

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: 116
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Timothy LAST	MI Jordan SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 545 N. Upper Broadway St. 1101 Corpus Christi TEXAS 78401	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 244 3874	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST LISA LAST	MI J. SUFFIX
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 (361)	PHONE NUMBER 813 6097	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2014 10 / 5 / 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	

OFFICE USE ONLY

Date Received

FILED FOR RECORD
AT 9:15 AM

Date Hand-Delivered & Postmarked
OCT 06 2014

Received by
DIANA T. BARRERA
Clerk, County Court, Nueces County, Texas

Date Processed
Deirdre

Date Imaged
Stamken

GO TO PAGE

2014-129

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Timothy Jordan McCoy

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

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)

\$ *9,932.53*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *6347.18*

CONTRIBUTION BALANCE

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

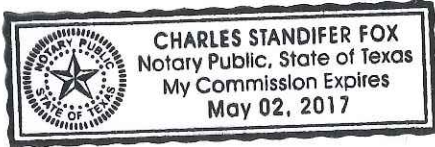
\$ *9042.67*

OUTSTANDING LOAN TOTALS

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

\$ *3629.59*

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Jordan McCoy, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]

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):

5

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/24/14

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

Micah Hatley

7 Amount of contribution (\$)

96.05

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

405 N. Craig

Victoria TX 77901

(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 Employed

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

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

Date

8/11/14

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

Brandon Marshall

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4209 Olmos River Ct.

Corpus Christi TX 78410

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Financial Advisor

Contributor's job title

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

8/25/14

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

Nueces County Republican Party

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4539 Corona Ste. #5

Corpus Christi TX 78411

(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): 5	
2 FILER NAME <i>Timothy Jordan McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/22/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alex Hernandez</i>	7 Amount of contribution (\$) <i>\$96.05</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>101 W. Goodwin St. 909 Victoria, TX 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>Law Office of Alex Hernandez</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>8/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jack Nichols</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7506 Brecesco Corpus Christi, TX 78414</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Pharmacist</i>		Contributor's job title <i>Pharmacist</i>	
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>8/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eddie Wormeer</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>711 N. Carancahua Corpus Christi, TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Oil Operator</i>		Contributor's job title <i>Operator</i>	
Contributor's employer/law firm <i>Self</i>		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): 5	
2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republican Party of Texas	7 Amount of contribution (\$) \$ 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1108 LAVERG. STE. 500 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/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 8/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Republican Women	Amount of contribution (\$) \$ 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 270064 Corpus Christi TX 78427		(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 9/6/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony + Peterson LLP	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 N. Water St. Corpus Christi TX 78401		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Law Firm		Contributor's job title Attorneys	
Contributor's employer/law firm Anthony + Peterson		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): 5	
2 FILER NAME <i>Timothy Jordan McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/12/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LISA NICHOLS</i>	7 Amount of contribution (\$) <i>\$2500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>400 SPID Ste. 102 Corpus Christi TX 78405</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>Self</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>9/11/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Hall</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 MAWNS St. Corpus Christi TX 78401</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>9/11/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virginia Nichols</i>	Amount of contribution (\$) <i>\$2500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4941 Greenbriar Corpus Christi TX 78413</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Student</i>		Contributor's job title	
Contributor's employer/law firm <i>Self</i>		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): 5	
2 FILER NAME <i>Timothy Jordan McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bandreux</i>	7 Amount of contribution (\$) <i>\$240.43</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8 N. MAIN ST KINGWOOD TX 77339</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>self</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>10/2/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Republican Party of Texas CRC</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1108 LAVACA ST. SUITE 500 AUSTIN TX 78701</i>		(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):

1

2 FILER NAME

Timothy Jordan McKey

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

9/19/14

7 Name of lender

Timothy McKey

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$ 1500.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

545 N. Upper Broadway Ste. 1101
Corpus Christi TX 78407

10 Interest rate

N/A

11 Maturity date

N/A

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Self

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 Check if personal funds were deposited into political account

19 GUARANTOR INFORMATION

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 7		2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers) 8	
4 Date 7/15/14		5 Payee name Office Depot			
6 Amount (\$) 109.86		7 Payee address; City; State; Zip Code 1737 S Staples C.C. TX 78401			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/1/14		Payee name Facebook			
Amount (\$) 25.06		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Page Promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/4/14		Payee name Facebook			
Amount (\$) 10.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Page Promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/4/14		Payee name Jack In The Box			
Amount (\$) 8.94		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Meal <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 87	2 FILER NAME Timothy Jordan McCoy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/5/14	5 Payee name Olive Garden
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6 Amount (\$) 82.98	7 Payee address; City, State; Zip Code Corpus Christi, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Block walking meal <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/6/14	Payee name HEB
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Amount (\$) 9.90	Payee address; City, State; Zip Code 3133 S Alameeda Corpus Christi TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/6/14	Payee name Stripes
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Amount (\$) 9.85	Payee address; City, State; Zip Code Corpus Christi TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meal <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/7/14	Payee name Facebook
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Amount (\$) 50.00	Payee address; City, State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 78	2 FILER NAME Timothy Jordan McLean	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/11/14	5 Payee name Victory Store
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6 Amount (\$) 2124.00	7 Payee address; City; State; Zip Code 5200 SW 30th Street Davenport Iowa, IA 52802
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/25/14	Payee name John Consiglio
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Amount (\$) 200.00	Payee address; City; State; Zip Code Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Graphic Design <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name Victory Store
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Amount (\$) 827.05	Payee address; City; State; Zip Code 5200 SW 30th Street Davenport Iowa, IA 52802
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Signs/ Shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name Party City
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Amount (\$) \$125.07	Payee address; City; State; Zip Code SP10 Corpus Christi 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Balloons (Supplies) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 8	2 FILER NAME Timothy Jordan McCoy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/2/14	5 Payee name Facebook
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6 Amount (\$) 223.48	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Page Promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/3/14	Payee name CCAUSE
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Amount (\$) 250.00	Payee address; City; State; Zip Code 4855 S. Alameda St 202 Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Event Booth <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/14	Payee name Victory Store
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Amount (\$) 28.40	Payee address; City; State; Zip Code 5200 SW 30th Street Davenport Iowa 52802
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/10/14	Payee name Russo Italian Kitch
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Amount (\$) 51.36	Payee address; City; State; Zip Code 6418 S. Staples St. Corpus Christi TX 78403
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Event Meal <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 78	2 FILER NAME Timothy McLoey	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/11/14	5 Payee name USPO
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6 Amount (\$) 22.75	7 Payee address; City; State; Zip Code Post office
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postnet <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/14	Payee name Victory Store
------------------------	------------------------------------

Amount (\$) \$1100.55	Payee address; City; State; Zip Code 5200 SW 30th Street Davenport Iowa 52802
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Signs / Shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/14	Payee name Meadow Brook Hardware
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Amount (\$) 33.58	Payee address; City; State; Zip Code 4719 S. Alameda Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/14	Payee name Jose Martinez
------------------------	------------------------------------

Amount (\$) 77.12	Payee address; City; State; Zip Code 545 N. Upper Broadway. C.C. TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) T Post Reimbursed <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Timothy Jordan Helay	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/29/14	5 Payee name Meadow Brook Harbinger
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6 Amount (\$) 36.25	7 Payee address; City; State; Zip Code 4719 S. Alameda Corpus Christi TX 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sign Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/14	Payee name Roland Villarreal
------------------------	----------------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Sign Labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/14	Payee name Facebook
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Amount (\$) 25.66	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Page Promotion <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/14	Payee name Victory Stone
------------------------	------------------------------------

Amount (\$) \$265.75	Payee address; City; State; Zip Code 5200 SW. 30th Street Davenport Iowa 52802
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Kookies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **78** 2 FILER NAME: **Timothy Jordan McCoy** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **10/2/14** 5 Payee name: **HEB**

6 Amount (\$): **159.57** 7 Payee address; City; State; Zip Code: **4320 S Alameda CC. TX 78412**

8 PURPOSE OF EXPENDITURE: **Food Beverage Expense**
 (a) Category (See categories listed at the top of this schedule): **Food Beverage Expense**
 (b) Description (If travel outside of Texas, complete Schedule T): **Even Meals**
 Check if Austin, TX, officeholder living expense

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

Date: _____ 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): _____
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name: _____ 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): _____
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name: _____ 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): _____
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

5 Lender address; City; State; Zip Code

545 N. Upper Broadway Street
CC TX 78407

6 previously itemized loans

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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