### JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

#### FORM JC/OH COVER SHEET PG 1

	The second secon		
The JC/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Timothy	Josdan	Date Received
	NICKNAME LAST	SUFFIX	
	Tim McCoy		FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #: CITY	STATE; ZIP CODE	~ Q.1511 m
MAILING ADDRESS	545 N. Upper Broad wh	1 24.1101	Date Hand-delivered of Postmarked
change of address	Corpus Christi Texas	78401	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt MANA T. BARRIERA  Clerk, County Court, Nueces County, Texas
OFFICEHOLDER PHONE		ENERGON	Date Processed Deputy
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Mrs. LISA	7,	Syamken
	NICKNAME LAST	SUFFIX	
	Nicheals		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE:	ZIP CODE
TREASURER ADDRESS	4941 Greenbrian, (	orpus church	TX
(residence or business)	,		
			78413
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(361) 813 6097		
			≣ -
the second second second second			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded \$500	(officeholder only)  Final report (Attach C/OH - FR)
,		limit	, and report (Maddin Groff - Pity)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	7/1/2014 THROUGH	10/5/	2011
,		7 3	2019
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff	eneral Special
	9/2019		,
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Judge Cou	nty Court At
		LAW NO	nty Court Al
	GOTOPAG	ſ	

2014-129

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

FORM JC/OH COVER SHEET PG 2

			OOVER SHEET PG Z
14 C/OHNAME			15 ACCOUNT # (Ethics Commission Filers)
Timo	thy Jorda	an My and	10 /10000N1 # (Lunes Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OF OFFICE
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	CONTEXT ENDITORES.
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
47 CONTRIBUTION			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$9,932.53
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6347.18
CONTRIBUTION BALANCE	5. TOTAL P OF THE	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 3629.59
18 AFFIDAVIT			
S OF SHARM	CHARLES STANDII Notary Public, State My Commission May 02, 20	true and correct and includes all in under Title 15, Election Code. Expires	perjury, that the accompanying report is formation required to be reported by me
-		Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE		
Sworn to and subs	cribed before m	The state of the s	May, this the
Signature of officer adminis	62	Charles Tex	Notary Pullz  Title of officer administering oath

SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form.  1 Total pages Schedule A(J):			
2 FILER NAME	3 ACCOUNT # (FILL )			
	3 ACCOUNT # (Ethics Commission Filers)			
Timothy Jordan McCay	Windstein Winds of the help their			
4 Date 5 Full name of contributorout-of-state AAC (ID#:	7 Amount of 8 In-kind contribution			
1 1 1 1 1 1 1	contribution (\$) description(if applicable)			
May Micah Hatley				
6 Contributor address; City; State; Zip Code	QL 25			
7/24/14 6 Contributor address; City; State; Zip Code	96.05			
Victoria Tx 71901	(If travel outside of Texas, complete Schedule T)			
9 Contributor's principal occupation	10 Contributor's job title			
filtomey	Aftorny			
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)			
13 If contributor is a child, law firm of parents) (if any)				
13 If contributor is a chird, law firm of parent(s) (if any)				
Date Full name of contributor   Dut-of-state PAC (ID#				
Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)			
111 Brandon Marchall	contribution (\$) description(if applicable)			
Contributor address: City: State: Zin Code	00			
Blilly Brandon Marshall Contributor address; City; State; Zip Code 4209 Olmos Quer Ct.	250.			
1				
Corpus Christi TX 78410	(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation	Contributor's job title			
Firencial Advisor				
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
Sel				
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributorout-of-state PAC (ID#:	Amounted			
75	Amount of In-kind contribution contribution (\$)   description(if applicable)			
2/25/14 Nucles county Republic	au Party.			
8/25/14 Nucles County Republic Contributor address; City State; Zip Code 4539 Corona Ste. #5	\$ 000 P			
4539 COVONA Ste. HG	DOO.			
1	1.2			
Corpus Christi Ta 78	(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation	Contributor's job title			
	3			
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)				
	1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE 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)
	Timothy Jordan McCou		7,0000111# (E	unes commission i hers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	The state of the s		contribution (\$)	description(if applicable)
	Alex Hornoundas		ARTHUR AND RESELVE TO ARTHUR SERVED TO THE SERVED AND ARTHUR AND A	THE CONTRACT OF THE PROPERTY O
Markanta			ā	
B/901,	<b>6</b> Contributor address; City; State; Zip Code		1 96.05	
	Alex Hernandez  6 Contributor address; City; State; Zip Code  101 W. Goodwan Str. 909		1000	
	11 1			
	Victoria, TX 77101		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job		
A	Horney	Atto	rnel	
	mployer/law firm	12 Law firm of contri		۸
LAW .		12 Law min or contar	butor's spouse (ii arr	y)
13 If contributor is	s a child, law film of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	· ·	Amount of	la life de a salella di
Date	T difficience of contributorout-of-state PAC (ID#:	)	contribution (\$)	In-kind contribution description(if applicable)
1.1.	Jack Nolde		contribution (v)	description(ii applicable)
8/18/14	Jack Nichols		0	
•	Contributor address; City; State; Zip Code		50,00	I.
	7504 Brecesco		٠ مر	
		-61. [		P.
	Corpus Christi. TX	76919	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
0	normalist		Thormore	1
	mployer/law firm		butor's spouse (if any	Δ
	<. \( \)	Law milition contin	butor's spouse (ii arr	<i>n</i>
16	300			
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	5	Amount of	In-kind contribution
			contribution (\$)	description(if applicable)
r 1	Eddo Wormon		20.78	
olachia	Contributor address: City: State: Zin Code	********		
0/0 1111	Out is City, State, Zip Code		100,00	
	Contributor address; City; State; Zip Code 711 No. Carrancohura		100 .	Į.
	Corpus Cluret: TX 78	ioni		
		, (01	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
01	Operator	Oper	afor	
Contributor's e	mployer/law firm	Law firm of contril	outor's spouse (if any	()
	60L		, , , , , , , , , , , , , , , , , , ,	5.5.
If contributor is	a child, law firm of parent(s) (if any)			
ii contributoris	a sima, raw men or 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.

# SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	1 Total pages Schedule A(J):	
2 FILER NAME			3 ACCOUNT # (Et	thics Commission Filers)	
T	5 Full name of contributor   Dut-of-state PAC (ID#_	1			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
8/28/14	Republican Porty of 7 6 Contributor address; City; State; Zip Gode 1108 LAVART. Ste. 500	incs	contribution (\$)	description(if applicable)	
	Austin, "TX 78701		(If travel outside	of Texas, complete Schedule T)	
9 Contributor's pr	rincipal occupation	10 Contributor's job		or rexas, complete scriedule 1)	
11 Contributor's er	mployer/law firm	12 Law firm of contri	butor's spouse (if any	/)	
		. Horana			
13 If contributor is	a child, law firm of parent(s) (if any)				
		- The section of the		- Maria	
Date	Full name of contributorout-of-state PAC (ID#;	)	Amount of	In-kind contribution	
	1)		contribution (\$)	description(if applicable)	
B128/14	Contributor address; City; State; Zip Code PO BOX 27006	. Money.	1000 00		
	Corpus Christi TX 784	J-7	(If travel outside	of Texas, complete Schedule T)	
Contributor's pr	rincipal occupation	Contributor's job			
Contributor's er	mployer/law firm	Law firm of contri	butor's spouse (if any	')	
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	
	1 odl - 2 1 - 2 1	0	contribution (\$)	description(if applicable)	
alistia	Himbry + 12th SOR U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1		
10N1 377-9	Contributor address; City; State; Zip Code		\$ 500.00		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Corpus Christi TX 784	01	(If travel outside	of Texas, complete Schedule T)	
	rincipal occupation	Contributor's job			
	a Firm	Afte	racys		
Contributor's er	mployer/law firm	Law firm of contri	butor's spouse (if any	)	
If contributor is	a child, law firm of parent(s) (if any)		The second secon		

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

### SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A(J):	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Time	thy Jordan HKoy		N 1	,	
4 Date	5 Full name of contributorout-of-btate PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
1 1	6 Contributor address; City; State; Zip Code				
9/12/14	6 Contributor address; City; State; Zip Code		\$ 5200° 90		
			2,300	  -	
	corps Chwisti TX	B405	(If travel outside	of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation			100000000000000000000000000000000000000	
	orney	12 Law firm of contri	rney		
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	у)	
Se					
13 If contributor is	a child, law firm of parent(s) (if any)		The state of the s	- Contract C	
Date	Full name of contributor Out-of-state PAC (ID#:	Ĭ,	Amount of	In-kind contribution	
	A -		contribution (\$)	description(if applicable)	
	Gary Hall				
glalit	Contributor address; City; State; Zip Code		. 50		
11.50	Contributor address; City; State; Zip Code 400 MANN St.		100,00		
		5			
	Corpus Christi TX	78401	(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job			
	Attorney	Att	orney		
	mployer/law firm	Law firm of contributor's spouse (if any)			
	zlf				
If contributor is	a child, law firm of parent(s) (if any)				
			and the second second		
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	el coire a Mint de		contribution (\$)	description(if applicable)	
, 1.u	and west news		-	I	
alaly Contributor address; City; State; Zip Code			B2500.00	1	
,			-0300.	<u> </u>	
	Corpus Chursti Tx 786	113			
			(If travel outside	of Texas, complete Schedule T)	
M. 70.	rincipal occupation	Contributor's job	title		
	Student				
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	y)	
	300				
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.

## SCHEDULE A (J)

		The second secon		****
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
110	nothy Jordan HECOY			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9/25/14	Tohr Bandreaux  6 Contributor address; City; State; Zip Code  8 N. Main St		\$ 240,43	
"	Kingwood TX 77339		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job		- The state of the
4	Horney	Alla	ray	
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	()
	5el		- Markabasa	NAME AND ADDRESS OF THE PARTY O
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	Texas onc	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Austin TR 78701	,-0		of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)	The second secon	A STANCE OF THE	
Date	Full name of contributorout-of-state PAC (ID#:	<u> </u>	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Tours consists School (1. T.)
Contributor's n	rincipal occupation	Contributor's job		of Texas, complete Schedule T)
		Contributors Job	uue	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	<b>()</b>
If contributor is	a child, law firm of parent(s) (if any)			
	The state of the s			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (J	UDICIAL)			SCHEDULE E (J)
The Ins	truction Guide explains how to complete th	is form.	1 Total pages Sc	chedule E(J):
2 FILER NAME			3 ACCOUNT #	Et (Ethics Commission Filers)
	AL OF UNITEMIZED LOANS: \$	D D D	D D	\$
5 Date of loan  6 Is lender a financial Institution?	7 Name of lender out-o  Trocolly MCCoy  8 Lender address; City; State; Zip  545 N. Upper Broad  Corpus Chursh Ta 7	Code  Ey07		9 Loan Amount (\$)  # 1700 60  10 Interest rate  N/A  11 Maturity date
12 Lender's Principal	Occupation	13 Lender's Job Title	Э	NIL
14 Lender's Employer	Law Firm	15 Law Firm of lende	er's spouse (if any	)
	w firm of parent(s) (if any)		8	
17 Description of Colla	teral	18 Check if personal	funds were depos	sited into political account
19 GUARANTOR INFORMATION  not applicable	20 Name of guarantor  21 Guarantor address; City; State	e; Zip Code		22 Amount Guaranteed (\$)
23 Guarantor's Principa	al Occupation	24 Guarantor's Job T	itle	
25 Guarantor's Employ	er/Law Firm	26 Law Firm of guara	antor's spouse (if a	ny)
27 If guarantor is child, law firm of parent(s) (if any)				
lf lender	ATTACH ADDITIONAL COPIES O is out-of-state PAC, please see instruct	F THIS SCHEDULE A	S NEEDED onal reporting	requirements.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense Tread Instruction Guide explains how to	Contract Labor Loan Repaym draising Expense Transportation Expense Contributions/I (Rental Expense	ent/Reimbursement Equipment & Related Donations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Timothy Jordan McCo		UNT # (Ethics Commission Filers)
7/15/14	5 Payee name ( Depot	(	
6 Amount (\$)	7 Payee address; City; State; Zip Code 1737 S. Shaples		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
EXPENDITURE	Office overhead	Check if Austin, TX, officeho	older living expense
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
25.06	11,7, Talle, Epocac		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside	cro cro
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehold name	Check if Austin, TX, officeho	Office held
Date	Payee name		
814114	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Activitising Exercise	Description (If travel outside Page Promot	60
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder hame	Office sought	Office held
Date	Payee name		
8 14 14 Amount (\$)	Payee address; City; State; Zip Code		
8.94	oity, State, Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food Brusing Francis	Description (If travel outside	*
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Check if Austin, TX, officehol	der living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
			1

1 OLITICAL	- EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solici Expense Solici Food/Beverage Expense Trave Polling Expense Office Printing Expense Office	EGORIES FOR BOX 8(a) ies/Wages/Contract Labor tation/Fundraising Expense I in District I Out Of District Overhead/Rental Expense ins how to complete this form	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 Total pages Schedule F:	2 FILER NAME TOMOTHY JORGAN P	1401	3 ACCOUNT # (Ethics Commission File
4 Date 8/5/14	5 Payee name		
6 Amount (\$)	7 Payee address; City, State; Zi	p Code	
82.76	(a) Category (See categories listed at the top of the	TUXO	
PURPOSE OF EXPENDITURE	schedule)  Servery  See Categories listed at the top of the schedule)  Food Revery  Express	Bock w	
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Check if A	ustin, TX, officeholder living expense
Date	Payee name		
21/2/10	HE3		
Amount (\$)	Payee address: City: State; Zing 333 S. Alamed a	p Code	
9,90	Corpus Christia To	Image: control of the	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	2	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sough	slin, TX, officeholder living expense t Office held
Date Bloky	Payee name		
Amount (\$)	Payee address; City, State, Zip	Code	
9,85	Corpus Christi	TA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food Reversed B	Head.	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	stin, TX, officeholder living expense Office held
Date	Payee name		
8/7/14	Face book		
Amount (\$)	Payee address; City; State; Zip	Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Candidate / Officeholder name	Promo	Altr stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS A	NEEDED
		40000	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Office Overhead, Printing Expense The Instruction Guide explains how to	Contract Labor Loan Re draising Expense Transpor Expense strict Contribut (Rental Expense	payment/Reimbursement tation Equipment & Related tions/Donations Made By idate/Officeholder/Political Committee enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME TIMOTHY JORDAN MECON	3 A	CCOUNT # (Ethics Commission Filers
4 Date	5 Payee name Victory Store		
6 Amount (\$) 2124.30	7 Payee address; City: State: Zip Code 3200 Sw 30H Sheet	Gran	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel of	outside of Texas, complete Schedule T)
P. Complete Child Is a	Advertising Expense	SignS Check if Austin, TX, or	fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City State; Zip Code		
200.00	Corpus Christi Ta	78412	
PURPOSE OF	Category (See categories listed at the top of this schedule)		utside of Texas, complete Schedule T)
Complete ONLY if direct	Consulting Expense Candidate / Officeholder name		iceholder living expense
expenditure to benefit C/C	PH	Office sought	Office held
Date	Payee name		
Amount (\$)	Victory Store		
837.05	Payee address; City, State; Zip Code 5200 SW 30H Street Daven port Jours 528		
PURPOSE	Category (See categories listed at the top of this	Description W.	
OF EXPENDITURE	Advertising Experse	Sans	Ships of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date G 2	Payee name  Darty City		
\$ b5.07	Payee address; City State, Zip Code  SPIO  Corpus Chrish 18404		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel ou	tside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Check if Austin, TX, office	DUADITE S
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	)

	- ENDITORES	SCHEDULE
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solicitation/Fur Expense Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Office Overhea Printing Expense The Instruction Guide explains how to	s/Contract Labor Indraising Expense ot
1 Total pages Schedule F	2 FILERNAME TWOTHY JORD MC	3 ACCOUNT # (Ethics Commission
4 Date 9/2/14	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 7
OF EXPENDITURE	Advertising Expense	Page Promotion  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 9 3 1 4	Payee name  CLAUCE	
Amount (\$)	Payee address; City: State: Zip Code 4855 5. Alamed A Ste ZoZ	
PURPOSE OF	Carps Christ Ty 7841; Category (See categories listed at the top of this schedule)	
EXPENDITURE	Event Expuse	Exect Bootle Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/(	Candidate / Officeholder name DH	Office sought Office held
Date 9/8/14	Payee name Victory Store	
Amount (\$)	Payee address; City: State; Zip Code 5200 Sw 30th Street Dave purt Jour 528	- A-72
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office older name	Check if Austin, TX, officeholder living expense Office sought Office held
Date	Payee name	
9(18)14 Amount (\$)	Russo Italian Kitche	
51.36	Payee address; City, State: Zip Code Ley 18 5. Staples St. Corpus Charlet TV DOWN	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food Beverage Expess	Exect Mod Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nume	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

			W		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Gu	RE CATEGORIES FO Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Rer Lide explains how to cor	ntract Labor sing Expense t ntal Expense		ment & Related  ns Made By older/Political Committee
1 Total pages Schedule F:	2 FILERNAME Togothy MC	Coy		3 ACCOUNT #	(Ethics Commission Filers
9/11/14	5 Payee name		E)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code			***************************************
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at schedule)  Advertising Sex Categories listed at schedule)	the top of this	Pos	(If travel outside of Texa	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nar	ne	Office sough	ustin, TX. officeholder livin rt	Office held
Date Plisti4	Payee name  Victory Stor	-0			
Amount (\$)	5 200 Ju 30	State: Zip Code OH Street S2803	>	the decrease with the second s	
PURPOSE OF EXPENDITURE	Category (See categories listed at to schedule)  Advertising	he top of this	Description	(If travel outside of Texas 9NS - Shirt stin, TX, officeholder living	-k
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	ne	Office sought		Office held
Date 72314 Amount (\$)	Payee name Meadow Brook	Mardware			
23,5%	Payee address: City. S 4719 S. Alkane de Corpus Chrosti				
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)  Advectory Company Co	ne top of this	Sicia	(If travel outside of Texas	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	ne	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	tate; Zip Code			
77.12	545 N. Upner B	Broadway.			
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)	e top of this	Description T	(If travel outside of Texas	complete Schedule T)
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	ATTACH ADDITIONAL C	OPIES OF THIS SCI	HEDULE AS I	NEEDED	
	M.				

	- LVI FIADITOKES		SCHEDULE
	EXPENDITURE CATEGORIE	S FOR BOX 9(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solicitation/Fur Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	of Contract Labor Loan Rej draising Expense Transport Expense district Contribution d/Rental Expense	payment/Reimbursement ation Equipment & Related cons/Donations Made By date/Officeholder/Political Comm enter a category not listed above
Total pages Schedule F	2 FILER NAME	and the state of t	CCOUNT # (Ethics Commission
Date	5 Payee name	·	
9 29 14 Amount (\$)	Meuclow Brook Harch	DALO	
34,25	4719 S. Alameda		312
PURPOSE	(a) Category (See categories listed at the top of this	(b) Description (if Iravel o	utside of Texas, complete Schedule 1
OF EXPENDITURE	Adventising Expense	Dign S	upplies
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
)ate	Payee name		
olila	Roland Villerreal		
mount (\$)	Payee address; City: State; Zip Code		
500.00	Corpos Christi TV	7840>	
PURPOSE	Category (See categories listed at the top of this schedule)	7	tside of Texas, complete Schedulc T
OF EXPENDITURE	Contract Labor.	Check if Justin, TX, offi	circ
omplete <u>ONLY</u> if direct openditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ate	Payee name		
0/2/14	Facebook		
mount (\$)	Payee address; City; State; Zip Code	1015.116	
25,66			
PURPOSE OF	Category (See categories listed at the top of this schedule)		side of Texas, complete Schedule T)
XPENDITURE	Africation Exporce	Check if Austin, TX, office	eholder living expense
mplete <u>QNLY</u> if direct penditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
ite	Payee name		
0/2/14	Victory Stone		
nount (\$)	Payee address; City; State; Zip Code		
165.75	5200 Sw. 30th Street		
	Category (See categories listed at the top of this	Danisi	
PURPOSE		Description (If travel out	side of Texas, complete Schedule T)
PURPOSE OF XPENDITURE	schedule)		1)
	Candidate / Officeholder name	Check if Austin, TX, office	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to a	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee			
1 Total pages Schedule F:	2 FILERNAME TIMOTHY Torday MCC	3 ACCOUNT # (Ethics Commission Filers			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code	V			
159.57	cc. TX 78412				
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	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Carrette Compositorada Marrio	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Check if Austin, TX, officeholder living expense  Office sought  Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code	6			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



OUTSTAN	IDING LOANS	SCHEDULE <b>L</b>		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:		
2 FILER NAME	Timothy Jodan McCoy	3 ACCOUNT # (Ethics Commission Filers)		
LENDER INFORMATION	1 Mothy Todan May  4 Name of lender  Timothy Tordan May  5 Lender address; City; State; Zip Code  TTN. Upper Broadway Stall 17  CC TX 78407	le premastr temized (ours		
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				