

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Rex	MI C	OFFICE USE ONLY <b>FILED</b> Date Received JAN 09 2026 DONNA KOMINCZAK ELECTIONS ADMINISTRATOR BY <i>Donna Kominczak</i> LEON COUNTY TEXAS Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Swearingen	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 627 Normangee TX 77871					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 936 )	PHONE NUMBER 348-0811	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST William	MI C	Receipt # _____ Amount \$ _____  Date Processed  Date Imaged		
	NICKNAME Cole	LAST Swearingen	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 5883 W County RD 403 Normangee TX 77871			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 936 )	PHONE NUMBER 348-1076	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month 11	Day 17	Year 25	Month 1	Day 9	Year 26
11 ELECTION	ELECTION DATE Month 3 Day 3 Year 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) County Commissioner Prct. 4		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

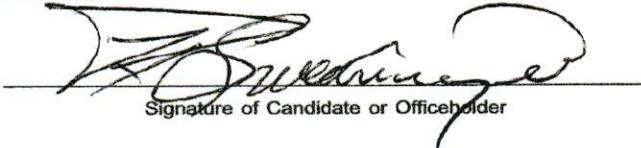
**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME**  
Rex Swearingen

**16 Filer ID (Ethics Commission Filers)**

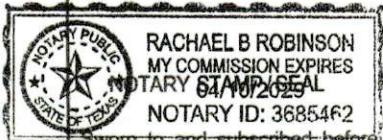
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1740.67
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 568.99
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1631.00

**18 SIGNATURE** 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.

  
Signature of Candidate or Officeholder

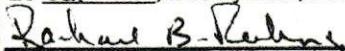
**Please complete either option below:**

**(1) Affidavit**



  
Rachael B. Robinson this the 9 day of January,

20 25, to certify which, witness my hand and seal of office.

  
Rachael B. Robinson

Rachael B. Robinson

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

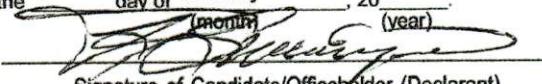
**(2) Unsworn Declaration**

My name is Rex Swearingen, and my date of birth is 08-07-1966

My address is 5665 W County RD 403, Normangee, TX, 77871, Leon

(street) (city) (state) (zip code) (country)

Executed in Leon County, State of Texas, on the 9 day of January, 20 26

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Rex Swearingen	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1631.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1662.01
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 78.66
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1:</b> <u>1</u>
<b>2 FILER NAME</b> <b>Rex Swearingen</b>			<b>3 Filer ID (Ethics Commission Filer)</b>
<b>4 Date</b> <b>11/18/2025</b>	<b>5 Full name of contributor</b> <b>William Cole Swearingen</b>	<b>6 Contributor address;</b> <b>PO Box 627 Normangee TX 77871</b>	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b> <b>Store Manager</b>		<b>9 Employer (See Instructions)</b> <b>Swearingen Feed</b>	
<b>Date</b> <b>12/3/2025</b>	<b>Full name of contributor</b> <b>Jason A Tuma</b>	<b>out-of-state PAC (ID#:</b> <b>Contributor address;</b> <b>5102 W CR 403 Normangee TX 77871</b>	<b>Amount of contribution (\$)</b> <b>300.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Self Employed - Plumber</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>  <b>Contributor address;</b>	<b>out-of-state PAC (ID#:</b>  <b>City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>  <b>Contributor address;</b>	<b>out-of-state PAC (ID#:</b>  <b>City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

**LOANS****SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
<b>2 FILER NAME</b> <b>Rex Swearingen</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED LOANS</b>		<b>\$ 1631.00</b>
<b>5 Date of loan</b> <b>11/17/2025</b>	<b>7 Name of lender</b> <b>Rex Swearingen</b>	<b>9 Loan Amount (\$)</b> <b>1631.00</b>
<b>6 Is lender a financial institution?</b> <input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	<b>8 Lender address:</b> <b>PO Box 627 Normangee TX 77871</b>	<b>10 Interest rate</b>
		<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b> <b>Self Employed</b>		<b>13 Employer (See Instructions)</b>
<b>14 Description of Collateral</b> <input type="checkbox"/> <b>none</b>		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16 GUARANTOR INFORMATION</b> <input type="checkbox"/> <b>not applicable</b>	<b>17 Name of guarantor</b>  <b>18 Guarantor address:</b>  <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation (See Instructions)</b>	<b>21 Employer (See Instructions)</b>	
<b>Date of loan</b>	<b>Name of lender</b>  <b>Lender address:</b>  <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>Loan Amount (\$)</b>
<input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>		<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b>  <b>none</b>		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> <b>not applicable</b>	<b>Name of guarantor</b>  <b>Guarantor address:</b>  <b>City:</b> <b>State:</b> <b>Zip Code</b>	<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>Rex Swearingen</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/21/2025</b>	5 Payee name <b>VistaPrint</b>		
6 Amount (\$) <b>288.00</b>	7 Payee address; <b>95 Hayden Ave</b>	City: <b>Lexington</b> State: <b>MA</b> Zip Code <b>02412</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign Yard Signs/Stands, Candidate Business Cards and Magnet Car Signs</b>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <b>N/</b>
Date <b>12/09/2025</b>	Payee name <b>VistaPrint</b>		
Amount (\$) <b>454.16</b>	Payee address; <b>95 Hayden Ave</b>	City: <b>Lexington</b> State: <b>MA</b> Zip Code <b>02421</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Yard Signs/Stands</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <b>N/</b>
Date <b>01/06/2026</b>	Payee name <b>Copy Stop</b>		
Amount (\$) <b>919.85</b>	Payee address; <b>3141 Briarcrest Dr Suite 501B</b>	City: <b>Bryan</b> State: <b>TX</b> Zip Code <b>77802</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Large Campaign Banners</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <b>N/</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Rex Swearingen</b>	3 Filer ID (Ethics Commission Filers)
1		

4 Date <b>12/22/2025</b>	5 Payee name <b>Walmart</b>
-----------------------------	--------------------------------

6 Amount (\$) 45.23 <small>Reimbursement from political contributions intended</small>	7 Payee address: <b>1620 E Main St</b>	City: <b>Madisonville</b>	State: <b>TX</b>	Zip Code <b>77864</b>
--	---	------------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Candy For Normangee Christmas Parade</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

Date <b>12/23/2025</b>	Payee name <b>Dollar General</b>
---------------------------	-------------------------------------

Amount (\$) 33.43 <small>Reimbursement from political contributions intended</small>	Payee address: <b>210 OSR E</b>	City: <b>Normangee</b>	State: <b>TX</b>	Zip Code <b>77871</b>
--	------------------------------------	---------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Candy For Normangee Christmas Parade</b>
	Check if travel outside of Texas. Complete Schedule T. 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
<small>Reimbursement from political contributions intended</small>				

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED