P.O. Box 12070

1	JDICIAL CANDIDATE / OFFICEHOLDER AMPAIGN FINANCE REPORT				FORM JC/OH COVER SHEET PG 1	
The JC/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)				2 Total pages filed:		
3 CANDIDATE /		FIRST	. MI	OFFICE USE	E ONLY	
OFFICEHOLDER NAME	NICKNAME SWEARI	LAST D	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS POROX. APTISH	ITEÆ CITY	STATE: ZIP CODE	Date Hand delivered of Postri	naries IA	
change of address		According to the second	-	Receipt # 23 Am	ARRA TOUR	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	NUMBER	EXTENSION	Date Processed 3 9	15 Air	
6 CAMPAIGN TREASURER NAME		LAST R.	MI SUFFIX	Date Imaged STRS	PM 12: 21	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA		CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	IUMBER	EXTENSION			
9 REPORT TYPE		oth day before election	Runoff Exceeded \$500	15th day after campa treasurer appointment (officeholder only) Final report (Attach C/O	nt	
			limit			
10 PERIOD COVERED	Month Day Year 0 / 0 / 1 / 1 5	THROUGH	Month Day 06 / 30 /	Year 15		
11 ELECTION	Month ELECTION DATE Month Day Year	ELECTION TYPE Primary	Runoff	General	Special	
12 OFFICE	OFFICE HELD (If any) Thate Tushee Count	1	13 OFFICE SOUGHT (if known)			
	· •	GO TO PAGE	2			

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JUDICIAL C SUPPORT &		E/OFFICEHOLDER REPORT:	FORM JC/OH COVER SHEET PG 2	
14 C/QH NAME			5 ACCOUNT # (Ethics Commission Rilers	
12610h C). Swear		ECT F	
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICER	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	PM 12:	
	GENERAL	COMMITTEE ADDRESS	21	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	1 10 1	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$	
EXPENDITURE TOTALS				
	4. TOTAL	\$		
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL P	\$41,112,17		
18 AFFIDAVIT			erjury, that the accompanying report is ormation required to be reported by me	
	IZABETH TROWBRI NOTARY PUBLIC STATE OF TEXA My Comm. Eqs. 01-20-20	Signature of Cand	date or officeholder	
	cribed before m	ne, by the said Ruph Sweap! , 20 \(\frac{15}{5} \), to certify which, witness my	hand and seal of office.	
Signature of officer adminis	Trawkidy	, ELIZABETH TROWBRIDGE	tle of officer administering oath	

P.O. Box 12070

OUTSTA	NDING LOANS (pg 3 of 3)	SCHEDULE L			
The	Instruction Guide explains how to complete this form.	Schedule L:			
2 FILER NAME	Iph D. Sweakingin Tr	# (Ethics Commission Filers)			
LENDER INFORMATION	A Name of lender Ruph D, Sweakinger Tr. Stender address; City: State; Zip Code 6 Name of guarantor A ACCOUNT # 3 ACCOUNT # A ACCOUNT #	1618 ₂ Strits,TX			
INFORMATION	6 Name of guarantor	,			
not applicable	7 Guarantor address; City; State; Zip Code				
DENDER INFORMATION	Name of lender				
	Lender address; City; State; Zip Code	·····/···/			
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarentor address; City; State; Zip Code				
LENDER INFORMATION	Name of lende	TARR 2015 JU ELECTION			
	Lender address; State: Zip Code	ANT CO			
GUARANTOR INFORMATION	Name of guarantor	MIZ: 2			
not applicable	Guarantor address: City; State; Zip Code	3 -			
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code				
GUARANTOR INFORMATION	Name of guarantor				
notapplicable	Guarantor address; City; State; Zip Code				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					