	CANDIDATE / OFFICEH N 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:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST HCCON	Jordan suffix	Date Recoived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX; APT/SUITE#; CITY; SYS N. Upper Broadway Corpus Christi Tx	STATE: ZIPCODE Ste. 1101 78401	Central transport to the control of
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 244 3874	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Lisa NICKNAME LAST	MI 	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; 4941 Greenbriar, Corp.	city; state; US Churisti TX	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 8(3 6097)	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 / 2 < / 2014 THROUGH	Month Dey	Year / 2014
11 ELECTION	ELECTION DATE Month Day Year Primary 11 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Runoff	General Special
12 OFFICE 2014		At Law	Country Court
	GOTOPAG	SE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

44 0/01/18/88/		l 4E	COOLINE # (Ethion Commission Files)
14 C/OH NAME		15 /	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICER	EE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY F	'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	-
	GENERAL	COMMITTEE ADDRESS	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	- An
Name of the state		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6018.70
EXPENDITURE TOTALS	3. TOTAL F	\$	
	4. TOTAL	\$ 3488.05	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$ 4064.28
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 4064.28 \$ 2129.59
18 AFFIDAVIT			
		I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.	
		Signature of Candid	ate or Officeholder
AFFIX NOTARY STA	MP / SEAL ABOVE		
Sworn to and sub			The state of the s
day	of Jul	, 20 19, to certify which, witness my	hand and seal of office.
Signature of officer adm	inistering oath	Print name of officer administering oath Titl	e of officer administering oath

P.O. Box 12070

SCHEDULE A (J)

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):

2 FILER NAME	Jordan		3 ACCOUNT # (E	thics Commission Filers)
	inothy McCou			
	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2/28/14	MARK 5. Klotzman 6 Contributor address; City; State; Zip Code Po Box 3723)	100.00	
4			(00:	
	Victoria, Texas Mar	03	(If travel outside	of Texas, complete Schedule T)
9 Contributor's pri	incipal occupation	10 Contributor's job	title	
Sel	L Employed Oil Rusines	5 000	NPV	
11 Contributor's en	LEmployed Oil Busines	12 Law firm of contri	outor's spouse (if an	y)
	5014			5 Nr
13 If contributor is:	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	In-kind contribution
	Ms I U.L		contribution (\$)	description(if applicable)
ali lid	Contributor address; City; State: Zip Code 405 N. Craiq		- 0	1
2/0/01	Contributor address; City; State; Zip Code		100.00	t e
,	405 N. Craig		(00.	
	e)		N.	
	Victoria, Tx 77901		(If travel outside	of Texas, complete Schedule T)
Contributor's pr	incipal occupation	Contributor's job	title	
A	Horney	At	tornoy	
Contributor's er	nployer/law firm		butor's spouse (if an	ny)
	self Employed			
If contributor is	a child Jaw firm of parent(s) (if any)			
				A
Date	Full name of contributor []out-of-state PAC (ID#	Commence of the commence of the commence of	Amount of	In-kind contribution
			contribution (\$)	description(if applicable)
2/26/14	Craig Adamson Contributor address; City, State, Zip Code	i a sulfanti a successi e e e e	200.148	3 7
713011	Contributor address; City; State: Zip Code		the 1st	s I
~	701 Ayers St.		520.	
	The state of the s	2011011		
	Corpus Christi Tx	18404	(If travel outside	e of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's er	mployer/law firm	Law firm of contr	ibutor's spouse (if ar	ny)
If contributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedul	e A(J):
2 FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
	5 Full name of contributor Out-of-state PAC (ID#			
4 Date			7 Amount of contribution (\$)	In-kind contribution description(if applicable)
3/13/14	John Powell 6 Contributor address; City; State; Zip Code 3765 S. Alharda Suit Corpus Christ, Tx		(If travel outside of T	exas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		exas, complete deflection 1)
	Sutritionist	Not	- tions st	
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any)	
13 If contributor is	I deal weight 1008 a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
5/12/14	Sonuel Oalton Contributor address; City; State: Zip Code 800 2 Ville Francho Orive		200.00	
	Corpus Christi Tx 78	414	(If travel outside of I	Texas, complete Schedule T)
Contributor's p	Principal occupation Retire J	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contr	ibutor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	1		
Date	Full name of contributoroul-of-state PAC (ID#	(400	Amount of contribution (\$)	In-kind contribution description(if applicable)
5/21/14	Eugene and Eller Sean Contributor address; City; State: Zip Code 55 (Ale Shone Drive		S20.00	
	Corpus Christi Tx	78413	(If travel outside of	Texas, complete Schedule T)
	orincipal occupation	Contributor's job	A control of the cont	
	Investment Brotes	1	sker	
Contributor's	employer/law firm Sel	Law firm of conti	ributor's spouse (if any)	
If contributor	s a child, law firm of parent(s) (if any)			

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P.O. Box 12070

SCHEDULE A (J)

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A(J):
2	FILER NAME			3 ACCOUNT # (Eth	nics Commission Filers)
		Timothy J. Myoy 5 Full name of contributor □out-of-state PAC (ID#			
4	Date		<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	stoolin	6 Contributor address; City: State; Zip Code 400 MANN Street, Sto. 7		100.00	
	www.	Corpus Christi Tx 78	3901		of Texas, complete Schedule T)
9	Contributor's p	rincipal occupation	TO COntributors Job		
		Mployer/law firm	12 Law firm of contri	nes	
			12 Law firm of contri	ibutor's spouse (if any)
4.0	LAW O	s a child, law irrn of parent(s) (if any)			
73	i If contributor is	s a child, lawufirrn of parent(s) (if any)			
	Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Willy	Contributor address; City; State; Zip Code 211 W. Carancahua S	te. 1600	520.20	
		Corpus Christi Tx	78401	(If travel outside	of Texas, complete Schedule T)
	- 3	principal occupation	Contributor's job	title	
		employer/law firm	Attor	ributor's spouse (if any	
	Contributor's e	employer/law firm	Law firm of contr	ributor's spouse (if any	")
	If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
	6/25/14	Tell Rawk Contributor address; City: State; Zip Code PO BOX 1878)		100.00	
		Corpus Christi To	× 78480	(If travel outside	of Texas, complete Schedule T)
	Contributor's	orincipal occupation	Contributor's job		
		Attorney	AI	thruly	
		employer/law firm OK LAW Firm	Law firm of cont	ributor's spouse (if an	y)
-		s a child, law firm of parent(s) (if any)	1		
1		= = mina, law little of patentas (if ally)			

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	ALCON	P.O. Box 12070	NS	as 78711-2070 5 (JUDICIAL	(512) 463-5800	(TDD 1-800-735-2989)
OTTLK	IIIANT	LLDGE3 OI	LOANS	, (JUDICIAL)	
The	Instruction G	uide explains how to	o complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME	inoth	Jose (AA)	HYON		3 ACCOUNT# (E	thics Commission Filers)
1	6 Contributo	of contributor out-	State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	Corp	us Christi	TX 784		<u> </u>	of Texas, complete Schedule T)
9 Contributor's pr	Atto w			10 Contributor's job	title	
11 Contributor's er				12 Law firm of contri		у)
13 If contributor is	a child, law firm	n of parent(s) (if any)		La real control of the second		
Date	Contribute	of contributor out- one of contributor or address; City; S R Qelty Os City; S	State: Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	rincipal occupa	***************************************	(X 10)	Contributor's job	<u> </u>	of Texas, complete Schedule T)
	mployer/law fir		e cl) ibutor's spouse (if an	ıy)
Date	Alan	Clower	-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
a sulle					100.00	I.
		us Christi	12 78	عوال		of Texas, complete Schedule T)
Contributors p	principal occupa	Estate App.	raise	Contributor's job	o title	
Contributor's e	employer/law fin		4		ributor's spouse (if ar	ly)
If contributor is	s a child, law fir	n of parent(s) (if any)	+			

exas Ethics Comn	nission	P.O. Box 12070	Austin, Texa	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		NTRIBUTION PLEDGES OR		(JUDICIAL	s)	CHEDULE A (J)
The I	Instruction (Guide explains how to	complete this	form.	1 Total pages Sche	dule A(J):
2 FILER NAME	Timot	hy Jordan	Mecon	4	3 ACCOUNT # (Ett	nics Commission Filers)
1		of contributor out-of + Harold or address; City; Sta	-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
لوا علم ال					100.00	
9 Contributor's pri		pus Christi	Tx 784			of Texas, complete Schedule T)
	100 C 100 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10 Contributor's job	title	
11 Contributor's en	mployer/law fin	h		12 Law firm of contr	ibutor's spouse (if any)
13 If contributor is	a child, law h	n of parent(s) (if any)				
Date	Full name	of contributorout-o	f-state PAC (ID#)	Amount of	In-kind contribution
6/34/14	Contribut	or address; City; St. N. Carancal	son ate: Zip Code	820	contribution (\$)	description(if applicable)
	Cor	pus Christ	1 Ter 78	1078	(If travel outside	of Texas, complete Schedule T)
Contributor's pr	rincipal occupa	ation		Contributor's job	title	1 2
Contributor's er		m hompsu tc	_0	Law firm of contr	ibutor's spouse (if any	")
If contributor is	a child, law fir	m of parent(s) (if any)				
Date	Full nam	e of contributor []out-c)	Amount of contribution (\$)	In-kind contribution description(if applicable)
4/20/14			tate; Zip Code		[eo. 00]	
	Cor	pus Chris	titx	78408	(If travel outside	of Texas, complete Schedule T)
Contributor's p				Contributor's job	title	
Contributor's er		mey		the second warmen lines or a second	ributor's spouse (if an	y)
If contributor is	s a child, law fi	rm of parent(s) (if any)		<u></u>		

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(JUDICIAL) s	CHEDULE A (J)
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A(J);
2 FILER NAME	1	- CARLESTON CONTRACTOR	3 ACCOUNT # (Et	hics Commission Filers)
-	Timothy Jordan Mcc	~ .		
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
4/20/14	John Seaman 6 Contributor address; City; State; Zip Code 5830 Herrollo Ste 20		100.00	
9 Contributor's pr	Corpos Christi TX 7	8412 10 Contributor's job	title	of Texas, complete Schedule T)
11 Contributor's er	FINANCIAL Planner	FIDA		
	and Finacial serves	12 Law firm of contril	outor's spouse (if any	()
	a child, law firm of parent(s) (if any)	=		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	incipal occupation	St13 Contributor's job	(If travel outside	of Texas, complete Schedule T)
	a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if an	y)
Wate Carly	Full name of contributor []out-of-state PAC (ID#	\	Amount of contribution (\$)	In-kind contribution description(if applicable)
20 <u>4</u>	Corous amisti To ?!	3401	(If travel outside	
Contributor's p	rincipal occupation After wo u	Contributor's job	title	of Texas, complete Schedule T)
Contributor's e	mployer/law firm		ibutor's spouse (if an	у)
If contributor is	a child. law firm of parent(s) (if any)			
	ATTACH ADDITIONAL COPIES (DE TUIS COUEDIN 6	AS NEEDED	

SCHEDULE A (J)

The Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule A(J):
2 FILER NAME THOTHY J. T. Coy	100	3 ACCOUNT # (Ethi	cs Commission Filers)
6 Contributor address; City, State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Corpus Christo T& 7	18413	(If travel outside of	Texas, complete Schedule T)
9 Contributors principal occupation	10 Contributor's job	title	1700 Marie Carlo Car
11 Contributor's employer/law firm	Q.		
	12 Law firm of contril	butor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)	1		
in contribution is a critic, law tirrit or parent(s) (if any)			
Date Full name of contributor Singly Funct Contributor address; City; State; Zip Code Yor Repls St. St. 48		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation	1048		f Texas, complete Schedule T)
Contributor s principal declipation	Contributor's job		
Contributor's employer/law firm	H	butor's spouse (if any)	
S. b (Law firm of contri	butor's spoulse (if any)	i i
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Jerry Goefz Contributor address; City: State Zip Code	et	Amount of contribution (\$)	In-kind contribution description(if applicable)
Corpus Christi T	r 7840 1		of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Contributor's employer/law firm			
Bransions PC	Law firm of contr	ibutor's spouse (if any)
If contributor is a child. law firm of parent(s) (if any)		and the second s	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(JUDICIAL) s	CHEDULE A (J)
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # /F	thics Commission Filers)
4 Date	Timothy Jordan Me	Con	3 ACCOUNT# (E	mics Commission Filers)
· core	5 Full name of contributor _out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's pr	c	8407 10 Contributor's job	(If travel outside	of Texas, complete Schedule T;
11 Contributor's er	a child, law firm of parent(s) (if any)	12 Law firm of contri	butor's spouse (if an	у)
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	In-kind contribution
ولممارو	Susan Barklay Contributor address; City; State: Zip Code 921 Ayers St. Corpus Chrish TX 784		(\$)	description(if applicable)
Contributor's o	rincipal occupation			of Texas, complete Schedule T)
	torne y	Contributor's job		
	mployer/law firm		ibutor's spouse (if an	
^	relay Law Firm Pice	Law tirm of contri	ibutor's spouse (if an	iy)
If contributor is	a child, law firm of parent(s) (if any)			
bate 6/27/14	Full name of contributorout-of-slate PAC (ID# Contributor address; City; State; Zip Code The Brack		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	Corpus Clush Tx 78	8412 Contributor's job		e of Texas, complete Schedule Ti
	Developer CPA		sec	
Contributor's e	Imployer/law firm		ibutor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)			
lf con	ATTACH ADDITIONAL COPIES (tributor is out-of-state PAC, please see inst			ing requirements.

