## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
00085348		4			Date Received	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Kodi E.		MI	ELECTRONICAL 07/24/2024	LY FILED
	NICKNAME	LAST		SUFFIX		
		Sawin			Date Hand-delivered or D	Date Postmarked
4 ORIGINAL REPORT TYPE	January 15	Runoff	Other (sp	oecify)	Receipt #	Amount
	X July 15 30th day before election	15th day after camp			- Receipt #	Amount
	8th day before election	appointment (office	nolder only)		Date Processed	
5 ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
COVERED	01/01/2023	THROUGH	06/30/2023		Date imaged	
6 EXPLANATION OF C	CORRECTION				2	
7 AFFIDAVIT		1.000		unality of manipum		en entie two
			ear, or affirm, under pe correct.	enalty of perjury	, that this corrected i	report is true
		Che	ck the box next to any	and all applica	ble statements:	
		X	Semiannual reports was made in good fa misrepresent the info	ith and without	an intent to mislead	
		X	Other reports: I so report not later than to that the report as orig swear, or affirm, that filed was made in good	he 14th busine ginally filed is ir any error or or	ess day after the date naccurate or incomple	l learned ete. l
				Ms. Kodi E.	Sawin	
			Signatu	re of Candidate	e or Officeholder	
AFFIX NOTARY ST	AMP / SEAL ABOVE		-			
	ribed before me, by the sai	••••••			he	day
of, 20, to certify which, witness my hand and seal of office.						
Signature of offic	er administering oath	Printed name of of	ficer administering oat	h	Title of officer admini	stering oath
	Remember To Att Nee	tach Any Part Of ded To Report A			ort Form	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

