

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

(8 of 8)

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI
Ralph D.
NICKNAME LAST SUFFIX
SWearingin, JR.

OFFICE USE ONLY

Date Received
BY: ALM
2015 JAN - 6 PM 3: 01
TARRANT COUNTY
FILED
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
Date Hand-delivered to Postmaster
Receipt #
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST MI
TOBIN R.
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 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 26 / 14 THROUGH 12 / 31 / 14

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 04 / 14
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Judge Justice of the Peace, Pct. 1

13 OFFICE SOUGHT (if known)

GOTO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

(pg 2 of 8)

14 C/OH NAME Ralph D. Swearingin Jr. 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

N/A

 additional pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,547.47</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>738.87</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>16,924.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>41,112.17</u>

18 AFFIDAVIT
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ralph Swearingin Jr.
Signature of Candidate or Officeholder

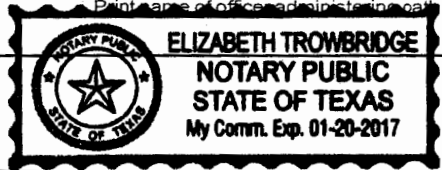
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ralph Swearingin Jr., this the 5th day of January, 20 15, to certify which, witness my hand and seal of office.

Elizabeth Trowbridge
Signature of officer administering oath

ELIZABETH TROWBRIDGE
Print name of officer administering oath

Title of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

(pg 3 of 8)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <i>(pg 1 of 2)</i>	
2 FILER NAME <i>Ralph O. Swearingin, Jr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/30/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Cosby</i>	7 Amount of contribution (\$) <i>99.47</i>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <i>7522 Connre Ln, N. Richland Hills, TX 76182</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Judge - Legal</i>		10 Contributor's job title <i>Judge</i>	
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 <i>10/31/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Wright</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>315 North 2nd St. Rosebud, TX 76570</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Medical</i>		Contributor's job title <i>Vice President</i>	
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 <i>10/31/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Ferrell</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <i>5101 Barnett St. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Legal</i>		Contributor's job title <i>retired judge</i>	
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 OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 BY:

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(pg 4 of 8)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

(pg 2 of 2)

2 FILER NAME

Ralph O. Swearingin, Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/31/14

5 Full name of contributor out-of-state PAC (ID#: _____)

ALVIN COLLINS

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

—

6 Contributor address; City; State; Zip Code

P.O. Box 277
Andrews, TX 79714

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Real Estate

10 Contributor's job title

President

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

11/11/14

Full name of contributor out-of-state PAC (ID#: _____)

Tarrant Star Republican Women PAC

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

2242 E. Loop 820
Fr. Worth, TX 76112

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

PAC Republican Club

Contributor's job title

PAC Republican Club

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

12/09/14

Full name of contributor out-of-state PAC (ID#: _____)

Lineberger, Goggan Blair & Sampson LLP

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

—

Contributor address; City; State; Zip Code

100 Throckmorton St, Suite 300
Fr. Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Legal

Contributor's job title

Law Firm

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)

—

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

Note: The Loan shown on this report is the total of political expenditures made from personal funds and reported on Schedule G (pg. 5 of 8) SCHEDULE E (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

Ralph D. Swearingin, Jr

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: \$ 0

5 Date of loan

10/26/14

7 Name of lender

Ralph D. Swearingin, Jr

out-of-state PAC (ID#:)

9 Loan Amount (\$)

430.87

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

6890 Bluebonnet Ct
N. Richland Hills, TX 76182

10 Interest rate

0

11 Maturity date

0

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

Judge

14 Lender's Employer/Law Firm

-

15 Law Firm of lender's spouse (if any)

-

16 If lender is child, law firm of parent(s) (if any)

-

17 Description of Collateral

none

18 Check if personal funds were deposited into political account

-

19 GUARANTOR INFORMATION

not applicable

20 Name of guarantor

N/A

22 Amount Guaranteed (\$)

21 Guarantor address; City; State; Zip Code

23 Guarantor's Principal Occupation

N/A

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is child, law firm of parent(s) (if any)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

(pg 6 of 8)

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Ralph D. Swearingin, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/26/14	5 Payee name Home Depot
---------------------------	-----------------------------------

6 Amount (\$) \$38.87	7 Payee address; City; State; Zip Code 2013 Hwy 377 Kellen TX 76248
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other - signage supply	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/27/14	Payee name Swigon Dallas Media LLC.
-------------------------	---

Amount (\$) \$300.00	Payee address; City; State; Zip Code 10935 Estate Ln., Ste. 5180 Dallas, TX 75238
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11/10/14	Payee name Jim Sutton
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 5192 Fenway Ct Houston TX 76137
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

(pg 7 of 8)

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **1** 2 FILER NAME: **Ralph D. Swearingin, Jr** 3 ACCOUNT # (Ethics Commission Filers):

4 Date: **10/26/14** 5 Payee name: **Home Depot**

6 Amount (\$): **38.87** 7 Payee address; City; State; Zip Code: **2013 Hwy 377 Keller, TX 76248**
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **other-signage supply** (b) Description (If travel outside of Texas, complete Schedule T): **-**
 Check if Austin, TX, officeholder living expense

Date: **11/10/14** Payee name: **Jim Sutton**

Amount (\$): **400.00** Payee address; City; State; Zip Code: **5792 Fenway Ct. Haltom City, TX 76137**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Consulting** Description (If travel outside of Texas, complete Schedule T):
 Check if Austin, TX, officeholder living expense

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code:
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Description (If travel outside of Texas, complete Schedule T):
 Check if Austin, TX, officeholder living expense

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code:
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Description (If travel outside of Texas, complete Schedule T):
 Check if Austin, TX, officeholder living expense

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OUTSTANDING LOANS

Note: Outstanding Loans are the total of political expenditures made from personal funds. (pg 8 of 8)

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

Ralph O. Swearingin, Jr.

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Ralph O. Swearingin, Jr.

5 Lender address; City; State; Zip Code

6890 Bluebonnet Ct. N. Richland Hills, TX 76182

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

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

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

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