JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Timothy NICKNAME LAST	JORDAN SUFFIX	OFFICE USE ONLY Date Received FILED FOR RECORD
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	AT (.06 P M JUL 1 6 2015
OFFICEHOLDER MAILING ADDRESS	2310 Gollihar R		KARA SANDS CLERK CSUNTY COURT NUECES COUNTY, TEXAS
Change of Address	Corpus Christi	Tx 78415	BY CHO VENT
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (341) 244 3	874	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Nichols		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	
"	*		78413
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (341) 813 - 4097	EXTENSION	
9 REPORT TYPE	July 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	5	76	0-01000000
10 PERIOD COVERED	Month Day Year I / I6 / I5 THR	OUGH 7 / S	Year 15
11 ELECTION	ELECTION DATE Month Day Year Primary Genera	Description	e
12 OFFICE	Judy, Nuces Com)
5	Convert At LAW No. S		8 .
GO TO PAGI			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		1	5 Filer ID (Ethics Commission Filers)
	inothy	Mcwy	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS JRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
9	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	· S	
		COMMITTEE ADDRESS	
	SPECIFIC		
-	w	- 4	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			9
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8885.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 194.38		
	4. TOTAL POLITICAL EXPENDITURES \$2413.38		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 647.62		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 13124.59		
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. BERNICE PEREZ-BEEM Notary Public, State of Texas My Commission Expires February 27, 2019 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said <u>Simble of March</u> , this the 15th day of <u>Bernice (12</u> , 20 to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS-JC/OH

FORM JC/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)		
	Timothy McCoy		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	00,7888 8	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2413.38	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Twothy Myoy				
		7 Amount of contribution (\$)		
Full name of contributor out-of-state PAC IL		Amount of contribution (\$)		
Chris Tles 6 Contributor address; City; State;	Zip Code	[900.00]		
8 Contributor's principal occupation	9 Contributor's job title			
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10 Contributor's employer/law frm	44 1 - 6 6 6 1	7.5 X		
10 Contributor's employernaw if in	11 Law firm of contributor's	s spouse (if any)		
Self				
12 If contributor is a child Maw firm of parent(s) (if any)				
Date Full name of contributor ☐ out-of-state PAC ID	D#:)	Amount of contribution (\$)		
Claria McCical				
Coleene McCracter		2 0		
Contributor address; City; State;	Zip Code 18411	25.00		
2/26/0 3355 Maris Corpus Christi TX				
Contributor's principal occupation Contributor's job title				
0.6.00				
Contributor's employer/law firm	Law firm of contributoria	annual (if ann)		
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)				
ii contributor is a child, law lifth of parent(s) (if any)				
Date Full name of contributor □ out-of-state PAC II	D#:)	Amount of contribution (\$)		
2 (Hells John and Chery le	2			
		35,50		
Contributor address; City; State: Zip Code				
3703 Perry LN CCTX 78410				
Contributor's principal occupation	Contributor's job title			
Contributor's employer/law firm Law firm of contributor's spouse (if any)				
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If contributor is a child, law firm of parent(s) (if any)				
or secretaristic section and annual or Experimental A. E.INE				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Turothy McCon	
4 Date 5 Full name of contributor out-of-state PAC	7 Amount of contribution (\$)
	ID#
2) Went C. Cochran 6 Contributor address; City; State;	; Zip Code
719 S. Shoreline Bluo CC	TX 78401
8 Contributor's principal occupation	9 Contributor's job title
A 200	,
A Horwy 10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
to Contributors employed aw min	11 Law mill of contributor 3 spoudo (ii aliy)
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12 If contributor is a child, law firm of parent(s) (if any)	
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Date Full name of contributor out-of-state PAC	ID#: Amount of contribution (\$)
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2126/13	7 7 Code
Contributor address; City, State	, Zip Code
2135 Universal CityBlud	Universal Cty 78148
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
	9 39 WOOL
If contributor is a child, law firm of parent(s) (if any)	
	2
Date Full name of contributor	
Date Full name of contributor out-of-state PAC	ID# Amount of contribution (\$)
Some Treumo	
	e: Zip Code \$ 50.00
Contributor address, City, State	430.
1733 carroll (N.CC	TX 78113
Contributor's principal occupation	Contributor's job title
8	
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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SCHEDULE A(J)1

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The Instruction Gui	de explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
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4 5-4-	1	tour d	7 Amount of contribution (\$)
9 Tull flame of	The desired the properties of the second sec	1	2 Amount of contribution (4)
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224 6 Contributor a	ddress; City; State	Zip Code	15,00
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(1.0.12	xx 2208, CUT	x, 10903	
8 Contributor's principal occupation	ın .	9 Contributor's job title	
Afferney			
10 Contributor's employer/law firm		11 Law firm of contributor	s spouse (if any)
Sold			
12 If contributor is a child, law firm	of parent(s) (if any)		
T			The state of the s
Date Full name of	contributor	ID#:)	Amount of contribution (\$)
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12/10/12 P	Sally Speckels. address; City; State;		ر می
Contributor	address; City; State:	; Zip Code	100.00
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Date Full name of		10#	Assessment of academic value (6)
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204115 Contributor	address; City; State	: Zip Code	100.00
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11907 30	rck feat Or, ce	 	L.
Contributor's principal occupati	on	Contributor's job title	
Attorney			
Contributor's employer/law film Law firm of contributor's spouse (if any)			r's spouse (if any)
Self			
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SCHEDULE A(J)1

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The Instruction Guide expla	ains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
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4 Date 5 5	P(* CG)	7 Amount of contribution (\$)
5 Full name of contribu	utor out-of-state PAC ID#:	Amount of contribution (4)
2 July 6 Contributor address;	City; State; Zip Code	100,00
- Company of the Comp	S	
	Midge Rd. CTT 78413 9 Contributor's job title	
8 Contributor's principal occupation	g Contributor's Job title	
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O Contributor's employer/law firm	11 Law firm of contribute	or's spouse (if any)
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2 If contributor is a child, law firm of parer		
Date	_	Amount of contribution (\$)
Full name of contrib) Amount of contribution (4)
1 1 Mostew and	Con Hommer	1 050
Contributor address		100,00
5410 OCEAN	U Dr. CC TX 78412	
Contributor's principal occupation	Contributor's job title	ē .
Contributor's employer/law firm	Law firm of contribut	tor's spouse (if any)
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If contributor is a child, law firm of pare	ent(s) (if any)	
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Date Full name of contrib	outor out-of-state PAC ID#:	_) Amount of contribution (\$)
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Contributor address	s; City; State: Zip Code	100.00
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Contributor's principal occupation	Contributor's job title	e
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Contributor's employer/law firm		itor's spouse (if any)
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SCHEDULE A(J)1

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The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A(J)1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
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4 Date 5 Full name of contributor Out-of-state PAC ID	7 Amount of contribution (\$)			
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On Jones 6 Contributor address; City; State;	Zip Code 150.			
	78411			
	9 Contributor's job title			
A	A . C .			
Attorney	Atlorney			
	11 Law firm of contributor's spouse (if any)			
Porter Rogers, Jahlman				
12 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC ID	* Amount of contribution (\$)			
1 1/2 Tanas Can aberray				
1/2015 James Granberry	2-2-3-3			
Contributor address; City, State;	Zip Code 200.			
622 S Tancahua, CCT	78401			
Contributor's principal occupation Contributor's job title				
Attorney				
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)				
N N	(r			
	5			
Date Full name of contributor out-of-state PAC_ID	#) Amount of contribution (\$)			
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shell Jerry Goetz	Zin Code 200.00			
Contributor address; City; State:	Zip Code			
140 Southern St. CCTX	78404			
Contributor's principal occupation	Contributor's job title			
Add a a a a	The second secon			
Contributor's employer/law furm	Law firm of contributor's spouse (if any)			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Timothus McCoy		
Timo Huy MCCoy 4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)	
O I I Continuation out-of-state FAC IDM.		
abelis Stephenson 6 Contributor address; City; State; Zip Code	200.00	
Contributor address, Oity, Otato, 2.p osco	5 MAG	
530 Del MAY CCTX 78909		
8 Contributor's principal occupation 9 Contributor's job title		
Attorney		
10 Contributor's employer aw firm 11 Law firm of contributor	or's spouse (if any)	
Self		
12 If contributor is a child, law firm of parent(s) (if any)		
A contract of the contract of	3	
Date Full name of contributor out-of-state PAC D#:	Amount of contribution (\$)	
abolis Abe Moss		
Contributor address; City; State; Zip Code	250,00	
5350 S. Stopples CC TX 78411		
Contributor's principal occupation Contributor's job title		
Affornees		
Contributor's employer/law firm Law firm of contribut	tor's spouse (if any)	
Moss Cow Office		
If contributor is a child, law firm of parent(s) (if any)		
ii contributor is a orna, law iiiii or parorit(s) (ii arry)		
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Date Full name of contributor Datt-of-state PAC ID#	A STATE OF THE STA	
I dil fidiffe di contributor	Amount of contribution (\$)	
shile Morgarita Trafillo		
2/24/(5 Contributor address; City; State: Zip Code	200,00	
Contributor's principal occupation Contributor's job title	e	
Self Employed		
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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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:	
2 FILER NAME Timothy McCoy	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$)	
2 bull 6 Contributor address; City; State; Zip Code	250	
8 Contributor's principal occupation 9 Contributor		
8 Contributor's principal occupation 9 Contributo	or's job title	
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	of contributor's spouse (if any)	
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12 If contributor is a child, law firm of parent(s) (if any)		
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Date	Amount of contribution (\$)	
Full name of contributor out-of-state PAC ID#:		
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2 2 Contributor address; City; State; Zip Code	1250.00	
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5810 SADAL CC TA 78414	- 1. U.E PO-	
A	or's job title	
Attorney		
Contributor's employer/law firm Law firm of contributor's spouse (if any)		
Branccomb PC	11	
If contributor is a child, law firm of parent(s) (if any)		
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Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)	
2/24/cr Jeff behavior	250.00	
Contributor address; City; State: Zip Code	250.	
1001 Thurd St. Stc.1' (CTX 78	MAY	
	tor's job title	
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11/01/200	of contributor's spouse (if any)	
Anderso, Cehrman, Barre, Morraist	CCP	
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

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The In	struction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
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4	rothy May	5.	7 Amount of contribution (\$)
-	Full name of contributor	···	- Amount of contribution (a)
	RAME LAW Firm Contributor address; City; State;		
2 /24/15 6	Contributor address; City; State;	Zip Code	250.00
	PO BOX 18787		and water
		O Contributorio iob titlo	. Padaloga Prisita
8 Contributor's princi	pai occupation	9 Contributor's job title	
More	ney		
10 Contributor's emplo		11 Law firm of contributor's	spouse (if any)
ILAM	K (Aw Firm	A SERVICE MADE TO THE PARTY OF	
12 If contributor is a c	hild, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Harling Orace Box	-1.c O-2. 2.c	- 2
2 Dulit	Harline, Dacus, Barry Contributor address; City; State;	yer, vreyer	300.00
			9
8	150 N. Control Expression St	e. 1600. Orllns	
Contributor's principal occupation			
Attornoy 1x 75231			
Contributor's employer/law firm Law firm of contributor's spouse (if any)		spouse (if any)	
If contributor is a c	child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:	Amount of contribution (\$)
	0 1 0 1		M.
	Saker + Baker		رسی می
2/24/15	Contributor address; City; State:	Zip Code	500.00
	3070 = 01-4 01	CETTY DOCULL	
Contributor's principal occupation Contributor's principal occupation Contributor's job title			
0.54		Contabator a job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)			
	2	Boller + G	STA CON
If contributor is a	child∛law firm of parent(s) (if any)		
		30 2 5	

SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A(J)1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Timothy Mcloy			
1 Data	7 Amount of contribution (\$)		
A O O O O	J#		
Full name of contributor out-of-state PAC II Car S Barbey 6 Contributor address; City; State;	Zip Code \$1,50.00		
PO BOX 2951 (CTX			
8 Contributor's principal occupation	9 Contributor's job title		
Attorney			
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)		
Sel	8		
12 If contributor is a child, law firm of parent(s) (if any)			
9			
	4		
Date Full name of contributor ☐ out-of-state PAC	D#: Amount of contribution (\$)		
2/relis Sirah S Klager Contributor address; City; State;	82000		
Contributor address; City; State;	Zip Code		
403 WACO CC TX	7840 (
Contributor's principal occupation	Contributor's job title		
Attorney			
Contributor's employer/law firm Law firm of contributor's spouse (if any)			
Self			
If contributor is a child law firm of parent(s) (if any)			
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Date Full name of contributor out-of-state PAC	ID#:) Amount of contribution (\$)		
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2 Contributor address; City; State:	Zip Code (GGC		
go > N. (praescaluce, cc T)	x 7840)		
Contributor's principal occupation Contributor's job title			
Attorney			
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

SCHEDULE A(J)1

	# 5	\$5			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:		
2 FILER NAME	35		3 Filer ID (Ethics Commission Filers)		
	mothy Melery	E			
4 Date			7 Amount of contribution (\$)		
- Date	5 Full name of contributor ut-of-state PAC II	D#:)	2 Amount of contribution (4)		
Nouli	6 Contributor address; City; State;	Zip Code	250.00		
8 Contributor's p	rincipal occupation	9 Contributor's job title			
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10 Contributor's e	ornly from	Ad I am Sun as a manifement	In annual (if ann)		
10 Contributors e	inpoyer/iaw with	11 Law tilm of contributor	11 Law firm of contributor's spouse (if any)		
12 If contributor is	a child, law firm of parent(s) (if any)				
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Date	Full name of contributor ut-of-state PAC	D#:)	Amount of contribution (\$)		
	John Flord				
2/20/18			500,00		
	Contributor address; City; State;		200,0		
	802 N. Crranchouse St	=.900 CC TX 1040			
Contributor's p	principal occupation	Contributor's job title			
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Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
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	s a child, law firm of parent(s) (if any)	Action and the second			
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Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
		ID#	Amount of contribution (4)		
shales	Landle Joulevil				
212 (11)	Contributor address; City; State	: Zip Code	100,00		
	00 8-1 00 0	78403			
0 13 1 1	POBOX 23 CC TX				
Contributor's principal occupation Contributor's job title					
Attorney					
Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
	العر	20,000			
If contributor is a child, law firm of parent(s) (if any)					
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	3				

SCHEDULE A(J)1

The Instruction Guide explains how to complete th	is form. 1 Total pages Schedule A(J)1:	
2 FILER NAME Trustly MCCey	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PA		
Joe Flores 6 Contributor address; City: St. 500 N. Water Str. 515	tate; Zip Code 500,90	
8 Contributor's principal occupation	9 Contributor's job title	
Attorney		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state P.	Amount of contribution (\$)	
2/20/15 Robert Hillinger CC Contributor address; City; St	tate; Zip Code	
219 Schoneline Contributor's principal occupation	Contributor's job title	
Altorneys		
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)	ž.	
1 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Amount of contribution (\$) State: Zip Code	
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)	18	
	4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Pood/Beverage Expense Prodit/Awards/Memorials Expense Pr	ban Repayment/Reimbursement office Overhead/Rental Expense billing Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	(9			
2 /2 W/	Toe Mortinez	1				
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8	(a) Category (See categories listed at the top of this sched					
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OF EXPENDITURE	Advertising Explus	Check if Austi	n, TX, officeholder living expense			
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS MEEDED						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enters category not listed shove)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)			
-11.	Timothy Mccoy					
4 Date (0)29115	5 Payee name					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 2 FILER NAME LENDER INFORMATION Zip Code **GUARANTOR** 6 Name of guarantor INFORMATION not applicable 7 Guarantor address; State; Zip Code Name of lender LENDER **INFORMATION** Lender address; City: State: Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Zip Code Guarantor address; City; State; LENDER Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City: State: Zip Code Name of lender LENDER INFORMATION Lender address; City; State: Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Zip Code Guarantor address; City; State;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED