

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087921		2 Total pages filed: 7		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Gregory A.		MI MI		Date Received ELECTRONICALLY FILED 07/15/2025	
	NICKNAME Greg		LAST SUFFIX Switzer			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		Date Hand-delivered or Date Postmarked	
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit			
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01/01/2025		THROUGH		06/30/2025	
Receipt #						Amount
Date Processed						
Date Imaged						

6 EXPLANATION OF CORRECTION

I do not know why a treasury report was started and not completed, or why a report was started, linked to my account and email address. The first account was assigned a number; whereas, the report I started 7/15/2025 linked with my name. There wasn't any data in the first report, and I "Gregory Switzer" logged into the TEC to file the report due 7/15/2025 and entered all data in this report on 7/15/2105. There was no data entered in the first report, I did not make correction. I did input date into the report I am submitting on 7/15/2025.

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

☐ **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.

Gregory A. Switzer

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 oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087921	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Gregory A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025	
	NICKNAME Greg	LAST Switzer		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 6456 San Antonio, TX 78209		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Greg	MI		
	NICKNAME Switzer	LAST Switzer	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 15706 San Antonio, TX 78154		APT / SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 556-9986	EXTENSION	
8 REPORT TYPE	<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)			
9 PERIOD COVERED	Month 01	Day 01	Year 2025	THROUGH Month 06 Day 30 Year 2025
10 ELECTION	ELECTION DATE Month 03 Day 05 Year 2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) State Representative District 44	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Switzer, Gregory A.	14 Filer ID	(Ethics Commission Filers)
		00087921	

15 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	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	\$	0.00
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 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.

Gregory A. Switzer

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**

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18 FILER NAME Switzer, Gregory A.		19 Filer ID (Ethics Commission Filers) 00087921	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 430.82
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5.00

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 5/7	2 FILER NAME Switzer, Gregory A.	3 Filer ID (Ethics Commission Filers) 00087921
4 Date 03/31/2025	5 Payee name Chester's Hamburger	
6 Amount (\$) 180.00	7 Payee Address; City; State; Zip 1006 NE 410 Loop San Antonio, TX 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Dinner Social with guest speaker to discuss Texas Legislation session.
Date 04/28/2025	Payee name Chester's Hamburger	
Amount (\$) 80.00	Payee Address; City; State; Zip 1006 NE 410 Loop San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Dinner Social to teach Texas Legislation Online to constituents.
Date 04/01/2025	Payee name True Texas Project	
Amount (\$) 145.00	Payee Address; City; State; Zip 2300 VALLEY VIEW LN Irving, TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraiser	(b) Description (See instructions regarding type of information required.) Fundraiser
Date 01/03/2025	Payee name X Corp	
Amount (\$) 8.64	Payee Address; City; State; Zip 865 FM 1209 Building 2 Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Paid Feature	(b) Description (See instructions regarding type of information required.) X.com verified identity account.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 6/7	2 FILER NAME Switzer, Gregory A.	3 Filer ID (Ethics Commission Filers) 00087921
4 Date 02/03/2025	5 Payee name X Corp	
6 Amount (\$) 8.54	7 Payee Address; City; State; Zip 865 FM 1209 Building 2 Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Paid Feature	(b) Description (See instructions regarding type of information required.) X.com verified Identity account.
Date 03/03/2025	Payee name X Corp	
Amount (\$) 8.64	Payee Address; City; State; Zip 865 FM 1209 Building 2 Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Paid Feature	(b) Description (See instructions regarding type of information required.) X.com verified Identity account.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 7/7

2 FILER NAME
Switzer, Gregory A.

3 Filer ID (Ethics Commission Filers)
00087921

4 Date
06/08/2025

5 Name of person from whom amount is received
Link.com / Stripe Inc.

8 Amount (\$)
\$5.00

6 Address of person from whom amount is received; City; State; Zip Code

San Francisco, CA 94080

7 Purpose for which amount is received
refund for service or lack of service

☐ Check if political contribution returned to filer