

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN 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: 10		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Timothy LAST	MI Jordan SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FILED FOR RECORD AT 5:43:07 AM</p> <p style="text-align: center; margin: 0;">DATE RECEIVED</p> <p style="text-align: center; margin: 0;">JAN 15 2015</p> <p style="text-align: center; margin: 0;">KARA SANDS</p> <p style="text-align: center; margin: 0;">CLERK, COUNTY COURT, NUECES COUNTY, TEXAS</p> <p style="text-align: center; margin: 0;">BY <u>Rodolfo Torres</u> DEPUTY</p> <hr/> <p style="margin: 0;">Date Hand-delivered or Postmarked</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount</td> </tr> </table> <hr/> <p style="margin: 0;">Date Processed</p> <hr/> <p style="margin: 0;">Date Imaged</p> </div>		Receipt #	Amount
Receipt #	Amount				
5 CANDIDATE / OFFICEHOLDER PHONE		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 545 N. Upper Broadway St. 1101 Corpus Christi TX 78401 <input type="checkbox"/> change of address			
6 CAMPAIGN TREASURER NAME		AREA CODE PHONE NUMBER EXTENSION (361) 244 3874			
7 CAMPAIGN TREASURER ADDRESS (residence or business)		MS / MRS / MR Mrs. NICKNAME			
8 CAMPAIGN TREASURER PHONE		FIRST Lisa LAST			
9 REPORT TYPE		MI Nichols SUFFIX			
10 PERIOD COVERED		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4941 Greenbriar, Corpus Christi TX 78413			
11 ELECTION		AREA CODE PHONE NUMBER EXTENSION (361) 813 6097			
12 OFFICE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
13 OFFICE SOUGHT (if known)		Month Day Year Month Day Year 10 / 28 / 2014 THROUGH 1 / 15 / 2015			
OFFICE HELD (if any)		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 2014			
OFFICE HELD (if any)		OFFICE HELD (if any) OFFICE SOUGHT (if known) Judge County Court At Law No. 5 Judge CC5			

GO TO PAGE 2

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

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

14 C/OH NAME Timothy McCoy

15 ACCOUNT # (Ethics Commission Filers)

16 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.

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

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

9500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

479.00

4. TOTAL POLITICAL EXPENDITURES

\$

12388.63

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

15.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

13129.59

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Timothy J. McCoy, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Rosalva Turincio

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 3
2 FILER NAME Timothy J. McCoy		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 12/30/15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy McCoy	9 Loan Amount (\$) 4700.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 545 N. Opie Broadway Ste. 1101 CC TX 78401	10 Interest rate —
		11 Maturity date —
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Self		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 3
2 FILER NAME Timothy McCoy		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 10/30/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy McCoy	9 Loan Amount (\$) 600.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 545 N. Upper Broadway St. 1101 CC TX 78401	10 Interest rate —
		11 Maturity date —
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Self		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		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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LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 3
2 FILER NAME Timothy McCoy		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan 12/3/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy McCoy	9 Loan Amount (\$) \$4200.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 545 N. Uppen Broadway Ste. 1101 CC. TX 78401	10 Interest rate —
		11 Maturity date —
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Self		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		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

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 F:		2 FILER NAME <i>Timothy McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/27/14</i>		5 Payee name <i>CUS</i>			
6 Amount (\$) <i>21.88</i>		7 Payee address; City; State; Zip Code <i>2328 Glazebrook. CC TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Zip ties and Note</i>		
			<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 <i>10/30/14</i>		Payee name <i>KIII TV</i>			
Amount (\$) <i>1007.75</i>		Payee address; City; State; Zip Code <i>SPIO</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>TU Time</i>		
			<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 <i>10/30/14</i>		Payee name <i>Magic 105</i>			
Amount (\$) <i>1170.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Radio Times</i>		
			<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 <i>10/30/14</i>		Payee name <i>Sports Radio CC</i>			
Amount (\$) <i>495.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Radio Times</i>		
			<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Timothy McCoy</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/3/14</i>	5 Payee name <i>Meadowbrook Hardware</i>
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6 Amount (\$) <i>36.56</i>	7 Payee address; City; State; Zip Code <i>Alameda, CC, TX 78412</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Zip Ties for Signs</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/3/14</i>	Payee name <i>Stripes PCC</i>
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Amount (\$) <i>73.03</i>	Payee address; City; State; Zip Code <i>Corpus christi TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel In District</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fuel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/3/14</i>	Payee name <i>Stripes</i>
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Amount (\$) <i>8.49</i>	Payee address; City; State; Zip Code <i>Corpus christi TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Markers for Signs</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/3/14</i>	Payee name <i>Wha hamburger</i>
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Amount (\$) <i>7.51</i>	Payee address; City; State; Zip Code <i>Corpus christi TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Meat</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Timothy McCoy</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/4/14</i>	5 Payee name <i>Cafe Maya</i>
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6 Amount (\$) <i>48.56</i>	7 Payee address; City; State; Zip Code <i>Marqum St, Corpus Christi, TX 78407</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Meal for Sign Crew</i>
	<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
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Date <i>11/4/14</i>	Payee name <i>Exxon Mobil</i>
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Amount (\$) <i>70.85</i>	Payee address; City; State; Zip Code <i>Corpus Christi TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel In District</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fuel</i>
	<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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Date <i>11/4/14</i>	Payee name <i>Nation Builder</i>
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Amount (\$) <i>19.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Web site</i>
	<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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Date <i>11/12/14</i>	Payee name <i>KH11</i>
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Amount (\$) <i>531.25</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>TU Time</i>
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 F:		2 FILER NAME <i>Timothy McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/15/14</i>		5 Payee name <i>Nation Builder</i>			
6 Amount (\$) <i>19.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>websight</i>		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>12/31/14</i>		Payee name <i>Cooper Advertising</i>			
Amount (\$) <i>\$4200.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 9431 Corpus Christi TX 78469</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Billboard</i>		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>1/5/15</i>		Payee name <i>Joe Martinez</i>			
Amount (\$) <i>\$2200.00</i>		Payee address; City; State; Zip Code <i>3401 Morgan Ave. Corpus Christi TX 78405</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign Labor</i>		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name <i>Charlie Fox</i>			
Amount (\$) <i>2000.00</i>		Payee address; City; State; Zip Code <i>417 Dolphin CC. TX 78401</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries</i> <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>- Labor 2 weeks before election</i>		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

Timothy McCoy

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Timothy McCoy

~~to itemize~~

5 Lender address; City; State; Zip Code

545 N. Upper Broadway Ste. 1101
CC. TX 78701

9 itemized
loans of
\$13,291.59

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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