T	NDIDATE / OFFICEHOLDER INANCE REPORT /	FORM JC/OH COVER SHEET PG 1						
	(191086)	GOVER GILLIAG I						
The JC/OH Instruction (3 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:						
3 CANDIDATE/	MS/MRS/MR FIRST MI	OFFICE USE ONLY						
OFFICEHOLDER NAME	Kaloh D.	Date Received						
	Ralph D. NICKNAME LAST SUFFIX Swearingin Jr.	TARI 2014 JI ELECTIS						
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SLUFE #: CITY: STATE; ZIP CODE							
MAILING ADDRESS		Date Hand-de vered or Date Postmarked						
Change of Address	,	# nm						
5 CANDIDATE/	ISION	Receipt # Amount						
OFFICEHOLDER PHONE		Date Processed 2						
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST MI TOBIN R	Date Imaged						
IACIAIL	NICKNAME LAST SUFFIX							
	copeland							
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE;	ZIP CODE						
8 CAMPAIGN TREASURER PHONE								
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)						
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year Month Day O/ / 0/ / 14 THROUGH 06/30							
11 ELECTION	ELECTION DATE ELECTION TYPE	General Special						
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Subject of the leace, for 1	wn)						
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the ca Candidates are required to disclose this information only if they receive notification of the di	indidate's prior consent or approval. rect campaign expenditure. ••						
EXPENDITURE BY OTHER INDIVIDUALS	Name							
NA	Address / PO Box; Apt. / Suite #; City; State; Zip Code							
additional pages								
GO TO PAGE 2								

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ralph Swearingin JV to certify which, witness my hand and seal of office.

Signature of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A (J) S (JUDICIAL) (pg 3 of 6)			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):			
2 FILER NAME Raph D. Swearingin JV 4 Date 5 Full name of contributor Dut-of-state PAC (ID#_	3 ACCOUNT # (Ethics Commission filers)			
01/22/14 EARNEST Reynolds III 6 Contributor address; City; State; Zip Code 314 Mainst, Surfe 202	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable) F. WENTLIX 76/02 (If travel outside of Texas, complete Schedule T)			
9 Contributor's principal occupation	10 Contributor's job title Afformery Ay /aw			
11 Contributor's employer/law firm 1	12 Law firm of contributor's spouse (if any)			
Eurost Reynolds Aftonney or law				
13 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#_ 01/22/14 Is Real G Susten Contributor address; City; State; Zip Code 13/6 VIIIage Creek In	Amount of contribution (\$) In-kind contribution description(if applicable)			
Plano, TX 75093	(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation	Contributor's job title ATTO ANCE AT COW			
ATTORNEY Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
Schusten LAW Group, P. LL.C.	Zan mino, continuo de constante			
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#_ 8 2/10/14 Elizabeth Tindall Contributor address; City; State; Zip Code 3 5 3 3 Ranch View Tex	Amount of contribution (\$) In-kind contribution description (if applicable)			
Fr. 1014/12 76/09	(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation BUSINESS O WHEN	Contributor's job title			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
	STRATES			
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instru				

	n, lexas /8/11-20/0				
LOANS (JUDICIAL) SThe total	loan reporte	el for this Expendifi	S Report SCHEDULE E (J)		
made From Personal Funds and	Reported ON	chedule	S. (pg	46	
The Instruction Guide explains how to complete this form		1 Total pages Schedule E(J):			
Raph D. Sweaningin Jr	·	3 ACCOUNT # (Ethics Commission filers)			
TOTAL OF UNITEMIZED LOANS:	* * * *	\$	\$ 4,030,32		
$\Delta / I = I + I + I + I + I + I + I + I + I +$	out-of-state PAC (ID#		9 Loan Amount (\$) 4,030, 32		
121/14 Rayh D. Swear B Lender address; City; State; financial Institution? 68908 Webonne	Zip Code	C/			
Y (") N. Righland Hills	s,TZ 7618:	2	11 Maturity date		
2 Lender's Principal Occupation 12 Lender's Principal Occupation	13 Lender's Job Title	Tudse			
4 Lender's Employer/Law Firm	15 Law Firm of lende	15 Law Firm of lender's spouse (if any)			
6 If lender is child, law firm of parent(s) (if any)			1011	\exists	
7 Description of Collateral					
18 GUARANTOR 19 Name of guarantor			21 Amount Guaranteed (\$)	\exists	
INFORMATION NA		-		1	
20 Guarantor address; City; State;	Zīp Code				
2 Guarantor's Principal Occupation	23 Guarantor's Job T	itle	20 ELE	\dashv	
4 Guarantor's Employer/Law Firm	25 Law Firm of guara	intor's spouse (if any)	C NORS	-	
6 If guarantor is child, law firm of parent(s) (if any)			37 1 3		
		-		3	
		· [
			a 6, -<		
ATTACH ADDITIONAL CO			requirements.		

P.O. Box 12070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			schedule G
The Instruction Guide explains how to complete this form.		dule G:	
2 FILER NAME Ralph O. Swearingin Jr. 3 ACCOUNT # (Eth)			nics Commission filers)
0 1/2///	5 Payee name Des 19 Le Révaphics Danwal Inc 6 Payee address; City; State; Zip Code 12404 Hwy 15550. Tylen 17 15	7 <i>03</i>	8 Amount (\$) 3 ,8 34,73
	7 Purpose of expenditure \$ 190090 (If travel outside of Texas, complete Schedule T)		Reimbursement from political contributions intended
05/17/14	Payee name / Lepor / Payee address; City; State; Zip Code 2013 / Lwy 377 Kellen T+ 76248		Amount (\$) 6.5
	Purpose of expenditure for S15 Nage (If travel outside of Texas, complete Schedule 1)		Reimbursement from political contributions intended
05/17/14	Payee name TVactor Suply Co. Payee address; City; State; Zip Code 3919 Telephone Rd, Lakeworth, TZ	1 6/35	Amount (\$)
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)		Reimbursement from political contributions intended
Date	Payee name		Amount
	Payee address; City, State; Zip Code		TARE ZOIN JU
	Purpose of expenditure (If travel outside of Texas, complete Schedule T)		Reimbursement from political contributions intended
Date	Payee name		Amount
	Payee address; City; State; Zip Code		75 26
	Purpose of expenditure		Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIES OF THIS FORM		0/21 #4,030,32

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED