

# 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:  <div style="text-align: center; font-size: 2em;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Timothy                      Jordan NICKNAME                      LAST                      SUFFIX  McCoy	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.5em; color: red;">JAN 15 2015</div> KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>Rodriguez</u> DEPUTY Date Hand-delivered or Postmarked Receipt #                      Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 545 N. Upper Broadway Ste. 1101 Corpus Christi TX 78401		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (361) 244 3874		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mrs.                      Lisa NICKNAME                      LAST                      SUFFIX  Nichols		
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                      PHONE NUMBER                      EXTENSION (361) 813 6097		
9 REPORT TYPE	<input checked="" 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 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 / 28 / 2014                      1 / 15 / 2015		
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) Judge County Court At Law No. 5	13 OFFICE SOUGHT (if known) Judge CC5		

GO TO PAGE 2

2015-024

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

**FORM JC/OH  
COVER SHEET PG 2**

14 C/OH NAME Timothy 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)

\$

9500.00

EXPENDITURE TOTALS

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

\$

479.00

4. TOTAL POLITICAL EXPENDITURES

\$

12388.63

CONTRIBUTION BALANCE

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

\$

15.00

OUTSTANDING LOAN TOTALS

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

\$

13129.59

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Timothy J. McCoy, this the 15<sup>th</sup> day of January, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Rosalva Turincio

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>3</b>
2 FILER NAME <b>Timothy J. McCoy</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>12/30/15</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Timothy McCoy</b>	9 Loan Amount (\$) <b>4700.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>545 N. Opie Broadway Ste. 1101 CC TX 78401</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Lender's Principal Occupation <b>Attorney</b>		13 Lender's Job Title <b>Attorney</b>
14 Lender's Employer/Law Firm <b>Self</b>		15 Law Firm of lender's spouse (if any) <b>—</b>
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input 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.

## LOANS (JUDICIAL)

## SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>3</b>
2 FILER NAME <b>Timothy McCoy</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <b>10/30/14</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Timothy McCoy</b>	9 Loan Amount (\$) <b>600.00</b>
6 Is lender a financial institution?  Y    N	8 Lender address;    City;    State;    Zip Code <b>545 N. Upper Broadway St. 1101 CC TX 78401</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Lender's Principal Occupation <b>Attorney</b>		13 Lender's Job Title <b>Attorney</b>
14 Lender's Employer/Law Firm <b>Self</b>		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 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)		

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If lender 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): <b>3</b>
2 FILER NAME <b>Timothy McCoy</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>12/3/14</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Timothy McCoy</b>	9 Loan Amount (\$) <b>\$4200.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address;   City;   State;   Zip Code <b>545 N. Uppen Broadway Ste. 1101 CC. TX 78401</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Lender's Principal Occupation <b>Attorney</b>		13 Lender's Job Title <b>Attorney</b>
14 Lender's Employer/Law Firm <b>Self</b>		15 Law Firm of lender's spouse (if any) <b>—</b>
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral  <input type="checkbox"/> none		18 Check if personal funds were deposited into political account  <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input 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)		

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 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Timothy McCoy</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>10/27/14</i>	<b>5</b> Payee name <i>CUS</i>	
<b>6</b> Amount (\$) <i>21.88</i>	<b>7</b> Payee address; City; State; Zip Code <i>2328 Glazebrook. CC TX</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Zip ties and Note</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Date <i>10/30/14</i>	Payee name <i>KIII TV</i>	
Amount (\$) <i>1007.75</i>	Payee address; City; State; Zip Code <i>SPIO</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>TU Time</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete ONLY if direct expenditure to benefit C/OH		
Date <i>10/30/14</i>	Payee name <i>Magic 105</i>	
Amount (\$) <i>1170.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Radio Times</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete ONLY if direct expenditure to benefit C/OH		
Date <i>10/30/14</i>	Payee name <i>Sports Radio CC</i>	
Amount (\$) <i>495.00</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Radio Time</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials  
Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related  
Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Timothy McCoy</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/3/14</i>	5 Payee name <i>Meadowbrook Hardware</i>
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6 Amount (\$) <i>36.56</i>	7 Payee address; City; State; Zip Code <i>Alameda, CC, TX 78412</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Zip Ties for Signs</i> <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 <i>11/3/14</i>	Payee name <i>Stripes PCC</i>
------------------------	----------------------------------

Amount (\$) <i>73.03</i>	Payee address; City; State; Zip Code <i>Corpus christi TX</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel In District</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fuel</i> <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
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Date <i>11/3/14</i>	Payee name <i>Stripes</i>
------------------------	------------------------------

Amount (\$) <i>8.49</i>	Payee address; City; State; Zip Code <i>Corpus christi TX</i>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Markers for Signs</i> <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 <i>11/3/14</i>	Payee name <i>Wha hamburger</i>
------------------------	------------------------------------

Amount (\$) <i>7.51</i>	Payee address; City; State; Zip Code <i>Corpus christi TX</i>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>Meat</i> <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
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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:		2 FILER NAME <i>Timothy McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/4/14</i>		5 Payee name <i>Cafe Maya</i>			
6 Amount (\$) <i>48.56</i>		7 Payee address; City; State; Zip Code <i>Marqum St, Corpus Christi, TX 78407</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Meal for Sign Crew</i> <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 <i>11/4/14</i>		Payee name <i>Exxon Mobil</i>			
Amount (\$) <i>70.85</i>		Payee address; City; State; Zip Code <i>Corpus Christi TX</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel In District</i>		Description (If travel outside of Texas, complete Schedule T) <i>Fuel</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date <i>11/4/14</i>		Payee name <i>Nation Builder</i>			
Amount (\$) <i>19.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Web site</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date <i>11/12/14</i>		Payee name <i>KH11</i>			
Amount (\$) <i>531.25</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>TU Time</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Timothy McCoy</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>12/15/14</i>	<b>5</b> Payee name <i>Nation Builder</i>	
<b>6</b> Amount (\$) <i>19.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>websight</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12/31/14</i>	Payee name <i>Cooper Advertising</i>	
Amount (\$) <i>\$4200.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 9431 Corpus Christi TX 78469</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Billboard</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>1/5/15</i>	Payee name <i>Joe Martinez</i>	
Amount (\$) <i>\$2200.00</i>	Payee address; City; State; Zip Code <i>3401 Morgan Ave. Corpus Christi TX 78405</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Sign Labor</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name <i>Charlie Fox</i>	
Amount (\$) <i>2000.00</i>	Payee address; City; State; Zip Code <i>417 Dolphin CC. TX 78401</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Salaries</i> <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>- Labor 2 weeks before election</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 McCoy

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Timothy McCoy

~~to itemize~~

5 Lender address; City; State; Zip Code

545 N. Upper Broadway Ste. 1101  
CC. TX 78701

9 itemized  
loans of  
\$13,291.59

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