CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00088274		2 Total pages	s filed: 12
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	E USE ONLY
NAME	Mrs.	Laurel Jordan			Date Received	
					ELECTRONI	ICALLY FILED
	NICKNAME	LAST	•••••••••••	SUFFIX	07/15/2025	
		Swift				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 6866				Receipt #	Amount
Change of Address	San Antonio, TX 78209					
onange of Address	Sall Allionio, 17 70209				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	John L.				
	NICKNAME	LAST		SUFFIX		
	MONIVAME	Swift		II		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CIT	Y; 5	STATE; ZIP CODE
TREASURER ADDRESS	7627 Woodridge Dr.					
(Residence or Business)	San Antonio, TX 78209					
	Sail / tillorilo, 17/ 70203					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(210) 385-6906					
PHONE	,					
8 REPORT TYPE	January 15	30th day before	oloction \square	Runoff	15th day after	campaign treasurer
	January 15	Sour day before	election	Rulloll		officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	X Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Da	y Year	
COVERED	01/01/2025	TH	IROUGH	06/30/2		
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	Pı	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUG	HT (if known)	
	1			<u> </u>		
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Swift, Laurel Jordan ((Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS								
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 327.35					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,258.85				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 72,582.51				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.						
		Mrs.	Laurel Jordan Swift					
		Signature o	f Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	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	er administering	Printed name of officer administering	Title of office	r administering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088274 Swift, Laurel Jordan (Mrs.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. 4. |X| SCHEDULE E: LOANS \$ 2,750.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,258.85 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

7.

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11.

12.

TO FILER

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\$

	LOANS							SCHEDULE	E
	The Instruction	n Guide explains ho	w to co	mplete this f	orm.	1		ges Schedule E: 2 Rpt: 4/12	
2	FILER NAME Swift, Laurel Jor	dan (Mrs.)				3	Filer ID 000882	(Ethics Commission Filers	s)
4	TOTAL OF UN	IITEMIZED LOANS						\$	
5	Date of loan	7 Name of lender		out-of-state PA	sC (ID#:)	9 Loan Amount (\$)	
_	01/07/2025	Swift, Laurel (Mrs.)						\$1,00	0.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate 11 Maturity Date	
	NO	SAN ANTONIO, TX	78209					01/07/2025	
12		on / Job title (See Instructio	ns)		13 Employer (See Instruction	ıs)			
_	Not employed				Not employed				
14	Description of Coll X None	ateral			15 Check if personal funds w	ere (deposited	l into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$	5)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	on			21 Employer (See Instruction	ıs)			
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	
	01/12/2025	Swift, Laurel (Mrs.)						\$1,00	0.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	CAN ANITONIO TV	70000					Maturity Date	
	Principal occupation	SAN ANTONIO, TX on / Job title (See Instruction			Employer (See Instruction	ie)		01/12/2025	
	Not employed	on 7 ood title (See Instituction	113)		Not employed				
Description of Collateral X None					Check if personal funds w	l into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$	5)
	X not applicable	Guarantor address;	City;	State;	Zip Code				
Principal occupation					Employer (See Instruction	ıs)		•	
					<u>, </u>				

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to co	1	ges Schedule E: 2 Rpt: 5/12			
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 05/09/2025	7 Name of lender [Swift, Laurel (Mrs.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$750.00	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
	No	SAN ANTONIO, TX 78209				11 Maturity Date 05/09/2025	
12	Principal occupation Not employed	on / Job title (See Instructions)		13 Employer (See Instru Not employed	ctions)		
14	Description of Coll X None	ateral		15 Check if personal fun	ds were deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		IWA		19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructions)			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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: 1/6 Rpt: 6/12	Swift, Laurel Jordan (Mrs.) 00088274						
4	Date	5 Payee name						
	01/01/2025	Google						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$92.10	1600 Amphitheatre Pkwy						
		Mountain View, CA 94043-1351						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Google Workspace Subscription						
		Coogle Workspace Subscription						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
_	Date	Description						
		Payee name						
	02/02/2025	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$92.10	1600 Amphitheatre Pkwy						
		Mountain View, CA 94043-1351						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Google Workspace Subscription						
		Google Workspace Subscription						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Data	Davida marra						
	Date 03/03/2025	Payee name Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$92.10	1600 Amphitheatre Pkwy						
		Mountain View, CA 94043-1351						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Google Workspace Subscription						
		Google workspace Subscription						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica 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: 2/6 Rpt: 7/12	Swift, Laurel Jordan (Mrs.) 00088274						
4 Date	5 Payee name						
04/01/2025	Google						
6 Amount (\$) \$92.10	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy						
	Mountain View, CA 94043-1351						
8 PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Google Workspace Subscription						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
05/01/2025	Google						
Amount (\$) \$92.10	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy						
	Mountain View, CA 94043-1351						
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Google Workspace Subscription						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
06/01/2025	Google						
Amount (\$) \$92.10	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy						
	Mountain View, CA 94043-1351						
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Google Workspace Subscription						
Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held H						

