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:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	11	T 100	
NAME	Mr. /inothy	Jordan	Date Received
	NICKNAME LAST	SUFFIX	FILED FOR RECORD
	Tim MCCoy		AT 220PM
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	<i>J</i> 1.5.2.
OFFICEHOLDER	545 N. Upper Broada	DAY St. 1101	OCT 2 7 2014
MAILING ADDRESS		,	Date Hand-delivered or Postmarked
	Corpus Christi TX 784	01	DIANA T. BARRERA
change of address		0 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Receip Qunty Court, Nueces County, Texas By Deputy
6 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(3m) 244 3874		Bellarc
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged 10 m / Co
TREASURER	Mrs. Lisa	Hange.	
NAME	NICKNAME LAST	SUFFIX	
	Nichols	10	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	4941 Acceptations	c · / -	
ADDRESS (residence or business)	4941 Greenbriar, Corp.	us Christi TX	78413
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(341) 813 6097		
1110112			
9 REPORT TYPE	January 15 20th day before election	Runoff	15th day after campaign
	January 15 30th day before election	Kunon	treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
	Sulf to	limit	I many open to make over 1117
40.00000	9		
10 PERIOD COVERED	Month Day Year	Month Day	Year
JOVENED	io / Le / 2014 THROUGH	10/27/	2014
11 ELECTION	ELECTION DATE ELECTION TYPE		
11 222011011	Month Day Year Primary	Runoff	General Special
	11/4/2014		
	2011		*
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Judge Co	unty Court At
		,	sunty Court At
		CAW No.	7
			10
	GOTC	2014-14	+3

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	- 10		15 ACCOUNT # (Ethics Commission Filers)	
lie	eothy To	rdan McOU		
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			
и 8	GENERAL	S S S S S S S S S S S S S S S S S S S		
additional pages	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$5590,000		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$	
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$ 10978,69			
BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$ 2903.89	
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				
	CHARLES STANDIF Notary Public, State My Commission E May 02, 20	true and correct and includes all in under Title 15, Election Code. of Texas expires	f perjury, that the accompanying report is information required to be reported by me	
		Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAM	IP / SEAL ABOVE			
Sworn to and subs	cribed before m	e, by the said Torolly Torolly H	KCOY , this the	
*		, 20 _ i4, to certify which, witness m		
Signature of officer admini	of Feet	Charles Fox	Notary	
Signature of officer admini	stering datn	Print name of officer administering oath	Title of officer administering oath	

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):			
2	FILER NAME	,		3 ACCOUNT # (E	thics Commission Filers)
	Tim	othy Jordan McCoy		\$200 00-000 \$4000	The state of the
4	Date	Full name of contributor □out-of-state FAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	10/2/14	Michael Bergismas 6 Contributor address; City, State; Zip Code HIT Acushnet Dr		\$1000°00	
		Corpus Christi TX 78			of Texas, complete Schedule T)
9	1000	rincipal occupation	10 Contributor's job	title	
		D physics			
11	Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13	If contributor is	s a child law firm of parent(s) (if any)			
	Date	Full name of contributorout-of-state PAC (ID#:	<u> </u>	Amount of contribution (\$)	In-kind contribution description(if applicable)
	ristoles	Contributor address; City; State; Zip Code		\$100.00	
		60 Box 52		10100	[[
		Corpus (mist) IX 7	8703	(If travel outside	of Texas, complete Schedule T)
		rincipal occupation Horw 9	Contributor's job	title	
	Contributor's e	mployer/law ^l firm	Law firm of contri	butor's spouse (if an	y)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
15	10/11	Trma Pulido Contributor address; City; State; Zip Code		(4)	
10	12/14			150,00	
		119 Greenway long		1200	1
		Mockput Tox 78382		(If travel outside	of Texas, complete Schedule T)
	Contributor's p	rincipal occupation	Contributor's job	title	and the second s
		Legal Secretary			
	Contributor's e	mployer/law firm Sell	Law firm of contril	butor's spouse (if any	у)
	If contributor is	a chile, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

			L. C.
The Instruction Guide explains how to complete th	1 Total pages Sche	dule A(J):	
2 FILER NAME		3 ACCOUNT # (Eth	nics Commission Filers)
Twothy Jordan McCoy			**
4 Date 5 Full name of contributorbut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address: City; State; Zip Code		200.00	
	78418		f Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job	title	
11 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)		In the second se	Annual Control of the
is a solution to a critical law little of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
Phyllis P. Stephenson	S.D.	contribution (\$)	description(if applicable)
Contributor address; City; State; Zip Code 530 DEL MAR BLUC		120,00	
Corous Christi TX	18404	(If travel outside o	f Texas, complete Schedule T)
Contributor's principal occupation A Harrier	Contributor's job		
Contributor's employer/law firm	Law firm of contril	butor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		20000	The second secon
Date Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
Contributor address; City; State; Zip Code	USS	contribution (\$)	description(if applicable)
10(7)(4) Contributor address; City; State; Zip Code	135	a U	
	25	1250.	
Corpus Christi TX	78412		f Texas, complete Schedule T)
Contributor's principal occupation AHEYNO	Contributor's job t	title	
Contributor's employer/law firm	Law firm of contrib	outor'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.

P.O. Box 12070

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 # (E	thics Commission Filers)
	mothy Jordan Mcc	34		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
12/14	6 Contributor address; City; State. Zip Code 3373 MAVIS DV.		contribution (\$)	description(if applicable)
101			4720	
	Corpus Christi TX	78411	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
11 Contributor's en	mployer/law firm	12 Law firm of contri	ibutor's spouse (if an	v)
A = 2	Sel		*	576
13 If contributor is	a chi l d, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of	In-kind contribution
	OFO DAC		contribution (\$)	description(if applicable)
1-14	GFP PAC Contributor address; City; State; Zip Code PD BOX 336 9		ره	104
19/5/1	Contributor address; City; State; Zip Code		1000.00	
*	PO 1803 330 1			
	Corpus Christi Tx	78655	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		or rexas, complete scriedale ()
n (50)				
Contributor's e	mployer/law firm	Law firm of contr	ibutor's spouse (if ar	ny)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	In-kind contribution
	N Mar Oalson L M	n a0.	contribution (\$)	description(if applicable)
10(23/14	Contributor address; City; State; Zip Code	4-C10-7	1.	
10(25)11	2.02 Red.		DIS50.00	
	,			
AND THE RESIDENCE OF THE PARTY	Corpus Christi Tx	78411	(If travel outside	e of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
	hysiciran	Con	diologist	The second secon
Contributor's e	mployer/law firm	Law firm of contr	ibutor's spouse (if ar	ny)
If contributor is	a child law firm of parent(s) (if any)			
		PERMITS III - STEELEN ON THE STEELE STEEL	The state of the s	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

SCHEDULE A(J)

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The Instruction Guide explains how to complete this	form. 1 Total pages Sche	dule A(J):
2 FILER NAME	3 ACCOUNT # (Et	hics Commission Filers)
Timothy Torday McCoy		
4 Date 5 Full name of contributor Dout-of-state PAC ID#	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
10/2-114 MARY H. TURNEY 6 Contributor address; City; State, Zip Code 5401 Burnham #18 Corpus Christi Ty 7	40.00	
5401 Burnham #18	2	
Corpus Claristi Tx 7	(If travel outside	of Texas, complete Schedule T)
Retried	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 contributorout-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	or rexas, complete scriedule 1)
Contributor's employer/law firm	Law firm of contributor's spouse (if an	/)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributorout-of-state PAC (ID#:		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 an	y)
If contributor is a child, law firm of parent(s) (if any)		***************************************
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (J	IUDICIAL)
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SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Sche	edule E(J):
2 FILER NAME		3 ACCOUNT #	(Ethics Commission Filers)
Timothy Jordan MCLON	4		
TOTAL OF UNITEMIZED LOANS:	(⇒ ⇒ ⇒	다 다	\$
F			9 Loan Amount (\$)
6 Is lender a financial Institution? 8 Lender address; City; State; Zip of State St	Code lwm Stella		10 Interest rate
Y @ Corpus Chrost TX 7	1648		11 Maturity date
12 Lender's Principal Occupation	13 Lender's Job Title	9	
Attorney	AH	orney	
14 Lender's Employer/Law Firm	15 Law Firm of lende	er's spouse (if any)	9 1
(g)			
16 If lender is child, law frm of parent(s) (if any)			
17 Description of Collateral	18 Check if personal	funds were deposi	ted into political account
none			
19 GUARANTOR INFORMATION 20 Name of guarantor		V	22 Amount Guaranteed (\$)
21 Guarantor address; City; State; Zip Code			
23 Guarantor's Principal Occupation	24 Guarantor's Job	Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guar	antor's spouse (if a	ny)
27 If guarantor is child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(512) 463-5800

POLITICAL EXPENDITURES

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/Co Expense Solicitation/Fundra		
Accounting/Banking Consulting Expense	Legal Services Travel In District	Expense	
Event Expense	Food/Beverage Expense Travel Out Of Distri	Candidate/Officeholder/Political Committe	ее
Fees	Printing Expense Office Overhead/Re Printing Expense The Instruction Guide explains how to oc	OTHER (enter a category not listed above)	
4 T. I O. l J. I E.		3 ACCOUNT # (Ethics Commission File	ore)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ettiles Commission Tile	013)
4 Date	5 Payee name		
1 121,4		0:	
6 Amount (\$)	7 Payee address; City; State; Zip Code	0	
(A)			
148,00			_
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Diskon Franco	Check if Austin, TX, office rolder living expense	
	Candidate / Officeholder name	Office sought Office held	-
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	
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OF EXPENDITURE	Adventising it voe in so	Check if Austin, TX, officeholder living expense	
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Date A 1	Payee name		
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7 70,00			
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OF EXPENDITURE	Advertising Elmice	Check if Austin, TX, officeholder living expense	
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Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Cinice field	
Date	Payee name		
10/8/14	Carletts		
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100	Corpus Churt; 9x 78411		
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OF EXPENDITURE	E. la. 1 E. a.	Check if Austin, TX, officeholder living expense	
10.00 10.00	Condidate / Officeholder name	Office sought Office held	
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/C	TO OF AMERICAN AND CONTRACTOR OF
Accounting/Banking	Expense Solicitation/Fundr	
Consulting Expense	Legal Services Travel In District	Expense
Event Expense	Food/Beverage Expense Travel Out Of Dist	trict Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F	Telital Expelise
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1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name	204
4 Date	6 Payee name	•
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6 Amount (\$)	7 Payee address; City; State; Zip Code	
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8 PURPOSE	schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
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1.4/19	Martin En	
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	-7 CO TT. CAVO.	
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10/4/14	HEB 413	
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	CC TX 78412	
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POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to a	contract Labor aising Expense rict Central Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
d Tables and O. I. I. I.		
1 Total pages Schedule F:	2 FILER NAME TIMOThy Jordon Mcc	3 ACCOUNT # (Ethics Commission Filer
4 Date	6 Payee name (Qua durant Parduc fi	26.20
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1200,00	Grans Christ TX 78412	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date .	Payee name	
10/20/14	Time worner Colo	
Amount (\$)	Payee address; City; State; Zip Code	
¥ 6272,30	Corpus Christ TX 184	
	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)
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	Hover 1912 Expers	Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
		9
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense		According to the first term of	With the control of t
Accounting/Banking	Eynense	es/Wages/Contract Labor	Loan Repayment/Reimbursement
	Legal Services	ation/Fundraising Expense	Transportation Equipment & Related
Consulting Expense	Food/Reverage Eynense	In District	Expense
Event Expense	Polling Evnence	Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office	Overhead/Rental Expense	
	The Instruction Guide explai	ns how to complete this form	OTHER (enter a category not listed above)
1 Total pages Schedule F:		- Automatic - Inc.	
I Total pages Schedule F.	2 FILER NAME	-	3 ACCOUNT # (Ethics Commission Filers)
14	Timothy Jordan 1	14	
4 Date	6 Payee name		
		10	
10 24 14	Fury Holbein		
6 Amount (\$)	7 Payee address; City; State; Zi	Code	
~	South Terros Voice		
1 200.			
<i>U</i> -		····	
8 PURPOSE	(a) Category (See categories listed at the top of the	is (b) Description	(If travel outside of Texas, complete Schedule T)
OF	schedule)	PRINTY	4
EXPENDITURE	Advisations Experso		
	The sea is in a contract	Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C	DH		
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zi	p Code	
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7 100 1.20	Corpus Christi TX	72411	
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Date	Payee name		
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Amount (\$)	Payee address; City; State; Zir	Code	
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Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C	ЭН		Office field
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EXPENDITURE		Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	***	
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P.O. Box 12070

OUTSTANDING LOANS		SCHEDULE L
The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Timothy Torday MCCar.	
LENDER INFORMATION	1 Imothy Jordan McCoy 4 Name of lender Throthy Jordan McCoy 5 Lender address; City; State; Zip Code	le previously
	SUF N. Upper Broadway Str. 1127 Corpus Churchi Tet 78401	itemical looms
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	
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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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