(512) 463-5800 (TDD

JUDICIAL CANDIDATE / OFFICE	HOLDER	FORM JC/OH
CAMPAIGN FINANCE REPORT	(Pg laf 11)	COVER SHEET PG 1
The JC/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
	MI	OFFICE USE ONLY
NAME KAAVE LAST	SUFFIX	Date Received
Sucarinario	Jr.	
4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY: OFFICEHOLDER MAILING ADDRESS	STATE: ZIP CODE	Date Hand-delivered or Postmarked
change of address		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE		Date Processed
6 CAMPAIGN TREASURER NAME NICKNAME COPELAND	MI C. SUFFIX	Date Imaged
coperand		
7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT /SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE	EXTENSION	
9 REPORT TYPE January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED Month Day Year COVERED 09/26/14 THROUGH	Month Day $10/25/$	Year / / 44 .
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year 11 / 04 / 14 Primary	Runof X	General Special
12 OFFICE OFFICE HELD (If any) THATE, Thastice of the Peace, Pct. 1	13 OFFICE SOUGHT (if known)	
GO TO PAG	E2	

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JUDICIAL C SUPPORT &		E / OFFICEHOI			FORM J	
			uglat 11			
14 C/OH NAME	ph 0. 51	WEARINGIN	JR.	15 AC	COUNT # (Ethics C	ommission Filer
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS AC HOLDER. THESE EXPENDITURES MA IS AND OFFICEHOLDERS ARE REQUIR	AY HAVE BEEN MADE WITHOUT TH	E CANDIDATE'S C	OR OFFICEHOLDER'S K	NOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		-	ELE(
	GENERAL	COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME			
additional pages						
	14 	COMMITTEE CAMPAIGN TREAS	URER ADDRESS	-		<u></u>
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS S, LOANS, OR GUARANTER			\$ Ø	
-		POLITICAL CONTRIBUT THAN PLEDGES, LOANS, C		NS)	\$ 3,80	<i>0, °°</i>
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES	OF \$100 OR LESS, UNLESS	SITEMIZED	\$ 0	/
	4. TOTAL	POLITICAL EXPENDITU	RES		\$21,7	61.84
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS REPORTING PERIOD	MAINTAINED AS OF THE	LAST DAY	\$ 14,64	12.05
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL Y OF THE REPORTING PEF		S OF THE	\$ 40,6	30
18 AFFIDAVIT		tr	swear, or affirm, under pen- ue and correct and include nder Title 15, Election Cod	s all information		
AFIX NOTARY STAM	ELIZABETH TROWBI NOTARY PUBL STATE OF TEX My Comm. Exp. 01-20		Rayes Signature	of Candidate of		
		he, by the said $\frac{R_{L}}{L}$, 20 $\frac{14}{L}$, to				is the office.
bignature of officer admini		Print name of officer	H TROWBRIDGE		ARY officer administer	ing oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	S (JUDICIAL) Pg 3 of (
The Instruction Guide explains how to complete th	is form. 1 Total pages Schedule A(J):
2 FILEP NAME Kuph D. Sweaking in Jr.,	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor [put-of-state PAC (ID#) 9/29/14 6 Contributor address; City; State; Zip Code P.O. Box 14095 Mington, TR 7609	15 fWR-field 250,
9 Contributor's principal occupation	10 Contributor's job title ANINGTON Republican Chub PAC
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 09/29/14 Contributor address; City; State; Zip Code	Mount of contribution (\$) Myton PAC 8/00, 90
P.O. Box 14317 Ancington, 7x 7609 Contributor's principal occupation	
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 (ID# 9/30/14 Republican Panty of Pexas Contributor address; City; State; Zip Code 1/08 Lavaca Sf., Suith Aus fin, TX 7870/	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor's principal occupation	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)	
ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instru	

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Austin, Texas 78711-2070

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OTHER	CAL CONTRIBUTIONS	S (JUDICIAL)	SCHEDULE A (J)
Th	e Instruction Guide explains how to complete th	s form.	1 Total pages Sch	redule A(J):
2 FILER NAME Ralp	5 Full name of contributor		3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/04/14	5 Full name of contributor Dout-of-state PAC (ID# 16 QUINONES TIL 6 Contributor address; City; State; Zip Code 4524 NEWMAN DA-) 	7 Amount of contribution (\$) 200,	8 In-kind contribution description(if applicable)
9 Contributor's	Halton City, T7 70	5117 10 Contributor's job		of Texas, complete Schedule T)
KITO	nney At CAN	21	Tonvey	
11 Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor i	s a child, law firm of parent(s) (if any)			
10/04/ 10/04/	Full name of contributor [put-of-state PAC (ID# MARTIN 13, [securigh 1 Contributor address; City; State; Ep Code 3700 FENTON	L	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's	Fr. Worth, TR 76	23 Contributor's job		of Texas, complete Schedule T)
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Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	yé .
30	I engloyee			· · · · · · · · · · · · · · · · · · ·
If contributor is	s a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·	
If contributor in Date	Full name of contributor) 	Amount of contribution (\$) 250	In-kind contribution description(if applicable)
Date	Full name of contributor		contribution (\$)	
Date 10/10/14	Full name of contributor [put-of-state PAC (ID#) David / Hunf Contributor address; City; State; Zip Code 6804 Pine Valley Pl.	Contributor's job	contribution (\$)	description(if applicable)
Date	Full name of contributor put-of-state PAC (ID# David / hunf Contributor address; City; State; Zip Code 6804 Pine Valley Pl. FT. Worth, TR 7613	Contributor's job	(If travel outside	description(if applicable)
Date	Full name of contributor put-of-state PAC (ID# David / hunf Contributor address; City; State; Zip Code 6804 Pine Valley Pl. FT. Worth, T2-7613 principal occupation Refail Sales	Contributor's job	contribution (\$)	description(if applicable)
Date	Full name of contributor [put-of-state PAC (ID#	Contributor's job	contribution (\$)	y)
Date	Full name of contributor [put-of-state PAC (ID#) David / hunf Contributor address; City; State; Zip Code 6804 PINE/IN/Ley Pl. FT. WORTH, TZ 7613 principal occupation Refail Sales employer/law firm Self engloyed	Contributor's job	contribution (\$)	description(if applicable)

Austin, Texas 78711-2070

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAN	IS (JUDICIAL	-),	SCHEDULE A (J)
The Instruction Guide explains how to complete t	his form.	1 Total pages Sch	edule A(J):
2 FILER NAME <i>Ruph D. Sweaningin Jr.</i> 4 Date 5 Full name of contributor [but-of-state PAC (ID#])		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor) 	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Saginaw, 1+76131		(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation Accountant 11 Contributor's employer/law firm	10 Contributor's job Cent 12 Law firm of contri	medfa	blic Accounting
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor [put-of-state PAC (ID#) 10/22/4 Contributor address; City; State; Zip Code 4045 E. Bel ENAP St. 4 Fr. Worth, TA 76111		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation Insurance Sales	Contributor's job	title Wer	of Texas, complete Schedule T)
Contributor's employer/law firm		butor's spouse (if any)
Date Full name of contributor [out-of-state PAC (ID#] 10/ 122/14 Contributor address; City; State; Zip Code 6350Bakep-Blud. Richland Hills, T+ T		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's job t	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
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If contributor is a child, law firm of parent(s) (if any)	······	<u></u>	Fig.
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ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr			requirements.
		and the second second	

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Texas Ethics Commission P.O. Box 12070	Austin, Texas 78711-2070 (512) 463	-5800 (TDD 1-800-735-2989)
Note: Th	e loan shown on this Repor	tisthe
I DANS (JUDICIAL) total	of polifical expenditures	SCHEDULE E (J)
made	from personal funds and on schedule G.	
reported	I ON Schedule G.	(PG60F11)
		es Schedule E(J):
The Instruction Guide explains how	w to complete this form.	
2 FILER NAME	3 ACCOU	NT # (Ethics Commission Filers)
Runduni	· +-	
Ralph D. Sweanin	Igin SR.	
TOTAL OF UNITEMIZED LO		\$ 06
		* Ø
5 Date of loan 7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
09/29/14 Ralph D. Swee	exincin JV	21,76/ 84
		10 Interest rate
6 Is lender 8 Lender address; City; a financial 6890 Much		Ø
		14 Maturity data
Y (1) N. Richland H	4715, P-76182	11 Maturity date
		ť
12 Lender's Principal Occupation	13 Lender's Job Title	
Judge	Judge	
14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (it	any)
16 If lender is child, law firm of parent(s) (if any)		
· · · · · · · · · · · · · · · · · · ·		
17 Description of Collateral	18 Check if personal funds were c	reposited into political account
none		
19 GUARANTOR 20 Name of guarantor		22 Amount Guaranteed (\$)
INFORMATION		
21 Guarantor address,	City; State; Zip Code	
X not applicable	City, State, Zip Code	
		P. EL 2
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	59 8 M
NA		
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse	e (if any)
27 If guarantor is child, law firm of parent(s) (if any)		
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ATTA 011 A DD 1714		
	ONAL COPIES OF THIS SCHEDULE AS NEEDED use see instruction guide for additional report	ting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

