

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Timothy MI: Jordan NICKNAME: Tim LAST: McCoy SUFFIX: Jordan	OFFICE USE ONLY Date Received FILED FOR RECORD AT 2:20PM OCT 27 2014 Date Hand-delivered or Postmarked DIANA T. BARRERA <small>Deputy</small> Date Processed Deirdre Date Imaged Syamken	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 244 3874 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Lisa MI: J. NICKNAME: LAST: Nichols 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 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 checked="" 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 10 / 6 / 2014 10 / 27 / 2014		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: 11 / 4 / 2014 <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	

GO TO 2014-149

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH
SUPPORT & TOTALS 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.

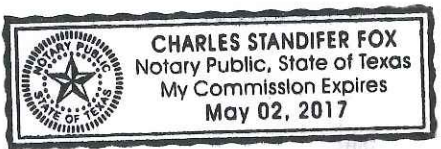
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)	\$ 5590.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10978.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2903.89
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.



[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 20 day of October, 20 14, to certify which, witness my hand and seal of office.

Charles Fox Signature of officer administering oath
Charles Fox Print name of officer administering oath
Notary 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): 4

2 FILER NAME: Timothy Jordan McCoy 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>10/7/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Bergsma</u>	7 Amount of contribution (\$) <u>\$1000.00</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>4117 Acushnet Dr Corpus Christi TX 78413</u>	(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation: Geo physicist 10 Contributor's job title

11 Contributor's employer/law firm: self 12 Law firm of contributor's spouse (if any)

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

Date <u>10/7/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lanette Smith Joubert</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>Po Box 25 Corpus Christi TX 78403</u>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: Attorney 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 <u>10/9/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Irma Pulido</u>	Amount of contribution (\$) <u>150.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>119 Greenway Lane Rockport TX 78382</u>	(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: Legal Secretary 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)

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):

4

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/7/14

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

Cabri Cinales

6 Contributor address; City; State; Zip Code

14134 Palo Seco
Corpus Christi TX 78418

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

self

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

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

Date

10/7/14

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

Phyllis P. Stephenson

Contributor address; City; State; Zip Code

530 DEL MAR BLVD
Corpus Christi TX 78404

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

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

10/7/14

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

John Michael Cameron

Contributor address; City; State; Zip Code

1802 Emma's Island Apt. 135
Corpus Christi TX 78412

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

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

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): 4	
2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grete Mc Bath	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3373 Mavis Dr. Corpus Christi TX 78411		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Diabetes Educator		10 Contributor's job title	
11 Contributor's employer/law firm self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 10/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BFP PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 3309 Corpus Christi TX 78415		(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 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. + Mrs Robert Madon	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 202 Pearl Corpus Christi TX 78411		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Physician		Contributor's job title Cardiologist	
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 4	
2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARY H. TURNER	7 Amount of contribution (\$) 40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5401 Burnham #1852 Corpus Christi TX 78413		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Retired		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 2
2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 12/22/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy McCoy	9 Loan Amount (\$) \$ 1200.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> <input type="radio"/> N	8 Lender address; City; State; Zip Code 545 N. Upper Broadway Street Corpus Christi TX 78401	10 Interest rate
		11 Maturity date
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 <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By 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: <u>4</u>	2 FILER NAME <u>Timothy Jordan McRoy</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>10/11/14</u>	5 Payee name <u>Padre Island Business Branding</u>
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6 Amount (\$) <u>148.00</u>	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) <u>Printing Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Card printing</u> <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 <u>10/16/14</u>	Payee name <u>Corvus 200 fs</u>
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Amount (\$) <u>1200.00</u>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Media Production</u> <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 <u>10/9/14</u>	Payee name <u>Nation Builder</u>
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Amount (\$) <u>\$ 90.63</u>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>websites fees</u> <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 <u>10/8/14</u>	Payee name <u>Conletts</u>
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Amount (\$) <u>\$ 480.00</u>	Payee address; City; State; Zip Code <u>3855 S Alamo Rd Corpus Christi, TX 78411</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Event Expense</u> <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: 4		2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/14		5 Payee name Johnny Contreras			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Event Expense <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 10/14/14		Payee name PCC 2165 / stripes			
Amount (\$) \$68.91		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Const. Travel Sign Placing <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 10/14/14		Payee name Charlie Fox			
Amount (\$) 142.75		Payee address; City; State; Zip Code 417 Dolphin Corpus Christi TX 78401			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/14		Payee name HEB 413			
Amount (\$) \$15.10		Payee address; City; State; Zip Code 3133 S. Alameda CC TX 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Supplies <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: 4	2 FILER NAME Timothy Jordan McCoy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/13/14	5 Payee name Quadrant Productions
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6 Amount (\$) \$1200.00	7 Payee address; City; State; Zip Code 4301 Ocean Drive 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) Media Production <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 10/20/14	Payee name Time Warner Cable
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Amount (\$) \$6272.00	Payee address; City; State; Zip Code 4060 S. Padre Island Drive 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) TU Time <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 10/20/14	Payee name Wtgreens
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Amount (\$) \$36.76	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) Supplier for cards <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 10/20/14	Payee name Oreilly Auto Parts
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Amount (\$) \$17.29	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) Zipties 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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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: 4	2 FILER NAME Timothy Jordan McCoy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/24/14	5 Payee name Bunny Holbein
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6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code South Texas Voice
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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) Print Ad <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 10/25/14	Payee name K111 TV
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Amount (\$) \$ 1007.25	Payee address; City; State; Zip Code 5002 SPID Corpus Christi TX 78411
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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) TU TIME <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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <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

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

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 Ste. 1107
Corpus Christi TX 78401*

*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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED