

# 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)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

## OFFICE USE ONLY

Date Received

Jan. 21, 2026 @  
3:30pm

*Widener*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. BOX 511

Johnson City TX 78636

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830) 385-9286

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS

Donna

J

Salteneier

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

400 Jewell Ln

Johnson City

TX

78636

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 813 9723

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

12 / 1 / 25

THROUGH

1 / 15 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner Pat. 2 Blanco P.

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                   |                                                                                                                                       |                                        |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <u>Todd W. Swift</u> |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>750</u>                          |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>750</u>                          |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ <u>324<sup>25</sup></u>             |
|                                   | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>324<sup>25</sup></u>             |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>425.25</u>                       |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                     |

18 SIGNATURE 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.

Todd W. Swift

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

## (2) Unsworn Declaration

My name is Todd Swift, and my date of birth is 7-15-62.  
My address is PO. Box 511, Johnson City, TX, 76136, US.  
(street) (city) (state) (zip code) (country)

Executed in Blanco County, State of TX, on the 15 day of 1, 2026.  
(month) (year)

Todd Swift  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 750

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 32475

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Todd Swift*

3 Filer ID# (Ethics Commission Filers)

4 Date

*12/5/25*

5 Full name of contributor

*Larry Courts*

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

*\$250.00*

6 Contributor address;

City;

State;

Zip Code

*316 Flat Creek Rd. Johnson city TX 76036*

8 Principal occupation / Job title (See Instructions)

*retired / rancher*

9 Employer (See Instructions)

Date

*12/12/25*

Full name of contributor

*David O'Bannon*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$500.00*

Contributor address;

City;

State;

Zip Code

*2182 Yeager Ln Johnson city TX 76036*

Principal occupation / Job title (See Instructions)

*retired*

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                            |                                |                                        |
|----------------------------|--------------------------------|----------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Todd Swift</i> | 3: Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------|----------------------------------------|

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 Date <i>1/7/06</i>                                              | 5 Payee name <i>Johnson City Sign Shop</i>                                        |
| 6 Amount (\$)                                                     | 7 Payee address; City; State; Zip Code<br><i>PO Box 955 Johnson City TX 76836</i> |
| <input type="checkbox"/> Check if individual's residence address. |                                                                                   |

|                                            |                                                                                                                                                               |                                      |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>political signs</i>                                                                    | (b) Description<br><i>yard signs</i> |
|                                            | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                      |

|                                                       |                                                 |                             |                                       |
|-------------------------------------------------------|-------------------------------------------------|-----------------------------|---------------------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Todd Swift</i> | Office sought <i>Blanco</i> | Office held <i>Commissioner Act 2</i> |
|-------------------------------------------------------|-------------------------------------------------|-----------------------------|---------------------------------------|

|                                                                   |                                      |
|-------------------------------------------------------------------|--------------------------------------|
| Date                                                              | Payee name                           |
| Amount (\$)                                                       | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |                                      |

|                                       |                                                                                                                                                           |             |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                                                                                              | Description |
|                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |

|                                                     |                               |               |             |
|-----------------------------------------------------|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-------------------------------|---------------|-------------|

|                                                                   |                                      |
|-------------------------------------------------------------------|--------------------------------------|
| Date                                                              | Payee name                           |
| Amount (\$)                                                       | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. |                                      |

|                                       |                                                                                                                                                           |             |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                                                                                              | Description |
|                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

|                                 |            |
|---------------------------------|------------|
| Filer name<br><u>Todd Swift</u> | Filer ID # |
|---------------------------------|------------|

| OFFICE USE ONLY                        |           |
|----------------------------------------|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Finance report due on Jan 15, 2026.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit

NOTARY STAMP / SEAL

Todd Swift  
Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

### (2) Unsworn Declaration

My name is Todd Swift, and my date of birth is 7-15-62.  
My address is P.O. Box 511, Tahsawnee, TX, 78636 US.  
(street) (city) (state) (zip code) (country)  
Executed in Blanco County, State of TX, on the 15 day of 1, 2026.  
(month) (year)  
Todd Swift  
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER