



Filing Receipt

Filed Date - 2025-06-27 08:39:39 PM

Control Number - 58124

Item Number - 780

Information is not to be released by anyone who has access to it

Si desea información en español, puede llamar al 1-888-782-8477.
Further assistance may be obtained by calling the PLCT at (512) 936-7120 or (888) 782-8477.
Hearing and speech-impaired individuals with text telephones (TTY) may contact the PLCT at
(800) 735-2989 or 7-1-1.
Customer Assistance Hotline at 512-936-7136 by first dialing 1-800-735-2989 or 7-1-1

☐ I am requesting to INTERVIEW in this proceeding. As an INTERVIEWER, I understand that I am a party to the case. I am required to respond to all discovery requests from other parties. I may be required to attend hearings, and if I file testimony, I may be cross-examined in the hearing. If I file any documents in the case, I must provide a copy to every other party in the case, and I acknowledge that I am bound by the Procedural Rules of the PLCT and the State Office of Administrative Hearings (SOAH).
Signature of filer: Kathy Auer
Date: 06/27/25

☒ I wish to be a COXIALX INTERVIEWER. I understand that I am NOT a party to this case; my comments are not considered evidence in this case, and I have no further obligation to participate in the proceeding. Public comments may help inform the PLCT of the public concerns and identity issues to be explored. Please provide comments below. Attach a separate page, if necessary.

Please fill out the following:

First Name: None
Last Name: Swartz
Phone Number: 214-215-9748
Email Address: KathyAuer@gmail.com
Mailing Address: 1543 Rink's Run, Baytown, TX 77523
Location of case service is received: _____

COXIALX INTERVIEWER (please provide all of the requested information)
No fee is charged for this service. If you are not the filer, please provide the filer's name and contact information. If you are the filer, please provide your contact information. If you are not the filer, please provide the filer's name and contact information. If you are the filer, please provide your contact information.

Public Ethics Commission of Texas
1701 North Congress Avenue
PO Box 13426
Austin, Texas 78711-3326

REC'D: PUBLIC ETHICS COMMISSION OF TEXAS
I so this form to speak out if you disagree with the PLCT or want to get involved in the case.
716 P 0034 R 1 X 00 0000000