

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY <b>RECEIVED</b> AUG 05 2025	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u>	FIRST <u>James</u>		
		NICKNAME <u>Jim</u>	LAST <u>Sweeney</u>	SUFFIX	Date Received
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	By
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #
		<input checked="" type="checkbox"/> 8th day before election			Amount \$
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Date Processed
		<u>4 / 2 / 25</u>		<u>4 / 25 / 25</u>	Date Imaged

6 EXPLANATION OF CORRECTION: *I was being asked to total the amount of contributions during the entire campaign. I realize now that the question was how much contribution was left in my account. There was none left. The answer should be zero.*

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

Check ONLY if applicable:

- 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.

*James J. Sweeney*  
Signature of Candidate/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 James J. Sweeney, and my date of birth is 07/29/1958.  
My address is 2042 Lakeside Landing, Seabrook, TX, 77586, USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 5th day of August, 2025.  
(month) (year)

*James J. Sweeney*  
Signature of Candidate/Officeholder (Declarant)

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 2**

15 C/OH NAME James J. Sweeney By \_\_\_\_\_ 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
	2. TOTAL POLITICAL CONTRIBUTIONS <u>for this period</u> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,856.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5307.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

James J. Sweeney  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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