	TE / OFFICEHOLDER ON 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)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHCLDER NAME	MS /MRS (NR) FIRST MI	OFFICE USE ONLY
	NIGHNAME LAST SUFFIX	Date Reck
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX: APT I SUITE N: CITY STATE; ZIP CODE	
Change o Address	foldspring TX 77331	
5 CANDIDATE/ OFFICEHO_DER PHONE	AREA CODE PHONE NUMBER EXTENSION (*113) 906-5748	Date Hand delivered in Date Pokimathee
6 CAMPAIGN TREASURER NAME	MS (IRS) MR FIRST MI	Receipt # Amount \$
10/10/6	NICKNAME LAST SUFF X	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:  521 Camilla Lake Rd	STATE: ZIP CODE
(Rosidence or Business)	Coldspring TX 77331	
8 CAMPAIGN TREASURER PHONE	(936) 524-4031	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
0 PERIOD	July 15 Bth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month Day Year Month	Day Year 25/24
1 ELECTION	ELECTION DATE  BLECTION TYPE  Month Day Year  Primary Runoff Other Description	310 / 41
	O3 O5 24 General Special	
2 OFFICE	OFFICE HELD (if any;  13 OFFICE SOUGHT (if known)	P.LI
NOTICE FROM POLITICAL COMMITTIES(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE THE CANDIDATE OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	SIGNET PCT I BY POLITICAL COMMITTEES TO SUPPORT TES OR OFFICENOLIDER'S KNOWLEGGE OR RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE COMMITTEE NAME	
Additional Pages	GENERA_ COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	×
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
(+)	GO TO PAGE 2	

	N FII	IANCE REPOR	RT	co	VER SHE	
15 C/OH NAME	$\mathcal{D}$	Sweeney		16 Filer	ID (Ethics Comm	ssion Filers)
17 CONTRIBUTION TOTALS	1.	TCTAL UNITEMIZED POLI	ITICAL CONTRIBUTIONS (OTHER THA UARANTEES OF LOANS, OR ELECTRONICALLY)	N	s Ø	
	2.	TOTAL POLITICAL CONTO	TRIBUTIONS LOANS, OR GUARANTEES OF LOANS	i)	ø	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE		\$ 1,011	., 89
	4.	TOTAL POLITICAL EXPE	ENDITURES		\$ 1,011	189
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRI DOING PERIOD	IBUTIONS MAINTAINED AS OF THE LA	ST DAY	5 Ø	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUN' LAST DAY OF THE REPOR	IT OF ALL OUTSTANDING LOANS AS ( RTING PERIOD	OF THE	\$ 00	
			Signature of C	andidate o	or Officeholder	
		Please con	Signature of C		or Officeholder	
		Please con			or Officeholder	
l) Affidavit		Please con			or Officeholder	
I) <b>Affidavit</b> NOTARY STAMP/SEAL		Please con			or Officeholder	
NOTARY STAMP/SEAL		ů.			or Officeholder	
NOTARY STAMP/SEAL	before m	ů.	mplete either option below			
NOTARY STAMP/SEAL worn to and subscribed I	before m	ess my hand and seal of office.	mplete either option below	<b>w</b> :		inistering oa
NOTARY STAMP/SEAL worn to and subscribed l  O, to certify we consider the control of the c	before m which, wit	ess my hand and seal of office.	mplete either option below	<b>w</b> :	day of	inistering oa
NOTARY STAMP/SEAL	before m which, wit	ess my hand and seal of office. Printed name of	mplete either option below this the	<b>w</b> :	day of	inistering oa
NOTARY STAMP/SEAL worn to and subscribed I mature of officer administeri mature of officer administeri mature is	before m which, wit	ess my hand and seal of office.  Printed name of	mplete either option below this the	<b>w</b> :	day of	inisturing oa

	SUB.	TOTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILER NA	1	<b>C</b>	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDU	E SUBTOTALS	Sweeney		SUBTOTAL AMOUNT
1.		SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		s
2,		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		S
4.	X	SCHEDULE E:	LOANS		\$ 1,011.89
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	Ф	SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7_	П	SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$
8	M	SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		88.110118
9,		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10,		SCHEDULE H	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	Π:	GCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TOFILER	ONS RETURNED	S

	ETARY POLITICAL CONTRIBUTIONS  Justed information is not applicable, DO NOT include this page in the	ne report.	SCHEDU	LE A1
т	he Instruction Guide explains how to complete this form.	1 Total pa	ges Schedule A.	1
FILER NAM	AE.	3 Filer ID	(Ethics Commis	son Filers)
Date	Full name of contributor	7 Amoun	of contribution	(s;
Principal oc	cupation / Job title (See Instructions)  9 Employer (See Instructions)	uctions)		
Date	Full name of contributor  Out-of-state PAC (IDa  Contributor address;  City;  State, Zip Code	d Amount	of contribution	(\$1
Principal occi	upation / Job title (See Instructions) Employer (See Instru	uctions)		
Date	Full name of contributor  Contributor address;  City. State; Zip Code	Amoun	of contribution	(\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ictions)		
Date	Full name of contributor	Amoun	of contribution	(\$)
rincipal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N			