	AL CONTRIBUTION	NS		
	HAN PLEDGES OF	R LOANS (JUDICIA	(L) SCI	HEDULE $A(J)$
			1 Total pages Schedul	le A(I):
The In	struction Guide explains how t	o complete this form.	11	C 71(0).
FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
	limothy J. Te	-64		
Date 5	The state of the s	of-state PAC (ID#:	7 Amount of 8 contribution (\$)	In-kind contribution description(if applicable)
المامر الم	Contributor address; City; §	State; Zip Code		
واعااركا	Phyllis P. St Contributor address; City; S 530 Del Mar I	Bluch.	520.00	
	Corpus Christi	TX 78404	(If travel outside of T	Texas, complete Schedule T)
Contributor's prin	cipal occupation	10 Contributor's		
Contributor's em	ployer/law firm		ontributor's spouse (if any)	
If contributor is a	child, law film of parent(s) (if any)			And the state of t
ii contributor is a	cilia, law limit of parent(s) (if any)			
Date	Full name of contributorout	t-of-state PAC (ID#) Amount of	In-kind contribution
41/16/2	Contributor address; City: 225 Bry 11d		contribution (\$)	description(if applicable)
	Corpus Chri	st: TX 78411	(If travel outside of	Texas, complete Schedule T)
	ncipal occupation	Contributor's	job title	
Contributor's em	pployer/law firm	Law firm of c	ontributor's spouse (if any)	
	welder leshin	5		
If contributor is a	a child, law firm of parent(s) (if any)			
Date		it-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description(if applicable
6/27/14		State: Zip Code Phillip Court	250.	
		8112 X 18418	(If travel outside of	Texas, complete Schedule T
The second secon	incipal occupation	Contributor's	s job title	
•	Mysician	P	Tedical Dire	400
Contributor's en	nployer/law firm		contributor's spouse (if any)	

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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)	
2 FILER NAME	mothy J. Mccoy		3 ACCOUNT # (Ethics Commission Filers)	-
4 Date	5 Full name of contributor □out-of-state PAC(ID# Hoblit Ferror Cantributor address; City; State; Zip Code BANK SO2 D. Caronical State Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 8 In-kind contribution description (if application)	
	rincipal occupation Firm	10 Contributor's job		le T)
11 Contributor's e		12 Law firm of contril	putor's spouse (if any)	
13 If contributor is	a child, law firm of parent(s) (if any)	***************************************		***************************************
0127/14	Full name of contributor Dut-of-state PAC (ID# Contributor address; City; State: Zip Code 439 Bermuch Pl. Corpus Christ TX	18411	Amount of In-kind contribution (\$) description (if applice	able)
Contributor's p	rincipal occupation Employed	Contributor's job	(If travel outside of Texas, complete Schedutitle	ile T)
	s a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if any)	
Glanly	Full name of contributor Dout-of-state PAC (ID# Mike Puska Contributor address; City: State: Zip Code 3916 (Notes) Cor Pus Christ H TX 78	41D	Amount of contribution (\$) In-kind contribution description (if application)	
A CONTRACTOR OF THE CONTRACTOR	principal occupation ounty Countsstave employer/law firm	Contributor's job	(If travel outside of Texas, complete Schedititle	ule T)
lf contributor i	s a child. law firm of parent(s) (if any)			5

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME		The control of the second of the second the second second of the second second of the	3 ACCOUNT # (Et	hics Commission Filers)
	Imothy Jordan McCo			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
4/26/9	5+λΝ Κοχ 6 Contributor address; City; State; Zip Code 412 ΟυΙ ΡΙΛΙΝ		343,70	
	Corpus Christi Tax	78401	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	orincipal occupation	10 Contributor's job	title	
LP	NO TIEN	LA	MAND	
11 Contributor's e	employer/law firm	12 Law firm of contri	butor's spouse (if any	()
	Sel	li l		
13 If contributor is	s a child, law <mark>(i)</mark> rn of parent(s) (if any)	ii		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
	<u> </u>		(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 contributoroul-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)				

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Texas Ethics Commiss	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
LOANS (JI	JDICIAL)		S	SCHEDULE E (J)
The Inst	ruction Guide explains how to	complete this form.	1 Total pages Sche	edule E(J):
2 FILER NAME			3 ACCOUNT#	(Ethics Commission Filers)
	Timothy Me	Coy	· ·	
4 TOTA	AL OF UNITEMIZED LOAN	NS: \$ \$ \$ \$	<u> </u>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
3/4/19	8 Lender address; City;	Mechy		100.00
a financial Institution?	S45 N. Up	ner Broad way " i ti Tit 784.	stellul	10 Interest rate
YO	Corpus Chu	185 II ite:	07	11 Maturity date
12 Lender's Principal	Occupation	13 Lender's Job Ti	tle	
	Horny	At	torns	
14 Lender's Employer	/Law Firm	15 Law Firm of len	der's spouse (if any)	
16 If lender is child, la	w firm of parent(s) (if any)			
17 Description of Coll.	ateral	18 Check if person	al funds were deposi	ited into political account
none				
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
21 Guarantor address; City; State; Zip Code not applicable				
23 Guarantor's Princip	oal Occupation	24 Guarantor's Jol	o Title	
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of gu	arantor's spouse (if a	ny)
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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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<u> </u>	Timothy JordAN MC	<u>0</u>
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
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EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3 5 (Amount (\$)	Payee name Charlic Fox Payee address; City; State; Zip Code 11 Dalphin Corpus Christi Tx	Fees Paracle Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3\5\i\i\i\ Amount (\$) 233.27 PURPOSE	Payee name Charlic Fox Payee address; City; State; Zip Code	Fees Paracle Office sought Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3\5\(\text{i.u}\) Amount (\$) 233.22 PURPOSE OF	Payee name Charlic Fox Payee address; City; State; Zip Code 11 Dalphin Corpus Christi Tx	Fees Paracle Office sought Office held 78401 Description (If travel outside of Texas, complete Schedule T)
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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 Salaries/Wages/C Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor asising Expense Contributions/Donations Made By Strict Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		
	Timothy Jordan I	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/5/14	5 Payee name Charlie Fux	74	
6 Amount (\$)	7 Payee address; City; State; Zip Code	,	
250.60	Compus Churisti Tx	78401	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	WAGES Contrat Labor	Sin	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O	vH		
Date	Payee name		
63/5/14	A CONTRACTOR OF THE CONTRACTOR	CAMS	
Amount (\$)	Payee address; City: State; Zip Code	ieda	
00			
500.00	Austin Tx		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertision Expense	websight	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4/24/14	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
00 00	1737 S. Staples		
89.00	(2000)	County	
PURPOSE	Category (See categories listed at the top of this schedule)	78404	
OF	_ ^	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Muchaising Experso	Supplier For Event	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder pame PH	Office sought Office held	
Date	Payee name		
62714	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
98.00	1737 S. Staples		
PURPOSE	Category (See categories listed at the top of this schedule)	78404	
OF	- 1000 categories listed at the top of this schedule)	Description (Intravel outside of Texas, complete Schedule T)	
EXPENDITURE	Postage Event Expuso	Postner	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro	ntract Labor Ising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense Coan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Trothy Jordan McCoc	4
607 C	5 Payee name Scott (down)	
Amount (\$)	7 Payee address: City; State; Zip Code	
74.35	XT witerA	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Websich Exmeso
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/25/14	office Book	
Amount (\$)	Payee address; City; State; Zip Code	
148.94	Corpus Christi TX	78404
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fort Fundraising	Secolar (in action calculated in toxas), complete our leading in
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date .	Payee name	
10/25/14	office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
42.38	1737 S. Staples	
	Compus Christo TX	78404
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Solicitation	Portner 0
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/24/14	Corpus Christi To	own Club
Amount (\$)	Payee address; City; State; Zip Code	8
354.99	800 N. Shorelins.	
	Corpus Christ: TX 79	8401
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Solicitatin Fudrasm	Food Boverago

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Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

OUTSTAN	IDING LOANS	SCHEDULE L
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Timothy Jordan McCoy	6 previously stemized loans
	5 Lender address: City: State: Zip Code SYC N. Upres Broadway Sta 110 Corpus Christi Tx 78401	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	F F E F F F F F F E F F F F F F F F F F
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	19
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LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
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