

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: <div style="text-align: center; font-size: 24pt; font-weight: bold;">18</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Timothy Jordan Tim McCoy | OFFICE USE ONLY FILED FOR RECORD Date Received: 4:40 P.M. JUL 15 2014 DANIEL BARRERA Clerk of County Court, Tarrant County, Texas By: [Signature] Deputy | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 545 N. Upper Broadway Ste. 1101 Corpus Christi TX 78401 | Receipt # Amount Date Processed Date Imaged | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 244 3874 | 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mrs. Lisa Nichols | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4941 Greenbriar, Corpus Christi TX 78413 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (361) 813 6097 | 9 REPORT TYPE <input 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 checked="" 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) | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 2 / 24 / 2014 THROUGH 6 / 30 / 2014 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 4 / 2014 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Judge County Court At Law No. 5 | |

2014-120

GO TO PAGE 2

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

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

14 C/OH NAME

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

6018.70

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3488.05

CONTRIBUTION BALANCE

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

\$

4064.28

OUTSTANDING LOAN TOTALS

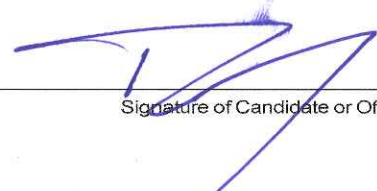
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2129.59

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Jordan McCoy, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Charles Fox

Print name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Jordan
Timothy A McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/28/14

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

MARK S. KLOTZMAN

6 Contributor address; City; State; Zip Code

Po Box 3723
Victoria, Texas 77903

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Self Employed Oil Business

10 Contributor's job title

Owner

11 Contributor's employer/law firm

self

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

3/6/14

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

Micah Hatley

Contributor address; City; State; Zip Code

405 N. Craig
Victoria, Tx 77901

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

2/26/14

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

Craig Adamson

Contributor address; City; State; Zip Code

701 Ayers St.
Corpus Christi Tx 78404

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/13/14

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

John Powell

6 Contributor address; City; State; Zip Code

3765 S. Alameda Suite 318

Corpus Christi, Tx 78411

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Nutritionist

10 Contributor's job title

Nutritionist

11 Contributor's employer/law firm

Ideal Weightloss

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

5/12/14

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

Samuel Dalton

Contributor address; City; State; Zip Code

8002 Villefranco Drive

Corpus Christi Tx 78414

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Retired

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)

Date

5/12/14

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

Eugene and Ellen Seaman

Contributor address; City; State; Zip Code

55 Lake Shore Drive

Corpus Christi Tx 78413

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Investment Broker

Contributor's job title

Broker

Contributor's employer/law firm

Self

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Timothy J. McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/21/14

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

Joseph Wilkenson

6 Contributor address; City; State; Zip Code

400 MANN Street, Ste. 700

Corpus Christi TX 78401

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Law Office of Joseph Wilkenson

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

6/11/14

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

Lance K. Brown

Contributor address; City; State; Zip Code

211 W. Carancahua Ste. 1600

Corpus Christi TX 78401

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/25/14

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

Jeff Rank

Contributor address; City; State; Zip Code

PO Box 18787

Corpus Christi TX 784180

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

RANK 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/25/14

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

Larry Isles

6 Contributor address; City; State; Zip Code

711 N. Carancahua St. 700

Corpus Christi TX 78475

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Self

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

6/26/14

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

Barbara Ullmer

Contributor address; City; State; Zip Code

1018 Delta Drive

Corpus Christi TX 78412

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Business Owner

Contributor's job title

Owner

Contributor's employer/law firm

Self, Employee of

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/26/14

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

Alan Clower

Contributor address; City; State; Zip Code

3535 Stank FE Unit 11

Corpus Christi TX 78411

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Real Estate Appraiser

Contributor's job title

Owner

Contributor's employer/law firm

Self

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.

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

SCHEDULE A (J)

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): 11 | |
| 2 FILER NAME Timothy Jordan McCoy | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6/26/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna + Harold Walker | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 400 MAIN Street Corpus Christi TX 78401 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title Attorney | |
| 11 Contributor's employer/law firm self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|---|---|--|
| Date 6/26/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darrell Thompson | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 711 N. Carancahan Ste 820 Corpus Christi TX 78401 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation CPA | | Contributor's job title CPA | |
| Contributor's employer/law firm Dave Thompson + Co | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|--|--|---|--|
| Date 6/27/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lanette Joubert | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Po Box 23 Corpus Christi TX 78408 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attorney | | Contributor's job title Attorney | |
| Contributor's employer/law firm self | | 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/27/14

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

John Seaman

6 Contributor address; City; State; Zip Code

5830 McIndoo Ste 204
Corpus Christi TX 78412

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Financial Planner

10 Contributor's job title

Financial Planner

11 Contributor's employer/law firm

Seaman Financial Services

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

6/27/14

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

Mary Ann Kelly

Contributor address; City; State; Zip Code

4302 Schanen Blvd
Corpus Christi TX 78413

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Retired

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)

Date

6/27/14

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

Scott Lemanski

Contributor address; City; State; Zip Code

400 Mann Ste. 700
Corpus Christi TX 78401

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Timothy J. McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/27/14

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

Suzanne Taylor

6 Contributor address; City, State, Zip Code

5413 Pressler Dr.
Corpus Christi TX 78413

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Realtor

10 Contributor's job title

Realtor.

