

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: **6**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr
FIRST: John
MI: A
NICKNAME: Schwin
LAST: Schwin
SUFFIX: III

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Sunrise Beach, TX 78643
Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (832)
PHONE NUMBER: 474-5512
EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr
FIRST: John
MI: A
NICKNAME: Schwin
LAST: Schwin
SUFFIX: III

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
Sunrise Beach, TX 78643
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE: (832)
PHONE NUMBER: 474-5512
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: 7 / Day: 1 / Year: 23 THROUGH Month: 12 / Day: 31 / Year: 23

11 ELECTION
ELECTION DATE: / / ELECTION TYPE: Primary, Runoff, Other Description, General, Special

12 OFFICE: OFFICE HELD (if any) City Councilmember **13** OFFICE SOUGHT (if known)

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: GENERAL, SPECIFIC
 COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY
 Date Received: 1/16/2024 JJC
 Date Hand-delivered or Date Postmarked: RECEIVED JAN 16 2024
 Receipt # / Amount \$
 Date Processed: 1/16/2024 JJC
 Date Imaged:

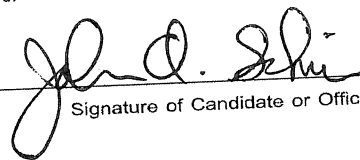
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME John A. Schwin III		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,647.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF 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

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.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

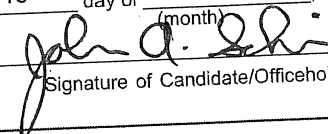
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is John A. Schwin, and my date of birth is [REDACTED]
 My address is [REDACTED], Sunrise Beach, TX, 78643, USA.
(street) (city) (state) (zip code) (country)
 Executed in Llano County, State of TX, on the 15 day of Jan, 2024.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME John A. Schwin III		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,437.50
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,209.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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 F4: 2	2 FILER NAME John A. Schwin III	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
--	---------

5 Date 10/31/2023	6 Payee name Jason M. Rammel, P.C.
-----------------------------	--

7 Amount (\$) 3,209.50	8 Payee address; 17130 Highway 46 West, Suite 5 Spring Branch, TX 78070	City;	State;	Zip Code
---	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description Witness a council meeting; Review and report on council activities
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct 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 12/15/2023	Payee name Jason M. Rammel, P.C.
--------------------	-------------------------------------

Amount (\$) 220.50	Payee address; 17130 Highway 46 West, Suite 5 Spring Branch, TX 78070	City;	State;	Zip Code
------------------------------	---	-------	--------	----------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services	Description Review and advise on legal questions
-------------------------------	--	---

Complete <u>ONLY</u> if direct 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: 2	2 FILER NAME John A. Schwin III	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 12/18/2023	6 Payee name Texas Attorney General Open Records	
7 Amount (\$) 7.50	8 Payee address; City; State; Zip Code Office of the Attorney General PO Box 12548 Austin, TX 78711-2548	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description Filing fee to upload documents electronically
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME John A. Schwin III	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--	--

4 Date 12/13/2023	5 Payee name Discover Financial Services
------------------------------------	---

6 Amount (\$) 3,209.50	7 Payee address; P.O. Box 6103 Carol Stream, IL 60197-6103
---	---

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Credit card payment for legal services
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	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	
Candidate / Officeholder name	
Office sought Office held	

Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	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	
Candidate / Officeholder name	
Office sought Office held	

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED