CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT
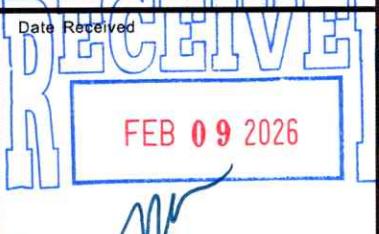
FORM C/OH
COVER SHEET PG 1

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: Mr.
FIRST: Todd
MI: W.
NICKNAME:
LAST: Swift
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 511
APT / SUITE #:
CITY: Johnson City
STATE: TX
ZIP CODE: 78636

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (830)
PHONE NUMBER: 385-7286
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Donna
MI: J.
NICKNAME:
LAST: Sultemeier
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 400 Jowell Ln
APT / SUITE #:
CITY: Johnson City
STATE: TX
ZIP CODE: 78636

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361)
PHONE NUMBER: 513 9723
EXTENSION:

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: 1 Day: 15 Year: 26
THROUGH
Month: 2 Day: 4 Year: 26

11 ELECTION

ELECTION DATE
Month: 3 Day: 3 Year: 26

ELECTION TYPE
☑ Primary
☐ Runoff
☐ Other Description
☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Commissioner Pct. #2

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2026

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME Todd W. Swift	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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 866.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 866.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 409.25
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 850.00

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 _____ P.O. Box 511 _____, _____ Johnson City _____, _____ TX _____, _____ 78636 _____.
       (street)   (city)   (state)   (zip code)   (country)

Executed in _____ Blanco _____ County, State of _____ TX _____, on the _____ 4 _____ day of _____ Feb _____, 20 _26_.
                                               (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Todd W. Swift	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑ SCHEDULE E: LOANS	$ 850 00
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
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	$

LOANS

SCHEDULE E

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 E:

2 FILER NAME _Todd W. Swift_	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan _2/1/26_	**7** Name of lender _Todd Swift_ ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($) _850 00_
6 Is lender a financial Institution? Y (N)	**8** Lender address; _P.O. Box 511_ City; _Johnson City_ State; _TX_ Zip Code _78636_	**10** Interest rate _0%_ **11** Maturity date _3/30/26_

12 Principal occupation / Job title (See Instructions) _retired_	**13** Employer (See Instructions)

14 Description of Collateral ☑ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
	18 Guarantor address; City; State; Zip Code	
☐ not applicable		

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
	Guarantor address; City; State; Zip Code	
☐ not applicable		

Principal Occupation (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.