11 Contributor's employer/law firm

Keller Williams

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

6/27/14

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

Simon Purnell

Contributor address; City, State, Zip Code

402 Peoples St. Ste. 4B
Corpus Christi, TX 78401

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/27

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

Jerry Goetz

Contributor address; City, State, Zip Code

140 Southern Street
Corpus Christi TX 78401

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Branscomb PC

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/27/14

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

Scott Landreth

6 Contributor address; City; State; Zip Code

242 Rosebud Ave.

Corpus Christi TX 78404

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

Attorney

11 Contributor's employer/law firm

Wood Boykin + Walter

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

6/27/14

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

Susan Barklay

Contributor address; City; State; Zip Code

921 Ayers St.

Corpus Christi TX 78404

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Barclay Law Firm PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/27/14

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

George and Krista Clower

Contributor address; City; State; Zip Code

746 Brack

Corpus Christi TX 78412

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Developer / CPA

Contributor's job title

owner

Contributor's employer/law firm

Clower + Co.

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): 11 | |
| 2 FILER NAME Timothy J. McLaughlin | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6/27/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phyllis A. Stephenson | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 530 Del Mar Blvd. Corpus Christi TX 78404 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation Attorney | | 10 Contributor's job title Attorney | |
| 11 Contributor's employer/law firm Self | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 6/27/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Henry R. Patrick Nuss | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 225 Bayridge Corpus Christi TX 78411 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Attorney | | Contributor's job title Attorney | |
| Contributor's employer/law firm Welder Lechin | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 6/27/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Brendal MD. | Amount of contribution (\$) 250. | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 13513 Kings Phillip Court Corpus Christi TX 78418 | | (If travel outside of Texas, complete Schedule T) | |
| Contributor's principal occupation Physician | | Contributor's job title A Medical Director | |
| Contributor's employer/law firm Driscoll Health Plan | | 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **11**

2 FILER NAME

Timothy J. McLow

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/27/14

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

Hoblit Ferguson Darling

6 Contributor address; City; State; Zip Code

**2000 Frost BANK
802 N. Carancahua
Corpus Christi, TX 78401**

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

LAW FIRM

10 Contributor's job title

LAW FIRM

11 Contributor's employer/law firm

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

6/27/14

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

Trip ad Bradley Baxter

Contributor address; City; State; Zip Code

**439 Bermuda Pl.
Corpus Christi TX 78411**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Self Employed

Contributor's job title

President

Contributor's employer/law firm

House of South Texas

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

6/27/14

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

Mike Pusley

Contributor address; City; State; Zip Code

**3916 Castle Valley
Corpus Christi TX 78410**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

County Commissioner

Contributor's job title

Commissioner

Contributor's employer/law firm

Nueces Co.

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.

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

SCHEDULE A (J)

| | | | |
|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): <p style="text-align: center; font-size: 2em;">11</p> | |
| 2 FILER NAME <p style="font-size: 1.5em; text-align: center;">Timothy Jordan McCoy</p> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <p style="font-size: 1.5em;">6/27/14</p> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.5em; text-align: center;">Stan Fox</p> | 7 Amount of contribution (\$) <p style="font-size: 1.5em; text-align: center;">343.70</p> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <p style="font-size: 1.5em; text-align: center;">412 Dolphin Corpus Christi TX 78401</p> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Contributor's principal occupation <p style="font-size: 1.5em; text-align: center;">LANDMAN</p> | | 10 Contributor's job title <p style="font-size: 1.5em; text-align: center;">LANDMAN</p> | |
| 11 Contributor's employer/law firm <p style="font-size: 1.5em; text-align: center;">self</p> | | 12 Law firm of contributor's spouse (if any) | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 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) | | | |

| | | | |
|---|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 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) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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): <u>1</u> |
| 2 FILER NAME <u>Timothy McCoy</u> | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ↕ ↕ ↕ ↕ ↕ ↕ | | \$ |
| 5 Date of loan <u>3/6/14</u> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Timothy McCoy</u> | 9 Loan Amount (\$) <u>100.00</u> |
| 6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/> | 8 Lender address; City; State; Zip Code <u>545 N. Upper Broadway, Ste 101 Corpus Christi TX 78407</u> | 10 Interest rate |
| | | 11 Maturity date |
| 12 Lender's Principal Occupation <u>Attorney</u> | | 13 Lender's Job Title <u>Attorney</u> |
| 14 Lender's Employer/Law Firm <u>self</u> | | 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 checked="" type="checkbox"/> none | | 18 Check if personal funds were deposited into political account <input checked="" 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.

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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 Jordan McCoy</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>2/24/14</i> | | 5 Payee name <i>Lighthouse Graphics</i> | | | |
| 6 Amount (\$) <i>\$170.36</i> | | 7 Payee address; City; State; Zip Code <i>3046 SPID Corpus Christi TX 78401</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>T Shirts</i> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>2/26/14</i> | | Payee name Immer <i>Lighthouse Graphics</i> | | | |
| Amount (\$) <i>1600.16</i> | | Payee address; City; State; Zip Code <i>3046 SPID Corpus Christi TX 78401</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>Signs + Shirts</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>3/3/14</i> | | Payee name <i>Barefoot Mardi Gras</i> | | | |
| Amount (\$) <i>25.00</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Event Expense</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Fees Parade</i> | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>3/5/14</i> | | Payee name <i>Charlie Fox</i> | | | |
| Amount (\$) <i>233.22</i> | | Payee address; City; State; Zip Code <i>417 Dolphin Corpus Christi TX 78401</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>T-Posts</i> | |
| 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 | 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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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 Jordan McCoy</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>3/5/14</i> | 5 Payee name <i>Charline Fox</i> | |
| 6 Amount (\$) <i>250.00</i> | 7 Payee address; City; State; Zip Code <i>417 Dolphin Corpus Christi TX 78401</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Wages / Contract Labor</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Signs</i> |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Scott For Coleman</i> |
| Date <i>6/3/14</i> | Payee name <i>Scott For Coleman</i> | |
| Amount (\$) <i>500.00</i> | Payee address; City; State; Zip Code <i>Austin TX</i> | |
| 8 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>websight</i> |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Office sought</i> |
| Date <i>6/24/14</i> | Payee name <i>Office Depot</i> | |
| Amount (\$) <i>89.00</i> | Payee address; City; State; Zip Code <i>1737 S. Staples Corpus Christi TX 78404</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Fundraising Expense</i> | Description (If travel outside of Texas, complete Schedule T) <i>Supplier for Event</i> |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Office sought</i> |
| Date <i>6/27/14</i> | Payee name <i>Office Depot</i> | |
| Amount (\$) <i>98.00</i> | Payee address; City; State; Zip Code <i>1737 S. Staples Corpus Christi: TX 78404</i> | |
| 8 PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Postage / Event Expense</i> | Description (If travel outside of Texas, complete Schedule T) <i>Postage</i> |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Office sought</i> |

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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 Jordan McCoy</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

| | |
|--------------------------|--------------------------------------|
| 4 Date <i>6/27/14</i> | 5 Payee name <i>Scott Coleman</i> |
|--------------------------|--------------------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) <i>76.00</i> | 7 Payee address; City; State; Zip Code <i>Austin TX</i> |
|-------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Advertising</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Website Expense</i> |
|--------------------------|--|---|

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

| | |
|------------------------|-----------------------------------|
| Date <i>6/25/14</i> | Payee name <i>Office Depot</i> |
|------------------------|-----------------------------------|

| | |
|------------------------------|--|
| Amount (\$) <i>148.94</i> | Payee address; City; State; Zip Code <i>1737 S. Staples Corpus Christi TX 78404</i> |
|------------------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event <i>Fundraising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Supplies / Postage for Event</i> |
|------------------------|---|--|

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

| | |
|------------------------|-----------------------------------|
| Date <i>6/25/14</i> | Payee name <i>Office Depot</i> |
|------------------------|-----------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) <i>42.38</i> | Payee address; City; State; Zip Code <i>1737 S. Staples Corpus Christi TX 78404</i> |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Solicitation</i> | Description (If travel outside of Texas, complete Schedule T) <i>Postage</i> |
|------------------------|---|---|

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

| | |
|------------------------|---|
| Date <i>6/24/14</i> | Payee name <i>Corpus Christi Town Club</i> |
|------------------------|---|

| | |
|------------------------------|---|
| Amount (\$) <i>354.99</i> | Payee address; City; State; Zip Code <i>800 N. Shoreline Corpus Christi TX 78401</i> |
|------------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Solicitation Fundraising</i> | Description (If travel outside of Texas, complete Schedule T) <i>Food / Beverage</i> |
|------------------------|---|---|

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

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 Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Timothy Jordan McCoy

6 previously itemized loans

5 Lender address; City; State; Zip Code

545 N. Opree Broadway Ste 1101
Corpus Christi TX 78401

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED