

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |   |  |
|---|--|---|---|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |  | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00088635 | <b>2 Total pages filed:</b><br>5  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>Mrs.  | FIRST<br>Leonette   | MI<br>MI  | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>06/30/2024 |
|   | NICKNAME   | LAST<br>Swiney  | SUFFIX  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>2503 Banner Peak Dr.<br><br>Rosharon, TX 77583   |   | ZIP CODE  | Date Hand-delivered or Date Postmarked   |
|   |  |   |   | Receipt #      Amount  |
|   |  |   |   | Date Processed   |
|   |  |   |   | Date Imaged  |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br>Ms.   | FIRST<br>Elecia S.  | MI<br>MI  |  |
|   | NICKNAME   | LAST<br>Jones   | SUFFIX  |  |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>18515 Bridgeland Creek Parkway<br><br>Cypress, TX 77433  |   | APT / SUITE #;      CITY;      STATE;      ZIP CODE   |  |
|   |  |   |   |  |
| <b>7 CAMPAIGN TREASURER PHONE</b>   | AREA CODE<br>(832)   | PHONE NUMBER<br>541-7679                                    | EXTENSION   |  |
| <b>8 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |   |  |
|   | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |   |  |
| <b>9 PERIOD COVERED</b>   | Month      Day      Year<br>01/01/2024   | THROUGH   | Month      Day      Year<br>06/30/2024  |  |
| <b>10 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |  |   |   |  |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)<br>School Board Trustee - Position III Place 3 Brazoria   |   | <b>12 OFFICE SOUGHT (if known)</b>  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 5

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Swiney, Leonette (Mrs.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088635 |
|---|---|

|  |  |  |                                  |                          |                                   |  |  |   |  |  |
|--|--|--|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages  | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |  |                                  |                          |                                   |  |  |   |  |  |
| <table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                    | <input type="checkbox"/> GENERAL | <b>COMMITTEE ADDRESS</b> | <input type="checkbox"/> SPECIFIC | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |  |
|  | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                    |                                  |                          |                                   |  |  |   |  |  |
|  | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b>                 |                                  |                          |                                   |  |  |   |  |  |
|  | <input type="checkbox"/> SPECIFIC  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |                                  |                          |                                   |  |  |   |  |  |
|  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  |  |                                  |                          |                                   |  |  |   |  |  |

|                                |   |    |        |
|--------------------------------|---|----|--------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00   |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 200.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00   |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 80.00  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00   |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00   |

**17 AFFIDAVIT**

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.

Mrs. Leonette Swiney  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

3 of 5

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Swiney, Leonette (Mrs.)  |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088635 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 200.00   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 80.00  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/5   |
| <b>2</b> FILER NAME<br>Swiney, Leonette (Mrs.)                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088635 |
| <b>4</b> Date<br>04/12/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>E. Jr, Douglas<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>TX | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>04/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Laura, Meyers<br><hr/> Contributor address; City; State; Zip Code<br><br>TX                    | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>04/14/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tonya , Naylor<br><hr/> Contributor address; City; State; Zip Code<br><br>TX                   | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

|  |  |   |             |
|--|--|---|-------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/1 Rpt: 5/5  | <b>2</b> FILER NAME<br>Swiney, Leonette (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088635  |             |
| <b>4</b> Date<br>05/04/2024  | <b>5</b> Payee name<br>Danielle, Swiney  |   |             |
| <b>6</b> Amount (\$) \$80.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><br>TX  |   |             |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dilly's Seafood.... Celebratory Dinner |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought   | Office held |