2 (gi42) Kalph D. Sweaningin Tr. Date 9/29/144 5 Payee name 4 Home Depot Amount (3) 7 Payee name 9/129/144 7 Payee address: City: State: Zip Code 20 13 HWY 3 77 Function (a) Category (See categories listed at the top of this schedule) Schedule) Office rame Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Category (See categories listed at the top of this schedule) PURPOSE Category (See categories listed at the top of this schedule) Date 10/04/14 Payee name Exchiladas O/E Amount (3) Payee address; City: State: Zip Code Category (See categories listed at the top of this schedule) Complete ONLY if direct Category (See categories listed at the top of this schedule) PURPOSE Category (See categories listed at the top of this schedule) Dof (CH) Payee name Dof (CH) Payee name Dof (CH) Payee address; City: State: Zip Code Portice sought Category (See categories listed at the top of this schedule T)	POLITICAL	EXPENDITURES		Ċ	SCHEDULE 19 7 AH)	F
2 (g(42) Kalph 0. Swearingin Jr. Date 5 Payee name 9/29/144 How 0 Oppot Amount (8) 7 Payee address: Dify. State: Zip Code 2 D 13 H W 3 TT Kc/(cr, TF 76 2 4/8) PURPOSE (a) Category (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories liste at the top of this schedule) (See categories)	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Salaries/Wage Expense Solicitation/Fu Legal Services Travel In Distr Food/Beverage Expense Travel Out Of Polling Expense Office Overheit Printing Expense Office Overheit	es/Contract Labor undraising Expense rict District ad/Rental Expense OTranspo Expense Cant OTHER	rtation Equ tions/Dona didate/Office	ipment & Related tions Made By eholder/Political C	ommitte
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Date 10/06/(4 Pressum Prinching Amount (5) Payee address; City; State; Zip Code B44325 Fr. uorth, TT-76/08 PURPOSE Category (See categories listed at the top of this schedule); OF Prinching 4 Mai/ing Candidate / Officeholder name Description (If travel outside of Texas, complete Schedule T); Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date 0//0/14 Payee name 0//0/14 Payee name Office sought 0//0/14 Payee address; City; State; Zip Code Payee name Office sought Office held 0//0/14 Payee name Office sought Office held Payee address; City; State; Zip Code P. 0. BOX / 15/408 Payee address; City; State; Zip Code Payes address; City; State; Zip Code P. 0. BOX / 15/408 Payee address; City; State; Zip Code Payes address; City; State; Zip Code P. 0. BOX / 15/408 Payee address; City; State; Zip Code PuRPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) offee bulk Payee Payee Payee Payee		Candidate / Officeholder name	Office sought	aY:	m <u>s</u>	ranamaan ^{Saa} (24), 52 Jaho (27) Marina (28)
B43251 I.O.BOX 15/408 PURPOSE OF EXPENDITURE Category (see categories listed at the top of this schedule) Description (if travel outside of Texas complete Schedule T); schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Description (if travel outside of Texas complete Schedule T); Description (if travel outside of Texas complete Schedule T); Candidate / Officeholder name Date Office for the top of this Office sought Office held Date Payee name If the specific C/OH Office sought Office held Date Payee name If the specific C/OH Office sought Office held Date Payee name If the specific C/OH Office Sought Office held Date Payee address; City; State; Zip Code P.O.BOX 15/408 Description (if travel outside of Texas, complete Schedule T) PURPOSE oF EXPENDITURE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) OF EXPENDITURE Office held Office held Description (if travel outside of Texas, complete Schedule T)	Date 10/06/14		· · · · · · · · · · · · · · · · · · ·			
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O/10/14 Itessman Principing Amount (\$) Payee address; City; State; Zip Code P1863,72 P. 0. B0× 151408 PURPOSE F1. Worth, 17-76108 OF Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF Schedule) Other OF POS/Fage Category (See categories listed at the top of this schedule)	PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel	1 . 1		tule T)
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Solicitation/Fund Legal Services Travel In District Food/Beverage Expense Polling Expense Printing Expense Office Overhead/	Contract Labor Loan raising Expense Trans Exper trict Contri Rental Expense OTHE	Repayment/Reimbursement portation Equipment & Related ise butions/Donations Made By andidate/Officeholder/Political Commit R (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.	
Total pages Schedule F	Halph O. Swearinging	Tr	3 ACCOUNT # (Ethics Commission Fi
10/13/14	5 Payee name		
Arrount (\$) \$366,69	7 Payee address; City; State; Zip Code 2013 Hwy 377 Kell	ar/7× 76.	248
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Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date 0/18/04	Payee name		
4 14,58	Payee address; City; State; Zip Code 2013 Hwy 377 Keller	TX 762	48
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(512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Transportation Equipment & Related Expense Solicitation/Fundraising Expense Legal Services Consulting Expense Travel In District Food/Beverage Expense Contributions/Donations Made By Event Expense Travel Out Of District Candidate/Officeholder/Political Committee Polling Expense Fees Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) 3 ACCOUNT # (Ethics Commission 1 Total pages Schedule G: 2 FILER NAME Ralph Q. Swearingin, Jr. 5 Payee name Filers) 2 4 Dat *Thone Depot* 7 Payee address; City; State; Zip Code 2013 HWY 377 Reimbursement from Ø (a) Category (See Categories listed at the top of this schedule) political contributions intended (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE 8 Signage Materials OF other supply EXPENDITURE Check if Austin, TX, officeholder living expense Payee name Date 10/04/14 Enchilades Ole wee address: City; State; Zip Code Payee address; Amount (\$) 901 N. Sylvania <u>Fr. Workh, TF. 76111</u> Category (See categories listed at the top of this schedule) *Food beverlage* for Worker Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder lying expense Date 10/06/14 Payee name 11 Payee address; City; State, Zip Code P. J. Box 151408 53 nbursement from Fr. Worth TX 16108 Category (See categories listed at the top of this R political contributions intended Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Printing & Mailing EXPENDITURE Check if Austin, TX, officeholder living expense Payee na Payee address: City; State, Zip Code 10/10/14 P.D. BOX 151408 ant from Category (See categories listed at the top of this political contributions Description (If travel outside of Texas, complete Schedule T) PURPOSE schedule OF other-postage EXPENDITURE Check if Austin, TX, officeholder living expense ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Texas Ethics Commissi	on P.O. Box 12070	Austin, Texas 7871	1-2070 (512) 463-5800	(TDD 1-800-735-2989
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Texas Ethics Commis	sion P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 (TDD 1-800-735-2989)
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LENDER INFORMATION	4 Name of lender Ralph D. Swearingrow, JR 5 Lender address: City: State; Zip Code 6890 Bluebonnef Cr. N. Richlan	
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