Texas Ethics Commission	on P.O. Box 12070 Austin, Texas	78711-2070 (512) 4	63-5800 (TDD 1-800-735-2989
JUDICIAL CAMPAIG	CANDIDATE / OFFICEI IN FINANCE REPORT	HOLDER (PG 10	of 12) FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Raiph NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY
	Swearingin	JV.	RRANIE OCT -2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE#: CITY:	STATE: ZIP CODE	Date Hand-delivered or Postmarked
change of address	1	_	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST TOBIN NICKNAME LAST	MI 	Date Imaged
	Coperand		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE			·.
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 \$500 limit	Final report (Attach C/OH - FR)
COVERED	Month Day Year THROUGH	Month Day 09 / 25 /	Year
1	Morth Day Year ELECTION TYPE Morth Day Year Primary	Runoff (General Special
12 OFFICE	officeHELD (if any) There Justice of the Peace Pet . 1	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

JUDICIAL O SUPPORT		E/OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2
14 C/OHNAME Raiph	D. Swea	RINGIN SV,	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	RRAAL
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6,100.
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	sized \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,7/6, ¹³ PAY \$ 10,892,05
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I REPORTING PERIOD	DAY \$10,892,05
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* 18,911, 46
18 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me
Notary My C	LEN H. HUYNH Public, State of Text commission Expires larch 18, 2015	Rayul Sur Signature of Cano	Herriggi Jrg
Sworn to and subs	oribed before m	- '.'	
Signature of officer admin	La costo	Helen H. Huynh Note	ary Public

(P930+12) **POLITICAL CONTRIBUTIONS**

P.O. Box 12070

SCHEDULE A (J)

OTHER	THAN PLEDGES OR LOANS	S (JUDICIAL	-)		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):	(P51)
2 FILER NAME Ralph	0. Swearing in Jr. 5 Full name of contributor		3 ACCOUNT # (E	thics Commission f	ilers)
4 Date 67/26/14	5 Full name of contributor [but-of-state PAC (ID#	K5, TR 16114	7 Amount of contribution (\$)	8 In-kind condescription(if	applicable)
9 Contributor's p	principal occupation	10 Contributor's job		or texas, compete	Conduct ()
11 Contributor's	Administrative employed	12 Law firm of contri		у)	
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date 67/26/14	Contributor address; City; State; Zip Code 6200 Lake Way		Amount of contribution (\$)	In-kind cor description(if	
Contributada	N. Ricyland Hills, 77-76	Contributor's job		of Texas, complete	Schedule T)
Contributors p	rincipal occupation Retired		e ve		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	()	
If contributor is	a child, law firm of parent(s) (if any)				
Date 07/26/14	Full name of contributor Dut-of-state PAC (ID#		Amount of contribution (\$)	In-kind cor description(if	applicable)
Contributor's p	rincipal occupation Vehred	Contributor's job			
Contributor's en	mployer/law firm	Law firm of contrib	outor's spouse (if any	r) rn	
If contributor is	a child, law firm of parent(s) (if any)		4		The state of the s
If conti	ATTACH ADDITIONAL COPIES OF			g requirement	
			2	9 5	m od <u>*</u>

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)



OTTER TIANT ELDGES OR EO	ANS (SODICIAL) (V
The Instruction Guide explains how to compl	ete this form. 1 Total pages Schedule A(J): 6 (P9 2)
2 FILER NAME Ralph D. Swearing in Jr 4 Date 5 Full name of contributor Dut-of-state PAC	3 ACCOUNT # (Ethics Commission Filers)
07/26/14 H, Dale Clark 6 Contributor address; City; State; Zin	
3208 Halton Rd Halton City, FF	
9 Contributor's principal occupation Law enforcement	10 Contributor's job title Constable
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorbut-of-state PAC(OB/IS/14 LATY ANTW Contributor address; City; State; Zip	contribution (\$) description(if applicable)
7020 Castle Cree Fr. Worth, TZ 76	·
Contributor's principal occupation Business Owner	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)	
Date Full name of contributor Dut-of-state PAC(B/15/14 Adrian Murray Contributor address; City: State; Zip 125 Willow Ridge R.	contribution (\$) description(if applicable)
Er. Worth 17 76	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation Business Olives	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)	2 F
ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEEDED
	instruction guide for additional reporting requirements.
	4

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	S (JUDICIAL)	: A (J)
The Instruction Guide explains how to complete t	nis form. 1 Total pages Schedule A(J):	Pg 3)
12 FILED NAME Rulph D. Swearingin Jr.	3 ACCOUNT # (Ethics Commission	Filers)
4 Date 5 Full name of contributor [Dut-of-state PAC (ID#_ 8/15/14 Construction Chemical 6 Contributor address; City, State; Zip Cool 900 E. Clarencian Du 0011005, TH 75203	7 Amount of contribution (\$) 8 In-kind contribution (\$) description(i	if applicable)
9 Contributor's principal occupation	10 Contributor's job title	
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)		
B/87/14 Full name of contributorbut-of-state PAC(ID#_ B/87/14 PhillipPhillips Contributor address; City; State; Zip Cod	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	
FT. WOTH, TZ 76/0	(If travel outside of Texas, complete	Schedule T)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm Law Office of Philip Phillips If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)	
Date Full name of contributorout-of-state PAC(ID#_ 08/11/14 Randa((W. Harrison Contributor address; City; State; Zip Code 6300 falifax Rd. Fr. Worth, 17 76116	Amount of contribution (\$) description(if	f applicable)
Contributor's principal occupation	Contributor's job title 30 pc	.,
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)	Co.	With the same of t
ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE AS NEEDED	50 55 51
If contributor is out-of-state PAC, please see inst		ts.

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOANS	(JUDICIAL)



The	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J): Pg 4 of 6			
RALPH	Ralph D. Sweapingin OV.			thics Commission Filers)			
1 Date	5 Full name of contributor Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)			
Contributor's p	principal occupation KCG/ (<5 ks/e	10 Contributors job	title				
1 Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if am	7			
3 If contributor is	s a child, law firm of parent(s) (if any)						
Date 09/10/14	Full name of contributorout-of-state PAC (ID#: ### DOWNES Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)			
	2161 Kinbrough Or. Inving 17 75038			of Tours			
Contributor's p	rincipal occupation	Contributor's job	title	of Texas, complete Schedule T)			
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	`			
	Ngela Downes Afformer	Law Million Contain		,			
If contributor is	a child, law firm of parent(s) (if any)						
09/17/14	Full name of contributor Dut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)			
Contributor's p	incipal occupation Buswess	Contributor's job t		of Texas, complete Schedule T)			
Contributor's er	mployer/law firm		outor's spouse (if any				
If contributor is	a child, law firm of parent(s) (if any)						
				2 PH 3: 1			
		F THIS SCHEDULE	ACMEEDED	**************************************			

Texas Ethics Cor	nmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
POLITION OTHER	CAL CON	NTRIBUTION PLEDGES OF	IS R LOANS	S (JUDICIAL	-) (pg1) s	SCHEDULE A (J)
The	e Instruction G	Guide explains how to	complete thi	s form.	1 Total pages Sch	iedule A(.): 19504
2 FILER NAME	alph 0	, Swearing	VGINJ.	r	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 9/17/14	5 Such 6 Contributor 4814	ly Strzin raddress: City; St Fairway	NEK tate; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's p	principal occupati	chland H	115/17	10 Contributor's job		of Texas, complete Schedule T)
11 Contributor's e	employer/law firm	efived		12 Law firm of contri	ributor's spouse (if any	у)
13 If contributor is	s a child, law firm	n of parent(s) (if any)				
Ally	Contributor 462	of contributorbut-of yo (Gils) raddress; City; Sta 8 Ridgen fom City;	PNF	<i></i>	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	orincipal occupation			Contributor's job		:
Contributor's e	employer/law firm				ibutor's spouse (if any	y)
If contributor is	a child, law firm	of parent(s) (if any)				
08/04/14	Republica Candid Contributor	an Paper of 1	ate; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	rincipal occupation	on 1/2 18	701	Contributor's job t	title	of Texas, complete Schedule T)
Contributor's er	mployer/law firm		-	Republica Law firm of contrib	ibutor's spouse (if any	
If contributor is	a child, law firm	of parent(s) (if any)			29	E70
If cont	ributor is out	ATTACH ADDITION. -of-state PAC, pleas				OCT -2 Post of Feduline Ments.
						Tr.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)



3 (JOBICIAL)
s form.
3 ACCOUNT # (Ethics Commission Filers)
7 Amount of contribution (\$) 8 In-kind contribution description(if applicable) Weasure 100 02 Weasure 100 02 Weasure 100 02 (If travel outside of Texas, complete Schedule T)
Kr. WOM Republican bones
12 Law firm of contributor's spouse (if any)
Amount of In-kind contribution (s) description(if applicable)
· · · · · · · · · · · · · · · · · · ·
(If travel outside of Texas, complete Schedule T)
Contributor's job title
Law firm of contributor's spouse (if any)
Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's job title
Law firm of contributor's spouse (if any)
Manyo Cardina Manyo Manad

LOANS (J	Note: The local UDICIAL) total of Polih made from person p	N ShowN OI Cal Expend Condl Ainds 5-4-8-14(6	v His Rep litures and G.	orf 15 the schedule E (J) (pg g of 12)
			1. Total pages Sc	hedule E(J):
The Ins	truction Guide explains how to complete th	is form.		
2 FILER NAME RG(06 D	Swearingin Jr.		3 ACCOUNT#	(Ethics Commission Filers)
4	AL OF UNITEMIZED LOANS: ⇒	⇒ ⇒ ⇒	⇔ ⇔	\$
5 Date of loan 9/02/14	7 Name of lender _ out-o	f-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	-{· · · · · · · · · · · · · · · · · · ·	Code		10 Interest rate
Y 💍	N. Richland HILS, TX	16/82	-	11 Maturity date
12 Lender's Principal		13 Lender's Job Titl	A =	
14 Lender's Employer	Judge /Law Firm	15 Law Firm of lend	er's spouse (if any)	
16 If lender is child, la	w firm of parent(s) (if any)			
17 Description of Colla	ateral	18 Check if persona	l funds were depos	ited into political account
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City; State	e; Zip Code	· · · · · · · · · · · · · · · · · · ·	•
23 Guarantor's Princip	al Occupation	24 Guarantor's Job	Title	
25 Guarantor's Employ	er/Law Firm	26 Law Firm of guar	antor's spouse (if a	iny)
27 If guarantor is child,	law firm of parent(s) (if any)		30 (*)	
				S-1004
lf lender	ATTACH ADDITIONAL COPIES Of is out-of-state PAC, please see instruct			

POLITICAL E	XPENDITURES
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SCHEDULE F

					_ \P9	of 12)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction (Salaries/Wages/O Solicitation/Fundr Travel In District Travel Out Of Dist Office Overhead/f	Contract Labor raising Expense trict		mem & Related and Made By older/Political gody net listed	Committee
1 Total pages Schedule F:	Kalph O. Swea	RINGIN S	V	3 ACCOUNT #	(Ethics Comm	fission Filers
4 Date 09/02/14	5 Payee name Or Cuten Meta 7 Payee address: City:				Assert Strates	3
329°°	P. 0, Box 24264	H. Worth	121612	24	STATE OF THE PARTY	errer er
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a schedule) Advantsing Etpen		Revela	(If travel outside of Texa	wene	
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder n		Office sough		Office he	ld
09/02/14	Payee name MACKAY Adv Payee address; City;	revtising				
Amount (\$) 1,687,13	Payee address; City; 301 W. VICKERY L	•	horth, 1	7 76/04		
PURPOSE OF	Category (See categories listed a schedule)		Description	(If travel outside of Texa	as, complete Sci	hedule T)
EXPENDITURE	Selverhsing		Check if A	ustin, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na OH	ame	Office sough	ıt	Office he	J d .
Date 09/08/14	Payee name MACKAY Adve Payee address; City;	rtising				
Amount (\$)	Payee address; City;		Worth, T	76/04		
PURPOSE OF EXPENDITURE	Category (See categories listed at schedule) Advertising		Poster	(If travel outside of Texa	Newfor	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na	ame	Office sough		Office hel	d
Date 09/09/14	Payee name TRE WECKLY	Maga 2rive State: Zip Code	S			
Amount (\$)	Payee address; City; 3202 N. Shi/			7 75044		
PURPOSE OF EXPENDITURE	Category (See categories listed at schedule) Advertis, NS	the top of this	Adver	(If travel outside of Texa Sevent ustin, TX, officeholder living	,	nedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na	me	Office sought	l	Office held	d
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS	NEEDED		

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Solicitation/Fund Travel In District	Contract Labor Loan Repayment/Reimbursement	
Event Expense Fees	Food/Beverage Expense Travel Out Of Dis Polling Expense Office Overhead/ Printing Expense The Instruction Guide explains how to	Rental Expense Candidate/Officeholder/Political Committee	
1 Total pages Schedule G	Raiph O, Swearingin J	3 ACCOUNT # (Ethics Commission Filers)	
4 Date			
09/09/14	The week YMagazines		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	3202 N. Shiloh Rd.	Garland, Tt 75044	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	4 drephsing	Advertisement	
	4 di Anishig	Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	ony, state, all sour		
Reimbursement from political contributions intended			
PURPOSE OF_	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Check if Adistin, TX, officeholder living expense	
Date	Payee name	× E B -	
		ARI ARI	
Amount (\$)	Payee address; City; State; Zip Code	The state of the s	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

OUTSTAN	NDING LOANS of Political expenditions for made many persons for	NS Grethetotal thres SCHEDULE L GNOS (191204)
The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	1 A Name of lender A Cliph O. Swearing in Jr. 5 Lender address; City; State; Zip Code 6890 Bluebonner Ct. N. Richla	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	TARR ZIIH OÇI
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Xip Code	0.00 months
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Mame of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	1EEDED