LOANS  f the requested information is not applicable, [	DO NOT include this page in the re	SCHEDULE E
The Instruction Guide explains how to	a camplete this form.	1 Total pages Schedule E:
2 FILER NAME Luke D. Sweeney		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$1,011.89
l vik litrol	-of-state PAC (ID#	9 Loan Amount (S)
6 Is lender address; City Ridgeway	y: State; Zip Code	10 Interest rate
Y (1) Coldspring	15EPT XT	11 Maturily date
12 Principal occupation / Job tille (See Instructions) Concrete Contractor	13 Employer (See Instructions)	
14 Description of Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR 17 Name of guaranter INFORMATION		19 Amount Guaranteed (\$)
18 Gustrantor address; City  ☑ not applicable	y; State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of Ican Name of lender □ out-d	of-state PAC (ID#)	Loan Amount (\$)
Is lender Len <mark>de</mark> r address. City a financial Institution?	y; State; Zip Code	Interest rate
Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal fund account (See Instruction	s were deposited into political ons)
GUARANTOR Name of guarantor		Amount Guaranteed (\$)
Guayantor address; Cily	r; Slate; Zip Code	
Frincipal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL If lender is out-of-state PAC, please se	COPIES OF THIS SCHEDULE AS NEED	

		not applicable, DO NO		shin mana in the sec	/	SCHEDU	
ii die requested ii	normation is				port		-
		EXPENDITURE CA	TEGORIES I	FOR BOX 8(a)			
Advertising Expense Accounting Banking Consulting Expense Contribution Occations Made Candidate (Officeholder/Polisi Credit Card Paymont	By cal Committee	Event Expense Foes Foed Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ove Polling Ex Printing Ex Salaries/M	ipense /ages/Contract Labor	Transports Travel In D Travel Ou	/Fundralsing Expe tion Equipment & F listrict Of District Ir a category not is	Related Expe
Total pages Schadule F1	2 FILER N	ME			3 Filer I	) (Ethics Comm	isslon File
Date	5 Рауее ла	me					
Amount (\$)	Payee ad	dress;		City;	S	late; Zip	Code
	(a) Category	(See Categories listed at the top o	This schodule)	(b) Description			
PURPOSE OF EXPENDITURE				(2, 233, 1, 1, 1)			
	(c)	Check if theyel outside of Toxas, Compl	ole Schedule T.	Check if Austi	n, TX, officete	ıldar living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Office polder name		Office sought		Office	held
Date	Payee nar	ne		1			
Amount (\$)	Payee add	tress;	\	City;	St	tate; Zip	Code
	Category	See Catégorius listed at the top of ti	his schedule)	Description			
PURPOSE OF EXPENDITURE		1					
		Neck if travel outside of Texas, Comple	te Schedule T.	Check if Austin	, TX, officehol	dor living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office h	veld
Date	Payee nan	ne					
Amount (\$)	Payee add	ress;		City;	Str	ate; Zip (	Code
PURPOSE OF EXPENDITURE	Category d	See Calegories listed at the log of th	is schedule)	Description	-1-		
		eck iftravel outside of Texas Complete	e Schedule T	Check if Austin.	TX, officehold	for living expense	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought	570,00000	Office	reld

	JRES MADE BY CREDIT CARD  SCHEDULE F4  ormation is not applicable, DO NOT include this page in the report.
Acvertising Exponse	EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Loan Repayment/Reimburgement Solicitation/Fundraising Expense
Accounting/Earlying Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli	Food/Beverage Expense Food/Beverage Expense Foling Expense Foling Expense Foling Expense Foling Expense Transportation Equipment & Related Expense Travel In District
1 Total pages Schedule F4	2 FILER NAME  3 Filer ID (Elhics Commission File)  Luke D. Sweeney
4 TOTAL OF UNITE	MIZED EXPENDITURES CHARGED TO ACREDIT CARD \$1,011.89
i 5/24	6 Payee name Amazon
7 Amount (5)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Calegories fisled at the top of this schedule)  Event Exp  Tableclath for "Me the Candidates"
11 Complete <u>QNLY</u> if direct expenditure (c benefit C/OH	Candidate / Officeholder name  Office sought  Office held
Eate 1/6/24	Payee name Walmart
Amount (5)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Non-Political Non-Political
PURPOSE OF EXPENDITURE	Event Exp  Category (See Categories listed at the top of this schedule)  Event Exp  Candidates
complete <u>ON Y</u> I direct expenditure to benefit C/OH	Check if bavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense  Candidate / Officeholder name Office sought Office held

EXPENDITUR	RES MADE BY CREDIT CARD SCHEDULE F4
If the requested infor	nation is not applicable, DO NOT include this page in the report.
Ac vertising Expense Accounting/Earsking Consulting Expense Contributions/Octations Made B C andidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILERNAME  3 FILER NAME  2 FILER NAME  3 FILER ID (Ethics Commission Filers)
	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1011, 89
7 Amount (\$)	Payee name ACCITY; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Water Bottle  Labels  (c) Check if bravel outside of Texas Complete Schedule I.  Check of August TX office holder living averages
11 Complete ONLY of direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Cate 1 8 2 4 Amount (s) \$ 35.51	Payee name Party City Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)  Event Exp.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ON Y I direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
rne provided by Fourte Ethine Co	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	RES MADE BY CREDIT CARD  SCHEDULE F mation is not applicable, DO NOT include this page in the report.	4
		_
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Earlying Consulting Expense	Event Expense Loan Repayment/Reimbursement Solicitation/Fundralising Expense Feas Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Transportation Equipment & Related to Transportation Equipment Transportation Equipment Transportation Equipment Transportation Equipment Transportation Equipment Transportation Equipment Transport	Expen
Contributions/Educations M Candidate/Officeholder/F	y Git/Awards/Memorials Expense Printing Expense	ve)
1 Total pages Schedule l	2 FILER NAME 3 Filer ID (Ethics Commission Fil	lers)
4 TOTAL OF UNIT	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,011 89	
5 Date	6 Payee name	
118194	HEB	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	r
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF	Event Exp. Desserts for "Meet	
EXPENDITURE	(c) Check if travel outside of Toxas. Complete Schedule I Check 1 Austra TX of coholder living average	_
11 Complete ONLY if direct expenditure to banefit C/Ol	Check 1 Austri TX, efficeholder living expense  Candidate / Officeholder name  Office sought  Office held	
Cate 1/8/214	Payee name Hobby	
# 1(0, 2)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)  Description  STC LETTERS for "Mee	1
PURPOSE OF EXPENDITURE	Event Exp. the Cardidates"	*
,	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ON.Y f direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
ns provided by Texas Ethic	mmission www.ethics.state.tx.us Revised 11/15/2	1022

		RES MADE BY CREDIT CARD  SCHEDULE F4  mation is not applicable, DO NOT include this page in the report.
	arking	
1 Total pages		2 FILERNAME D. SWEEDEY 3 Filer ID (Ethics Commission Filers)
5 Date 1/8/67 Amount (6	94	8 Payce name 5T1 Crophics, Ix. 8 Payce address; City; State; Zip Code
9 TYPE EXPEND		Political Non-Political
PURPO OF EXPENDI	SE TURE	Category (See Categories listed at the top of this schedule)  Advertising  Billboard Signs  Contect if Investigated Toxas, Complete Schedule T.  Check if Auszin, TX, officeholder living expense
11 Complete <u>QNLY</u> expenditure to b		Candidate / Officeholder name Office sought Office held
Dale LAIS	4	Payee name Brookshire Brothers
# 90 Y	67	Payee address; City; State; Zip Code
TYPE C EXPENDIT		Political Non-Political
PURPOS OF Expendit		Category (See Categories listed at the top of this schedule)  Every Exp  Check if Iravel outside of Texas Complete Schedule T.  Description  Tood for "Meet the Candidates"  Check if Auslin, TX, officeholder living expense
Complete <u>ONLY</u> expendituré to b		Candidate / Officeholder name Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1		ES MADE BY CREDIT CARD  SCHEDULE F4  action is not applicable, DO NOT include this page in the report.
Advertising El Accounting Ru Consulting Ex Contributions/ Candidate/O	niking	EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Committee Committee The Instruction Guide explains how to complete this form.  EXPENDITURE CATEGORIES FOR BOX 10(a)  Loan Repayment/Reimbursoment Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Travel Out Of District Other (enter a category not fisted above)
1 Total pages		2 FILERNAME 2 FILERNAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL C	FUNITEMIZ	ED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,011.89
7 Amount (s	15 15 15 15 15 15 15 15 15 15 15 15 15 1	Payee name  Nalmart  Payee address;  City; State; Zip Code
9 TYPE (		Political Non-Political
PURPO OF EXPENDIT	SE	Event Exp.  (b) Description  Water for "Meet the Candidates"
11 Complete <u>ONLY</u> expenditure to b	f direct	Check if bavel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense  Candidate / Officeholder name Office sought Office held
Date 1/22/3 Amount (\$)	4	Payee name RL Custom Design Payee address; City; State; Zip Code
TYPE O		✓ Political Non-Political
PURPOS OF EXPENDIT		Category (See Categories listed at the top of this schedule)  Campaign Sign S  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> / expenditure to be		Candidate / Office holder name Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	OFFICEHOLDER FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction Guid	de explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
OFFICEHOLDER NAME	IS MRSCHR) FIRST MI LUKE D  NICHNAME LAST SUFFIX  SWEENEU	OFFICE USE ONLY
OFFICEHOLDER MAILING ADDRESS  Change of Acdress  5 CANDIDATE/ OFFICEHOLDER PHONE	DDISS / PO BOX: APT / SUITE M: CIT STATE: ZIP CODE  IN RIGGENIAY Dr.  CDISSPTING TX 77331  REL CODE PHONE NUMBER EXTENSION  713) 906-5748	Date Hand-delivated or Site Postmatical Receipt #   Amount 55
TREASURER NAME	SMRS)MR FIRST MI SUSAN  CKNAME LAST SUFFIX  Butler	Oate Processed  Date Imaged
TREASURER ADDRESS (Residence or Business)  B CAMPAIGN TREASURER	THEET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY.  CAN COMMITTED LOKE Rd Coldspring  CE CODE PHONE NUMBER EXTENSION  736) 524-4531	STATE: ZIP CODE  TX 77331
9 REPORT TYPE		15th day after campaign treasurer appointment (Officeholder Oniy)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month	31 / 2023
11 ELECTION	ELECTION DATE  Day  Year  General  Special  ELECTION TYPE  Clery  Oescription  General  Special	
		missioner Petl
POLITICAL THE CON	BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD AGAINGMATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE MITHOUT THE CANNOT SEVEN CANDOTT OF THE SEVEN AS A REQUIRED TO REPORT THIS INFORMATION ONLY IF THE MADE TYPE COMMITTEE NAME  GENERAL COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	DATE'S OR DERICENDI DER'S KNOWLEDGE OR
	GO TO PAGE 2	

15 C/OH NAME  17 CONTRIBUTION 1 1 TOTALS  2,  EXPENDITURE TOTALS  3.	TCTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOADS)  TOTAL UNITEMIZED POLITICAL EXPENDITURE.	THAN	S Ø	ssior Filers)
17 CONTRIBUTION 1. TOTALS  2. EXPENDITURE TOTALS  3.	TCTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO.		5 Ø	
EXPENDITURE 3.	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO.	ANS)	s Ø	
TOTALS 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.			
			3572	31
*************	TOTAL POLITICAL EXPENDITURES		3572	.31
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	Ø	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE	5 Ø	
	Please complete either option be	low:		
I) Affidavit				
NOTARY STAMP/SEAL				
worn to and subscribed before mi		the	lay of	
0, to certify which, witr	ness my hand and seal of office.			

S	SUBT	OTALS	- С/ОН		FORM C/OH SHEET PG 3
19 (	FILER NA	Control of the contro	Sweeney	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDUL	E SUBTOTALS SCHEDULE	377-54		SUBTOTAL AMOUNT
1.	ф	SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		s
2.		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	Ф	SOHEDULE B:	PLEDGED CONTRIBUTIONS		\$
4.	X	SCHEDULE E:	OANS		53572.3
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
6.	Ф	SCHEDULE F2	UNPAID INCURRED OBLIGATIONS		s
7		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	3	SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		\$ 2832.31
).	N/A	CHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$750.00
le:		CHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OIH	\$
		CHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$
		CHEDULE K:	NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

MONE	TARY POLITICAL CONTRIBU	JTIONS		sсньюи	5 A1
	ested information is not applicable, DO NOT in		report.	SCHEDUI	E A I
Ti	he Instruction Guide explains how to complete this	s form.	1 Total pa	es Schedule A1	
2 FILER NAM	IE .		3 Filer ID	(Ethics Commiss	on Filers)
4 Date	5 Full name of contributor	State; Zlp Code	7 Amount	of contribution	(S)
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor Out-of-state PAC	(104	Amount	of contribution	(\$:
	Contributor address; City:	State: Zip Code			
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ons)		
Date	Full name of contributor	State: Zip Code	Amaun	of contribution	(\$1
Principal occu	upation / Job title (See Instructions)	Employe (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC  Contributor address; City;	(ID#) State; Zip Code	Amoun	of contribution	(\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
/					
	ATTACH ADDITIONAL COPIES Of frontributor is out-of-state PAC, please see Instruc			irements.	

LOANS			SCHEDULE E
If the requester	d information is not applicable, DO I	NOT include this page in the re	ροπ. 
The	Instruction Guide explains how to con	mplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Luke	D. Sweeney		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 3,572,31
5 Date of loan	7 Name of lender out-of-st.	ate PAC (ID#)	9 Loan Amount (S)
12/31/23	Luke D. Sweener		#3,572,31
6 Is tender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	IVI Ridgeway	Dr	11 Maturity date
Y (B)	0 10	v 7733i	11 Majority date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
concrete	Contractor	Self	
14 Description of Coll		15 Check if personal fun	ds were deposited into political
none		account (See Instruct	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	1,0		
	A CONTRACTOR AND CONT	21 5 1 1 1 1 1	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	ate PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	on / Job (Ille (See Instructions)	Employer (See Instructions)	
, , , , , , , , , , , , , , , , , , , ,	,		
Description of Colla	ateral	Check if personal fund	ds were deposited into political
☐ noņe		account (See Instruct	
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION			
	Guarantor address; City;	State; Zip Code	
not applicable			
Frincipal Occupation	on (See Instructions)	Employer (See Instructions)	3
If le	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NEE Instruction guide for additional re	

FROM POL	EXPENDITURES MADE	S	SCHEDULE F1
If the requested in	nformation is not applicable, DO NOT	include this page in the repo	ort.
\	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accoding/Banking Consultage Expense Contribus payDonations Made Candidate Officeholder/Pela Conf. Card PaySont	cal Committee Legal Services	Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr	olk introdiffundraising Exporse ransportation Equipment & Reinted Exper ransport & Bistrict ransf of the Obstrict ther (enter a category not issled & bove)
Total pages Schedule F	2 FILER NAME	3	Filer ID (Ethics Commission Filers
Date	5 Payee name		
Amount (\$)	Payee address;	ghy.	State; ZIo Code
	(a) Category (See Categories listed at the top of the	is schedule) Description	
PURPOSE OF EXPENDITURE			
	(c)	Screen Check if Austin, D	C officerplider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officaholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address,	City;	\$late; Zio Code
	Category (See Categories listed at the top of this	Description	
PURPOSE OF EXPENDITURE		V	
	Christif travel outside of Texas Complete	Schedule T. Check if Austin, TX	öthecholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Раусе па пе		
Amoun( (\$)	Payee address:	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
/	Check it travel outside of Texas. Complete S	chedule T. Check if Austin TX,	Miceholder living expenses
omplete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

	HUKE	S MADE BY CREDIT CARD SCHEDULE F
If the requested	d informat	nt on is not applicable, DO NOT include this page in the report.
		EXPENDITURE CATEGORIES FOR BOX 10(a)
Acvertising Expense Accounting/Bunking Consulting Expense Contributions/Dohasion Candidate/Officehold		Event Expense Fees Food/Boverage Expense Git/Awards/Memorials Expense Committee  Legal Services  Event Expense Food/Boverage Expense Git/Awards/Memorials Expense Finding Expense Finding Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.
1 Total pages Schedu	uie F4 2	2 FILER NAME  3 Filer ID (Ethics Commission File  Luke D. Sweepey
4 TOTAL OF UN	IITEMIZE	DEXPENDITURES CHARGED TO A CREDIT CARD \$ 2822.31
5 Date	6	STI Graphics
7 Amount (5) \$4 516. 35	8	Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE		Political Non-Political
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Abuctising  (b) Description  Billboxid Signs
Name to Chilly & disease		Candidate / Officeholder name Office sought Office held
		<u>u</u>
		Payee name Hobby Lobby
Date		,
Date		Payee name Hobby Lobby
Date 12/5/93 Amount (\$) TYPE OF	с/он	Payee name  Hobby Payee address; City: State; Zip Code    Political
Date Date Date Date Date Date Date Date	C/OH	Payee name  Hobby Payee address; City: State; Zip Code    Political   Non-Political   Category (See Categories listed at the top of this schedule)   Description
Amount (s)  TYPE OF EXPENDITURE  PURPOSE OF	C/OH	Payee name  Hobby Payee address;  City: State; Zip Code    Political

If the requested info	nation is not applicable, DO NOT include this page in the report.
Advertising Expense Accounting Banking Consulting Expertse Contributions Defiations Made I Candidate/Officipholder/Politic	
1 Total pages Schedule F4	2 FILER NAME 3 Filer ID (Ethics Commission F
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2822.31
5 Cate 12/8/23 7 Amount (\$) #395.11	6 Payce name  5T1 Graphics  8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (Sez Categories listed at the top of this schedule)  Advertsing  (b) Description  Billboard Sign 5  (c) Check if have loutside of Texas. Complete Schedule I
11 Complete <u>QNLY</u>   cirect expenditure to benefit C/OH	Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held
Date (3)	Payee name  STI Graphics  Payee address; City; State; Zip Code
\$ 1147.45	
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)  Description  Billboard Signs
Complete <u>ONLY</u> I direct expenditure to benefit C/OH	Check if travel outside of Texas Complete Schedule T. Check of Austin, TX, officeholder living expense  Candidate / Officeholder name Office sought Office held

		ES MADE BY CREDIT CARD SCHEDULE F4
if the rec	uested inform	ation is not applicable, DO NOT include this page in the report.
		EXPENDITURE CATEGORIES FOR BOX 10(a)
	inteng	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Focs Office Overhead/Rental Expense Transportation Equipment & Related Expense Folding Expense Folding Expense Travel In District
1 Total pages	Schedule F4:	2 FILERNAME  3 Filer ID (Ethics Commission Filers)
4 TOTAL C	UNITEMIZ	ED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3833.31
	аз	Payee name Hobby Lobby
7 Amount (\$	) 3 <u>4</u>	Payee address; City; State; Zip Code
9 TYPE EXPENDI		Political Non-Political
10 PURPO OF EXPENDI	SE	Category (See Calegories listed at the top of this schedule)  Advertising  Lights for Parade Floods
11 Complete ONLY expenditure to b	# direct	Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held
12(30)	33	Payee name
# (00)	<u>P</u> a	Payee address; City; State; Zip Code
TYPE C EXPENDIT	F URE	Political Non-Political
PURPOS OF EXPENDIT	I II	Category (See Categories listed at the top of this schedule)  Description  Business Conds  Check if havel outside of Texas Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ÓNLY</u> expenditure to b	f direct eneflt C/OH	Candidate / Officeholder name Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
ms provided by	fexas Ethics Co	nmission www.ethics.state.tx.us Revised 11/15/2022

		ES MADE BY CREDIT CARD  SCHEDULE F4  ation is not applicable, DO NOT include this page in the report.
Advertising Expo Accounting Expo Consulting Expo Contributions/Do Candidate/Offic	ing ise Airtions Made By	EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Fees Foes FoedPeverage Expense Gif/Awards/Memorials Expense Committee Legal Services  The Instruction Guide explains how to complete this form.  EXPENDITURE CATEGORIES FOR BOX 10(a)  Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above)
1 Total pages S	credule F4:	2 FILERNAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMI	DEXPENDITURES CHARGED TO A CREDIT CARD \$ 2802.31
	22	6 Payee name
7 Amount (s)	13	8 Payee address; City; State; Zip Code
9 TYPE OF		Political Non-Political
PURFOS OF EXPENDITU	E JRE	Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
11 Complete ONLY if excenditure to ben		Candidate / Officeholder name Office sought Office held
Date		Payee name
Amount (\$)		Payee address; City; State; Zip Code
TYPE OF		Political Non-Political
PURPOSE OF EXPENDITU	- 1	Category (See Categories listed at the top of this schedule)  Description
Complete <u>ONLY</u> if expenditure to ben		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	URES MADE BY CREDIT CARD  SCHEDULE F.  formation is not applicable, DO NOT include this page in the report.
Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES FOR BOX 10(a)  Even; Expense Loan Repayment/Relimburs/ement Forms Coffice Overhead/Rental Expense Food/Boverson Expense
Consulting Expense Contributions/Donatrons Ma Candidato/Officeholder/Pr	de By Gitt/Awards/Memorials Expense Position Expense Travel In District
1 Total page: Schedule F	
4 TOTAL DE UNITE	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2822.31
5 Date 11   20   23 7 Amount (6)	6 Payee name  Cold-spring Chamber of Commerce  8 Payee address: City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(b) Description  Research Sing  (b) Description  Registration
11 Complete ONLY I direct expenditure to benefit C/OH	Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder I ving expense  Candidate / Officeholder name Office sought Office held
Date 11/30/23	Payee name Rush Order Tees
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPEND TURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  T-Shirts
complete ONLY f direct	Check if various of Texas Complete Schedule T.  Check if Austin TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held

#### POLITICAL EXPENDITURES MADE FROM SCHEDULE G **PERSONAL FUNDS** If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Solicitation /Fundraising Expense Transporte flori Equipment & Retated Expense Travel In Ostorict Other (energy a category not i sted above) **EventExpense** Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer (D (Ethics Commission Filers) Like 4 Date 5 Payee name 11/11/33 Amount (\$) Zip Code #750 © Reimburgament from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, efficient der living expensé Candidate / Officeholder name Office sought Office held Complete QNLY if direct expanditure to benefit C/OH Раусе патіс Amount (S) Payee address; City; State; Zip Code Reimbursement from political contributions ntended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin T.K. officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expanditure to benefit C/OH Date Payee name Amount (\$) Pavee address: state; City; Zip Code Reinibussement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

APPOINTI BY A CAN	MENT OF A CAMPAIGN TREASURER IDIDATE	FORM CTA PG 1
S	see CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	MS MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Mr Luke D	Filer ID #
O OANDIBATE	SWEENE CITY STATE ZIP CODE	Date Reduced
3 CANDIDA E MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE # CITY STATE; ZIP CODE	Dale Handboth ared or Postmay Ed
	COLO SPRING X 77331	<u>u</u> 152
4 CANDIDATE PHONE		Receipt d Amount &
	(930) 453 4002	Date Processor
6 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (if known)	Prainct I County Commi	Ssover
7 CAMPAIGN TREASURER NAME	MSANRSAMR FIRST MI NICKNAME	LAST ŞUFFIX
		Her
8 CAMPAIGN TREASURER STREET ADDRESS	521 Camilla Lake Rd, Cold	STATE: ZIP CODE
(residence or bus ness)		. (122)
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(936) 653 203/	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	as Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of
	I am aware of the restrictions in title 15 of the Election Co from corporations and labor organizations.	ode on contributions
	Signature of Candidate 18	Scott 23 Date Signed
	GO TO PAGE 2	

	E MODIFIED G DECLARATION	FOR	PG 2
11 CANDIDATE NAME			
2 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU CHOOSING MODIFIED REPORTING	ARE	
	•• This declaration must be filed no later than the 30th the first election to which the declaration appli	day before	
	•• The modified reporting option is valid for one election (An election cycle includes a primary election, a general election, and any rel	cycle only.	-
	•• Candidates for the office of state chair of a politi may NOT choose modified reporting. ••	cal party	
	I do not intend to accept more than \$1,010 in political contimate more than \$1,010 in political expenditures (excluding in connection with any future election within the election understand that if either one of those limits is exceeded, I required to file pre-election reports and, if necessary, report.	filing fees) cycle. l will be	
	_* = -		7
	Year of election(s) or election cycle to Signature of Candi which declaration applies	date	
	nis appointment is effective on the date it is filed with the appropriate filing a	uthority.	
TEC	Filers may send this form to the TEC electronically at treasappoint@ethics.s or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070	state.tx.us	
	Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC		
	For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php		

T 1	TE / OFFICEHOLDER N 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)	2 Total pages filed;
3 CANDIDATE / OFFICEHOLDER	MS MRS (MR) FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE	FER 2
Change of Address  5 CANDIDATE/	AREA CODE PHONE NOMBER EXTENSION	
OFFICEHOLDER PHONE	(713) 906-5748	Date Rand-delivered or Date Rosmarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFF X	Date Processed
	Butler	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE: ZIP CODE
(Residence or Business)	521 Camilla Lake Rd Oddspring	TX 77331
8 CAMPAIGN TREASURER PHONE	(936) 524-4031	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
-05 Well-5426	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month  O\ 26 / 24 THROUGH O2	a4 / a4
11 ELECTION	ELECTION DATE  Month Day Year  Primary Runoff  Other Description  General Special	
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MATHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDICONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE COMMITTEE NAME	
Additional Pages	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

15 C/OH NAME							16 Fil	er ID	Ethics Co	mmisei	n Filere)
Luke	D	SWE	ene	24				,D	251109 00	aal	i i iiçi s)
17 CONTRIBUTION TOTALS	1,	PLEDGES,	AL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN DGES, LOANS, OR GUARANTEES OF LOANS, OR TRIBUTIONS MADE ELECTRONICALLY)				THAN	\$	Ø		
	2.	TOTAL PO (OTHER TH				NTEES OF LO	IANS)	\$	Ø		
EXPENDITURE TOTALS	3.	TOTAL UN	EMIZED P	OLITICAL	EXPENDITUR	E.		\$	84	۹.	75
	4.	TOTAL PO	LITICALE	XPENDIT	URES			\$	840	۹.	75
CONTRIBUTION BALANCE	5,	TOTAL POL			ONS MAINTAIN	NED AS OF TH	E LAST DAY	\$	Ø		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRIN				DING LOANS	AS OF THE	\$	Ø		
						Signature	of Candidate	or O	fficeholde	ř	
		F	Please (	comple	te either	Signature  option be		or O	fficeholde		
1) Affidavit		ŗ	Please (	comple	te either			or O	fficeholde		
<b>1) Affidavit</b> NOTARY STAMP/SEAI	L	F	Please	comple	te either			or C	fficeholde		
NOTARY STAMP/SEAL			Please				elow:				
NOTARY STAMP/SEAL	before me	e by				option be	elow:				
NOTARY STAMP/SEAL	before me which, witr	e by	nd seal of c	office.		option be	elow:	_ da			tering oath
NOTARY STAMP/SEAL Swom to and subscribed 10, to certify Ignature of officer administer	before me which, witr	e by	nd seal of c	office.	administering	option be	elow:	_ da	y of		tering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify ignature of officer administer	before me which, witr	e by	nd seal of c	office. ne of officer	administering	option be	elow:	_ da	y of		tering oath
NOTARY STAMP/SEAL sworn to and subscribed to, to certify gnature of officer administer to Unsworn Declaration y name is	before me which, with ring oath on	e by ness my hand a	nd seal of c	office. ne of officer O	administering R	option be	the	da	y of of officer	adminis	
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify- ignature of officer administer 2) Unsworn Declaration by name is	before me which, witr ring oath	e by ness my hand a	nd seal of c	office. ne of officer O	administering R	option be this oath	the	_ da	y of of officer: / \ 31.S	adminis	Σειρ
NOTARY STAMP/SEAL Swom to and subscribed 20, to certify ignature of officer administer 2) Unsworn Declaration ly name is	before me which, with ring oath	e by ness my hand a	nd seal of c	office. ne of officer O	administering	option be this oath	the	_ da Title	y of of officer: / \ 31.S	adminis	Sein
Sworn to and subscribed 20, to certify signature of officer administer 2) Unsworn Declaration	before me which, with ring oath	e by ness my hand a	nd seal of c	office. ne of officer O	administering R and r	option be this oath	th is(state)		of officer 3	adminis	Σειρ

