78247						
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/18/2024 Gadbury, Donald (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$250.00			
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)			
	Date O1/12/2024 Full name of contributor out-of-state PAC (ID#:) Lanoue-Gers, Mary (Ms.) Contributor address; City; State; Zip Code Universal City, TX 78148			Amount of Contribution (\$)	\$50.00			
	Principal occu Marketing	pation / Job title (See Instructions)		Employer (See Instructions Alpha Media	5)			
			1					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Swift, Laurel Jordan (Mrs.) 00088274 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/24/2024 Annie's List \$750.00 i First month cost for 7 Contributor address; City; State; Zip Code Numero Call time tool Austin, TX 78703 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS						SCHEDULE E				
	The Instruction	on Guide explains ho	w to c	omplete this f	orm.		al pages Schedule E: h: 1/1 Rpt: 6/10				
2	FILER NAME Swift, Laurel Jor	dan (Mrs.)				3 Filer ID 000882	(Ethics Commission Filers)				
4	TOTAL OF UN	IITEMIZED LOANS					\$				
5	Date of loan 01/17/2024	7 Name of lender Swift, Laurel (Mrs.)		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$5,000.00				
6	Is lender a financial institution? No					10 Interest Rate 0.00 11 Maturity Date 12/31/2024					
SAN ANTONIO, TX 78209 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)							12/31/2024				
12	Medical Sales	on / Job tile (See Instituction	113)		Mallinckrodt Pharmaceu	•					
14	Description of Coll X None	ateral			15 Check if personal funds we	ere deposited	d into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor			<u> </u>		19 Amount Guaranteed (\$)				
	X not applicable	18 Guarantor address;	City;	State;	Zip Code						
20	Principal occupation	I on			21 Employer (See Instructions	5)					
	Date of loan	Name of lender		out-of-state PA	.C (ID#:)	Loan Amount (\$)				
	01/25/2024	Swift, Laurel (Mrs.)					\$5,000.00				
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate				
	No						Maturity Date				
	<u> </u>	SAN ANTONIO, TX			T = 1 /0 1:	`	12/31/2024				
	Medical Sales	on / Job title (See Instructio	ns)		Employer (See Instructions Mallinckrodt Pharmaceu	•					
	Description of Coll	ateral			Check if personal funds were deposited into political account						
	X None				×	·	(See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)				
	X not applicable	Guarantor address;	City;	State;	Zip Code						
	Principal occupation	on			Employer (See Instructions	s)					
_											

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/4 Rpt: 7/10	Swift, Laure	el Jordan (Mrs.)					00088274	
4	Date	5 Payee name	!						
	01/22/2024	CCR Studio	os						
6	Amount (\$) \$1,135.54	7 Payee addre 9501 Argyl Austin, TX	e Dr	State; Zip C	ode				
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense			=	, TX,	de of Texas. Com officeholder livinç	plete Schedule T. g expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/09/2024	FedEx Kink	cos						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$94.95	1275 NE L	oop 410						
			o, TX 78209		lax				
	PURPOSE OF		see Categories listed at the to	op of this schedule)	(b)	Description Check if travel (nutsi	de of Teyas, Com	plete Schedule T.
	EXPENDITURE	Printing Ex	pense					officeholder living	
						Precinct Map	pri	nted/lamina	ted
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	uaht			Office he	eld.
	expenditure to benefit C/OI								
	Date	Payee name							
	01/02/2024	Flagship C	ampaigns						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$1,500.00	7926 Broad	dway						
		Apt 707							
		San Antoni	o, TX 78209						
	PURPOSE	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting	Expense			ш			plete Schedule T.
						Payment for (officeholder living	
						i ayınıcını idi (CUI	Suyimiy Sei	VICCO
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI								
_									

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/4 Rpt: 8/10	Swift, Laurel Jordan (Mrs.)	00088274				
4	Date	5 Payee name					
	01/10/2024	HeroSpace Digital Consulting LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,565.00	1840 W Mulberry					
		San Antonio, TX 78201					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	That critishing Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense				
		1 	d website design				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF	Н					
	Date	Payee name					
	01/12/2024	JVC Media, LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$4,411.20	3106 Fall Crest					
	!						
		San Antonio, TX 78247					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	T Advertising Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense				
	!	Sign Prir					
	!						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	н					
	Date	Payee name					
	01/19/2024	Jaramillo, Leonard (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,000.00	330 W Baetz Blvd					
		San Antonio, TX 78221					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on				
	OF EXPENDITURE	T Advertising Expense	f travel outside of Texas. Complete Schedule T.				
			f Austin, TX, officeholder living expense				
		Jigii piat	sement				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O		Cinico ficia				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense P S		ense ages/Co	ontract Labor this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:								Filer ID	(Ethics Commission F	ilers)
	Sch: 3/4 Rpt: 9/10	Swift, Laur	el Jordan (Mrs.)					(00088274		
4	Date	5 Payee name									
L	01/22/2024	Jaramillo,	Leonard (Mr.)								
6	Amount (\$)	7 Payee addr	ess; City;	State; 2	Zip Cod	le					
	\$295.00	330 W Bae	etz Blvd								
		San Anton	io, TX 78221								
8	PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedu	ule) ((b) De	escription				
	EXPENDITURE	Advertisino	g Expense			⊢	Check if travel of Check if Austin,			plete Schedule T.	
						∟ Si	ign placeme		miceriolder living	схрепас	
							5 1				
9	Complete ONLY if direct		ficeholder name	Offi	ice soug	ht			Office he	eld	
	expenditure to benefit C/OH	4									
	Date	Payee name									
	01/12/2024	McNay Art	Museum								
	Amount (\$)	Payee addr	ess; City;	State; 2	Zip Cod	le					
	\$30.00	6000 N Ne	w Braunfels								
		San Anton	io, TX 78209								
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedu	ıle) ((b) De	escription				
	OF EXPENDITURE	Advertisino								olete Schedule T.	
							Check if Austin, hoto Shoot for		officeholder living	expense	
							noto Snoot n	CC			
\vdash	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Offi	ice soug	ht			Office he	eld	
	expenditure to benefit C/Oh			Ç.III	00ug				230 110		
	Date	Payee name	2								
	01/22/2024	McNay Art									
	Amount (\$)	Payee addr		State; 2	Zip Cod	le					
	\$30.00	-	w Braunfels	J. 10. 1	p 000						
	+55.60										
		San Anton	io, TX 78209								
	PURPOSE		See Categories listed at the to	on of this schedu	_{ile)} ((b) De	escription				
	OF	Advertising		op or ans scriedu	110)		_	outside	e of Texas. Com	olete Schedule T.	
	EXPENDITURE	`	•				Check if Austin,		officeholder living	expense	
						Pl	hoto shoot fe	ee			
	Complete ONLY 's direct	Condidate /Cf	finahaldar narra	Off.	ioo os:::	ht			Office I-	ald.	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Offi	ice soug	IIL			Office he	eiu	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 10/10	Swift, Laurel Jordan (Mrs.) 00088274
4	Date	5 Payee name
	01/19/2024	Prestige Printing, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$593.21	8 Burwood Lane
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donor forms and envelopes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	01/08/2024	Texas Democratic Party
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	P.O. Box 15707
l	, ,	
		Austin, TX 78761
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Voter Access Network
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
⊨	Data	Development
	Date 01/09/2024	Payee name USPS
H		
	Amount (\$) \$332.00	Payee address; City; State; Zip Code 1107 Austin Hwy
	Ψ332.00	1107 Austin Hwy
		San Antonio, TX 78209
L	DUDDOCE	<u> </u>
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PO Box for campaign
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	pondition to bonom 0/01	