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	sieu usove)					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 3/6 Rpt: 8/12	Swift, Laurel Jordan (Mrs.) 00088274						
4	Date	5 Payee name						
	01/29/2025	Gutierrez, Sarah						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$500.00	401 Middle Crk						
l								
		Buda, TX 78610-2765						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule	Т.					
		Check if Austin, TX, officeholder living expense Campaign operations consulting						
		Campaign operations consuming						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
l	05/22/2025	Herospace Digital Consulting						
H	Amount (\$)	Payee address; City; State; Zip Code						
l	\$400.00	1840 W Mulberry Ave						
		San Antonio, TX 78201-4928						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	Т.					
		Digital consulting services						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	DH .						
Г	Date	Payee name						
	01/23/2025	Intuit						
Г	Amount (\$)	Payee address; City; State; Zip Code						
l	\$38.38	2700 Coast Ave						
l								
l		Mountain View, CA 94043						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule	T.					
l		Check if Austin, TX, officeholder living expense Accounting software subscription						
		/ locounting software subscription						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
Г								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 comple	ete this form.
1	Total pages Schedule F1: Sch: 4/6 Rpt: 9/12	2 FILER NAME Swift, Laurel Jordan (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088274
4	Date 02/12/2025	5 Payee name Intuit	,
6	Amount (\$) \$53.30	7 Payee address; City; State; Zip Code 2700 Coast Ave	
8	PURPOSE OF EXPENDITURE	Mountain View, CA 94043 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/13/2025	Payee name Intuit	
	Amount (\$) \$53.30	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/14/2025	Payee name Intuit	
	Amount (\$) \$37.71	Payee address; City; State; Zip Code 2700 Coast Ave	
		Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/6 Rpt: 10/12	Swift, Laur	el Jordan (Mrs.)					00088274		
4	Date	5 Payee name	•							
	05/13/2025	Intuit								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$37.71	2700 Coas	t Ave							
		Mountain \	/iew, CA 94043							
8	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting	/Banking			_		de of Texas. Com		
						Accounting so		officeholder living		
						Accounting st	JILV	vare subscri	ption	
_	- I				<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name)							
	06/13/2025	Intuit								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$37.71	2700 Coas	t Ave							
		Mountain \	/iew, CA 94043							
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting	/Banking					de of Texas. Com		
						_		officeholder living		
						Accounting so	JILV	vare subscri	μιστ	
	0 1: 0 1: 0	0 111 10		0"	<u> </u>			0.00	1.1	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt			Office he	eia	
	Date	Dovos north	<u> </u>							
	01/12/2025	Payee name	;							
	Amount (\$)	Payee addre	. , ,	State; Zip C	ode					
	\$53.30	2700 Coas	t Ave							
		Mountain \	/iew, CA 94043							
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF	Accounting		,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		· · ·					officeholder living		
						Accounting so	oftv	vare subscri	ption	
	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
										0.00(00.1.10

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

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	/ - al Committee	-	Expense Printing	Expense Expense s/Wages/Contract Labor complete this form.	Trav	vel in District vel Out of Dis HER (enter a	trict category not listed above)
1	Total pages Schedule F1:	l				3 File		(Ethics Commission Filers)
L	Sch: 6/6 Rpt: 11/12		ft, Laurel Jordan (Mrs.)			000	088274	
4	Date		ee name					
L	06/30/2025		ft, Laurel					
6	Amount (\$)		ee address; City;	State; Zip C	Code			
l	\$167.49	762	7 Woodridge					
		San	Antonio, TX 78209					
8	PURPOSE	(a) Cate	egory (See Categories listed at th	e top of this schedule)	(b) Description			
l	OF EXPENDITURE		n Repayment/Reimburse		l <u>—</u>			olete Schedule T.
l					Loan repay		eholder living	expense
l								
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	Office so	<u>I</u> pught		Office he	ld

_							
		FORM C/OH - FR					
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report"	** Page 12 of 12					
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)					
	Swift, Laurel Jordan (Mrs.)	00088274					
3	SIGNATURE	0000214					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
	Mrs	s. Laurel Jordan Swift					
l	Signature	e of Candidate / Officeholder					
┝	FILED WHO IS NOT AN OFFICEHOLDED						
4	** Complete A & B below only if you are not an officeholder **						
l	A CAMPAIGN FUNDS						
l	Check only one:						
	X I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.						
	B ASSETS Check only one:						
l		e from political contributions					
	I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.						
	Mrs	s. Laurel Jordan Swift					
l		Signature of Candidate					
	3	ngriature of Candidate					
5	OFFICEHOLDER						
	** Complete this section only if you are an officeholder **						
	I am aware that I remain subject to filing requirements applicable to an officeholder w also aware that I will be required to file reports of unexpended contributions if, after fil retain political contributions, interest or other income from politicial contributions, or a interest or other income from political contributions.	ling the last required report as an officeholder, I					
	Si	ignature of Officeholder					