OFFICEHOLDER INME       Ms.       Kodi E.       Generation for Real-water BLECTRONICALLY FILED 0724/2024         4       CANDIDATE / OFFICEHOLDER MALING ADDRESS / PO BOX : APT / SUITE #; CITY;       SUFFIX       SUFFIX         4       CANDIDATE / MALING ADDRESS / PO BOX : APT / SUITE #; CITY;       ZIP CODE PO BOX 12104       Intermediation of the Marked data order of the Marked data marked data order of the Marked data order of the Marked data order of the Marked data order or Marked data marked data order or data order or order order or order order order order order order or order order order order	The C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00085348	-	2 Total pages	filed: 4
OFFICE/HOUDER NAME       Ms.       Kodi E.       International ELECTRONICALLY FILED O7/24/2024         4       CANDIDATE/ OFFICE/OUDER MALING ADDRESS /PO BOX. APT / SUITE #;       CITY;       ZIP CODE Tester for the Presented Date Hand-different # mercer         4       CANDIDATE/ OFFICE/OUDER MALING ADDRESS /PO BOX. APT / SUITE #;       CITY;       ZIP CODE Tester for the Presented Date Hand-different # mercer         5       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       FIRST Name       MI         6       CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE Date Handedifficient #         7       CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE Date Handedifficient #         7       CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE);       APT / SUITE #;       CITY;       STATE;       ZIP CODE DATE;         7       CAMPAIGN TREASURER HONER       AREA CODE E PHONE NUMBER EXTENSION       Extended on and/or Extended on and/or Extended on adue of any before election eight main adue of any before adue on adue of adue o		MS / MRS / MR	FIRST		MI		USE ONLY
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AUJURESS       Charper of Address       Austin, TX 78711       Date Processed         5       CAMPAIGN TREASURER NME       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS       MS / MRS / MR       FIRST       MI         6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); BUIL       APT / SUITE #;       CITV;       STATE;       ZIP CODE         201 Lakeway Blvd.       Lakeway, TX 78734       Lakeway, TX 78734       APT / SUITE #;       CITV;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       Extension       eppendiment (office) differ on puign researcer especiment on the differ on puign researcer especiment	MAILING	PO Box 12104				Pocoint #	Amount
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5       CAMPAIGN TREASURER NAME       MS / MRS / MR Ms.       FIRST Kodi E.       MI         7       TREASURER ADDRESS (Pessience of Business)       STREET ADDRESS (NO PO BOX PLEASE); 2201 Lakeway Blvd. Lakeway, TX 78734       APT / SUITE #; CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE (512) 627-9604       PHONE NUMBER       EXTENSION Escentration       Ish day after campaign treasurer appointment (fiberbodier only)         8       REPORT TPE       January 15 (3) July 15       Ish day before election (b) Pinal Report (Attach C/OH-FR)       Ish day before election (b) Pinal Report (Attach C/OH-FR)         9       PERIOD COVERED       Month       Day Year       Month       Day Year       Year (b) Cover (c) COVERED       Month       Day Year       Year (c) Cover (c) COVERED       Vear (c) CFICE HELD (f any) None Travis       I2 OFFICE SOUGHT (f known) State Representative District HD 19	Change of Address	Austin, TX 78711				Date Processed	
5       CAMPAIGN TREASURER NAME       MS / MRS / MR Ms.       FIRST Kodi E.       MI         7       TREASURER ADDRESS (Pessience of Business)       STREET ADDRESS (NO PO BOX PLEASE); 2201 Lakeway Blvd. Lakeway, TX 78734       APT / SUITE #; CITY;       STATE;       ZIP CODE         7       CAMPAIGN TREASURER PHONE       AREA CODE (512) 627-9604       PHONE NUMBER       EXTENSION Escentration       Ish day after campaign treasurer appointment (fiberbodier only)         8       REPORT TPE       January 15 (3) July 15       Ish day before election (b) Pinal Report (Attach C/OH-FR)       Ish day before election (b) Pinal Report (Attach C/OH-FR)         9       PERIOD COVERED       Month       Day Year       Month       Day Year       Year (b) Cover (c) COVERED       Month       Day Year       Year (c) Cover (c) COVERED       Vear (c) CFICE HELD (f any) None Travis       I2 OFFICE SOUGHT (f known) State Representative District HD 19							
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6       CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); (Residence or Business)       APT / SUITE #; CITY;       STATE;       ZIP CODE         201 Lakeway Blvd. ADDRESS       Lakeway, TX 78734       Lakeway, TX 78734       Lakeway, TX 78734         7       CAMPAIGN TREASURER PHONE       AREA CODE (512) 627-9604       PHONE NUMBER       EXTENSION (512) 627-9604         8       REPORT TYPE		NICKNAME			SUFFIX		
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7       CAMPAIGN TREASURER PHONE       AREA CODE (512) 627-9604       PHONE NUMBER       EXTENSION         8       REPORT TYPE	(Residence or Business)	Lakeway. TX 78734					
THEASURER PHONE       (512) 627-9604         8       REPORT TYPE              ] January 15             ] 30th day before election             ] Runoff             [ ] Isth day after campaign treasurer appointment (Officeholder only)             ] July 15             ] 8th day before election             ] Exceeded modified             ] Final Report (Attach C/OH-FR)             [ ] 01/01/2023             THROUGH             [ Of/30/2023             [ Perimary             [ ] Runoff             [ Runoff             [ Runoff             [ Runoff             [ Runoff             [ Runoff             [ ] Special             [ ] 0000             [ ] 01/01/2023             [ Primary             [ ] Primary             [ ] Special             [ Runoff             [ Runoff             [ ] Special             [ ] 0FFICE             [ OFFICE HELD (if any)             None Travis             [ General             [ 20 FFICE SOUGHT (if known)             State Representative District HD 19             [ Gen TPAGE 2							
THEASURER PHONE       (512) 627-9604         8       REPORT TYPE              ] January 15             ] 30th day before election             ] Runoff             [ ] Isth day after campaign treasurer appointment (Officeholder only)             ] July 15             ] 8th day before election             ] Exceeded modified             ] Final Report (Attach C/OH-FR)             [ ] 01/01/2023             THROUGH             [ Of/30/2023             [ Perimary             [ ] Runoff             [ Runoff             [ Runoff             [ Runoff             [ Runoff             [ Runoff             [ ] Special             [ ] 0000             [ ] 01/01/2023             [ Primary             [ ] Primary             [ ] Special             [ Runoff             [ Runoff             [ ] Special             [ ] 0FFICE             [ OFFICE HELD (if any)             None Travis             [ General             [ 20 FFICE SOUGHT (if known)             State Representative District HD 19             [ Gen TPAGE 2	7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
8       REPORT TYPE							
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9       PERIOD COVERED       Month       Day       Year       Month       Day       Year         10       ELECTION       ELECTION DATE       ELECTION TYPE       Runoff       X Other         10       ELECTION       Day       Year       Primary       ELECTION TYPE         11       OFFICE       HELD (if any)       None Travis       12       OFFICE SOUGHT (if known)         State       Representative District HD 19       State       State       Representative District HD 19		January 15	30th day before		Runoff		
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Month       Day       Year       Primary       Runoff       Other         General       Special         11 OFFICE       OFFICE HELD (if any)       None Travis       12 OFFICE SOUGHT (if known)         None Travis       State Representative District HD 19         GO TO PAGE 2						-	
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None Travis     State Representative District HD 19       GO TO PAGE 2				General	Special		
None Travis     State Representative District HD 19       GO TO PAGE 2							
GO TO PAGE 2	11 OFFICE						
		None Travis			State Representa	ative District HI	D 19
			GO <sup>-</sup>	TO PAGE 2			
	Forms provided by Te	xas Ethics Commission			S	Ver	sion V4.1.0.d378aba0

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 3 of 4

<b>13</b> C / OH NAME	Sawin, Kodi E. (Ms.)		14 Filer ID 00085348	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	he candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 695.70
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES			\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 4,640.20
OUTSTANDING LOAN TOTALS	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 true and correct and includes al under Title 15, Election Code.		
			. Kodi E. Sawin	
		Signature of	Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
ot	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3
18 FILER NAME Sawin, Kodi E. (Ms.)	<b>19</b> Filer ID 00085348	4 of 4 (Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$
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 I TO FILER	RETURNED	\$