	SUB.	ТО	TALS	- C/OH		FORM C/OH SHEET PG 3
19	FILERNA		$\mathcal{D}$	Sweeney	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDU NAME OF	LESU	BTOTALS			SUBTOTAL AMOUNT
1.		SCH	DULE A1	MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHE	DULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHE	DULE B: 1	LEDGED CONTRIBUTIONS		\$
4.	24	SCHE	DULE E:	.OANS		\$849,75
5.		SCHE	DULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.		SCHE	DULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7,		SCHE	DULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s
8.	74	SCHE	DULE F4:	EXPENDITURES MADE BY CREDIT CARD		5 849.75
9.		SCHE	DULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.		SCHE	DULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	S
11.		SCHE	DULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHE	DULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (5) Full name of contributor out-of-state PAC (ID# 6 Contributor address; City; State; Zip Ode 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (10) Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS If the requested info	ormation is not applicable, DO NC	OT include this page in the re	SCHEDULE <b>E</b>
The Instr	ruct on Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Suceneu		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE			\$ 849,75
5 Date of loan 7	Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$) #849.75
6 Is lender a financial Institution?	Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	Coldspring TX	77331	11 Maturity date
	Contractor	13 Employer (See Instructions)	
14 Description of Collateral		Check if personal fundance account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION 17	Name of guarantor	*************************	19 Amount Guaranteed (\$)
78 not applicable	Guarantor address; City;	State; Zip Code	
20 Principal Occupation (S	See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID) )	Loan Amount (\$)
Is lender a financial institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation / J	ob title (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal fund account (See Instruction	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation (Se	e instructions)	Employer (See Instructions)	
lf lender	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested int	formation is not ap	plicable, DO NOT	include this	page in the re	eport.			
	EX	PENDITURE CATE	GORIES FOR	R BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	By Gift/Awar al Committee Legal Se	rerage Expense ds/Memorials Expense	Office Overhead Polling Expense Printing Expens Salaries/Wages	se s/Contract Labor	Transportal Travel In D Travel Out	ntrict	nt & Ref	ated Expense
1 Total pages Schedule F1:	2 FILER NAME				3 Filer II	(Ethics C	ommis	ion Filers)
				_/				ś
4 Date	5 Payee name							
6 Amount (\$)	7 Payee address;			City;	S	ate;	Zip C	ebc
8	(a) Catagory (See Cat	egories listed at the top of this	schedule) (b	) Description				
PURPOSE OF EXPENDITURE								
	(c) Check if	vel outside of Texas. Complete 5	Scyledula T	Check if Austi	n, TX, officenc	lder living ex	репве	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office	cenolder name	/	Office sought		Of	fice he	eld .
Date	Payee name	X						
Amount (\$)	Payee address;		\ \ \	City;	S	ate;	Zip C	ebo
PURPOSE OF	Category (See Cate	pories listed at the top of this s	schedule	Description				
EXPENDITURE		/		<b>—</b>				_
	Check of trad	el outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeho	der living ex	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Off	ice he	id
Date	Payee name		**					
Amount (\$)	Payee address;			City;	/ 50	ate;	Zip C	ode
PURPOSE OF EXPENDITURE	Category (See Categ	ories listed at the top of this s	chedule)	Description				
	Check if trave	el outside of Texas, Complete So	chedule T.	Check if Austir	n, TX, officeho	der living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Cffid	ceholder name		Office sought		O	fice th	eld
	ATTACHAD	DITIONAL COPIES	OF THIS SCH	EDULE AS NEE	DED			

### EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Ext. Ext.	SCHEDULE F4
If the requested inform	ation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Donsulting Expense Contributions/Do vations Made By Candidate/Officeholder/Political (	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Offic/Awards/Memorials Expense Printing Expense Travel In District Travel Out Of 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 F4:	2 FILER NAME  3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED EXPENDITURES CHARGED TO A CREDIT CARD \$ 849,75
5 Date	6 Payee name
02/05/24	Signs.com
7 Amount (\$)	8 Payee address; City; State; Zip Code
\$683.00	
9 TYPE OF EXPENDITURE	Political Non-Political
10 (	a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Advantises VIII
OF EXPENDITURE	Advertising Yord Signs
ANOTHER STATE OF THE STATE OF T	C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Check III Aesun, TX, onicendider living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
02/11/24	Sians, com
Amount (\$)	Para di dia
* 1(a(a, legg)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Advertising Door Hangers
	Check if travel outside of Texas, Complete Schedule 7. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested in	formation is not applicable, DO NOT include this page in	the report.	
			_
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		ement Solicitation Fundralsing Expense pense Transportation Equipment & Related Expen Travel In District Travel Out 21 District Other (enter a category not listed above)	ise
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers	)
4 Date	5 Payee name		
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; Ci	ity State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categoris (See Categories listed at the top of this schedule)  (b) Description  (c) Chack if bayed outside of Texas. Complete Schedule T. Check	k if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	134750.0411.040 HA	
Date	Payee name		
Amount (\$)  Reimbursement from political contributions (intended	Payee address;	ity; State; Zip C∋de	
PURPOSE OF EXPENDITURE	Category (See Categorical listed at the top of this schedule)  Description  Check in layer outside of Texas. Complete Schedule T.  Check	on k if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought	Office held	
Date	Payer name		
Amount (\$)	Payee address; City;	Slate, Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description	on \	
		c if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED	