

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 / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI <i>Timothy</i> <i>JORDAN</i> NICKNAME LAST SUFFIX <i>Tim</i> <i>McCoy</i>		OFFICE USE ONLY FILED FOR RECORD Date Received <i>AT 4:30P M</i> FEB 03 2014 DIANA T. BARRERA Clerk, County Court, Nueces County, Texas Date Hand Delivered or Postmarked Deputy <i>Deirdre</i> Receipt # <i>Supimken</i> 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 <i>545 N. Upper Broadway Ste. 1101</i> <i>Corpus Christi TX 78401</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 244 3874</i>		
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="checkbox"/> MRS / MR FIRST MI <i>Mrs. Lisa</i> NICKNAME LAST SUFFIX <i>Nichols</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4941 Greenbriar, Corpus Christi TX 78413</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 813-6097</i>		
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 <i>1 / 16 / 2014</i> THROUGH <i>2 / 24 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 4 / 2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Judge County Court At Law Number 5</i>	

GC

2014-061

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2850.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2697.21

CONTRIBUTION BALANCE

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

\$ 3736.38

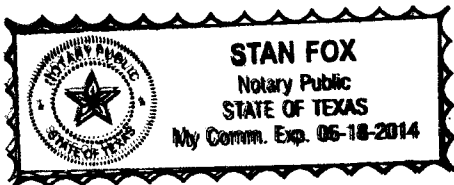
OUTSTANDING LOAN TOTALS

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

\$ 2029.59

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

Timothy Jordan McCoy
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Timothy Jordan McCoy, this the 31st day of February, 20 14, to certify which, witness my hand and seal of office.

Stan Fox
Signature of officer administering oath

STAN FOX
Print name of officer administering oath

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):

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/21/14

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

Lewis and Pierce LLP

6 Contributor address: City: State: Zip Code
302 W. Forrest St. Victoria, Texas
77901

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorneys

10 Contributor's job title

Partner

11 Contributor's employer/law firm

Lewis and Pierce LLP

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

N/A

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

Date

11/28/14

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

Rob Fraiche

Contributor address: City: State: Zip Code
321 Wilshire
Corpus Christi, Texas 78411

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Managing Director Swanton + Gordon

Contributor's job title

Managing Director

Contributor's employer/law firm

Swanton + Gordon

Law firm of contributor's spouse (if any)

N/A

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

Date

11/27/14

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

TRU Resorts INC.

Contributor address: City: State: Zip Code
10754 IH 37 Access North
Mathis Texas 78368

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Sales

Contributor's job title

Owner

Contributor's employer/law firm

TRU Resorts

Law firm of contributor's spouse (if any)

N/A

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):

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

Timothy Jordan McCoy

4 Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

1/24/14

Will Coker

250.00

6 Contributor address; City; State; Zip Code

241 Cape Aaron
Corpus Christi Texas 78412

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation 10 Contributor's job title

Owner / Oilfield

Owner / Manager

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

Self

N/A

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

Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable)

1/24/14

Cody Bates

200.00

Contributor address; City; State; Zip Code

1814 Amos Ct.
Corpus Christi, Texas 78418

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Contributor's job title

President

President

Contributor's employer/law firm Law firm of contributor's spouse (if any)

A+A Bates

N/A

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

Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable)

1/22/14

Larry Iles

\$100.00

Contributor address; City; State; Zip Code

711 N. Cerrochua. St. Ste. 700
Corpus Christi TX, 78415

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Contributor's job title

Attorney

Attorney

Contributor's employer/law firm Law firm of contributor's spouse (if any)

Self

N/A

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):

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

1/21/14

Timothy Jordan McCoy
Norval John Welsh IV

\$ 100.00

6 Contributor address; City; State; Zip Code

426 S. Trenchline
Corpus Christi TX 78401

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

Attorney

Attorney

11 Contributor's employer/law firm

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

Self

N/A

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

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/27/14

Kim Frost
Contributor address; City; State; Zip Code

\$ 250.00

921 Ayers, Corpus Christi
Texas 78404

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Attorney

Attorney

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

Kim Frost PLLC

N/A

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

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/17/14

Simon, Herbert, McClelland & Stiles LLP
Contributor address; City; State; Zip Code

250.00

3411 Richmond Ave. Ste. 400
Houston Texas 77057

(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):

2 FILER NAME

Timothy JORDAN McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/17/14

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

Ann SULLIVAN

6 Contributor address: City: State: Zip Code

P.O. Box 5

Highlands North Carolina, 28741

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Interior Decorator

10 Contributor's job title

President

11 Contributor's employer/law firm

self

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

N/A

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

Date

2/1/14

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

Michael McCauley

Contributor address: City: State: Zip Code

615 S. Upper Broadway St.

Corpus Christi Texas 78401

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

Gary THOMASSON Hall and Marks P.C.

Law firm of contributor's spouse (if any)

N/A

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

Date

2/2/14

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

Alex Hernandez Jr.

Contributor address: City: State: Zip Code

101 W. Goodwin St. 909

Victoria Texas 77901

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Owner

Contributor's employer/law firm

Law office of Alex Hernandez

Law firm of contributor's spouse (if any)

N/A

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 FILER NAME <i>Timothy Jordan McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$
5 Date of loan <i>1/27/14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy J. McCoy</i>	9 Loan Amount (\$) <i>\$11.52</i>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>545. N. Upper Broadway Ste. 1101 Corpus Christi TX 78401</i>	10 Interest rate <i>0.90</i>	
		11 Maturity date <i>N/A</i>	
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>	
14 Lender's Employer/Law Firm <i>Self</i>		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 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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | 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 Jordan McCoy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/22/14</i>		5 Payee name <i>Classic Printing</i>			
6 Amount (\$) <i>\$937.45</i>		7 Payee address; City; State; Zip Code <i>4639 Corona Dr. Corpus Christi, TX 78411</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Cards + Letterhead</i>		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>2/3/14</i>		Payee name <i>Lighthouse Graphics</i>			
Amount (\$) <i>\$1748.24</i>		Payee address; City; State; Zip Code <i>3046 SP1D Corpus Christi Texas 78415</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>Signs</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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)		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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)		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Timothy J. McCoy</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>1/27/14</i>	5 Payee name <i>United States Post office</i>
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6 Amount (\$) <i>\$11.52</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1990 E. Grand Ave. El Segundo CA. 90245</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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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 St. 1101, CC TX 78401

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Timothy Jordan McCoy

Lender address; City; State; Zip Code

545 N. Upper Broadway St. 1101, CC, TX 78401

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Timothy Jordan McCoy

Lender address; City; State; Zip Code

545 N. Upper Broadway St. 1101 CC TX 78401

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Timothy Jordan McCoy

Lender address; City; State; Zip Code

545 N. Upper Broadway St. 1101, CC TX 78401

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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 McLoey

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Timothy Jordan McLoey

5 Lender address; City; State; Zip Code

545 N. Upper Broadway Ste. 1101, CCTX 78401

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