

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: FILED FOR RECORD AT OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX Timothy JOHAN Tim McCoy		Date Received 2:40 P FEB 24 2014 DANA T. BARRERA Clerk, County Court, Nueces County, Texas Deputy [Signature] 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 St. 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 NICKNAME LAST SUFFIX Mrs. Lisa 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 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 2 / 03 / 2014 2 / 24 / 2014		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 3 / 4 / 2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judge County Court At Law Number 5	

GO TO PAGE 2

2014-077

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Timothy Jordan McCloy

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

COMMITTEE NAME

COMMITTEE ADDRESS

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)

\$ 3100.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2202.72

CONTRIBUTION BALANCE

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

\$ 6836.38

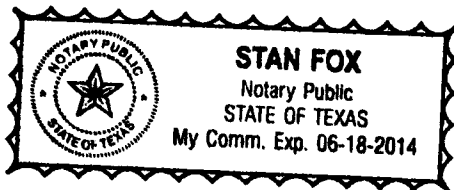
OUTSTANDING LOAN TOTALS

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

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Timothy Jordan McCloy, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

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

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

4 Date 2/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micah Hatley	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 405 N. Craig Victoria, Texas, 77901		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **Attorney** 10 Contributor's job title
In House Counsel

11 Contributor's employer/law firm **Occomer** 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 2/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob A. Prunkop	Amount of contribution (\$) \$ 1250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 Treasure St. Rock port, Texas 78382		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Self Employed** Contributor's job title
Oil and Gas

Contributor's employer/law firm **Self** Law firm of contributor's spouse (if any)
N/A

If contributor is a child, law firm of parent(s) (if any) **N/A**

Date 2/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIVON Natural Resources LLC	Amount of contribution (\$) \$ 1250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18616 CL 2340 bambrock TX 79423		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **N/A** Contributor's job title
N/A

Contributor's employer/law firm **N/A** 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	
2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/12/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theresa Ho	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1414 South Gate Dr. Corpus Christi TX		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Manicurist.		10 Contributor's job title Operator	
11 Contributor's employer/law firm Elegant Nails		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any) N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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): 4
2 FILER NAME Timothy Jordan McClellan		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ↘ ↘ ↘ ↘ ↘ ↘ \$		
5 Date of loan 2/20/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy J. McClellan	9 Loan Amount (\$) \$ 30.26
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code 545 N. Upper Broadway Ste. 1101 Corpus Christi TX 78401	10 Interest rate N/A
		11 Maturity date N/A
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm self		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any) N/A		
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 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): 4
2 FILER NAME Timothy Jordan McCoy		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 2/10/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy J. McCoy	9 Loan Amount (\$) 163.20
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 545 N. Upper Broadway St #1101 Corpus Christi Tx 78401	10 Interest rate N/A
		11 Maturity date N/A
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Self		15 Law Firm of lender's spouse (if any) N/A
16 If lender is child, law firm of parent(s) (if any) N/A		
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 type="checkbox"/> not applicable	20 Name of guarantor	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 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):

4

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

2/18/14

7 Name of lender

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

Timothy J. McCoy

9 Loan Amount (\$)

\$ 45.40

6 Is lender a financial institution?

Y (N)

8 Lender address: City: State: Zip Code

545 N. Upper Broadway Ste. 1101

Corpus Christi 78401

10 Interest rate

N/A

11 Maturity date

N/A

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Self

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

N/A

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

N/A

17 Description of Collateral

none

18 Check if personal funds were deposited into political account

19 GUARANTOR INFORMATION

not applicable

20 Name of guarantor

21 Guarantor address: City: State: Zip Code

22 Amount Guaranteed (\$)

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

4

2 FILER NAME

Timothy Jordan McCoy

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

2/6/14

7 Name of lender

Timothy McCoy

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

9 Loan Amount (\$)

98.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

545 N. Opner Broadway Ste 1101
Corpus Christi Texas 78401

10 Interest rate

N/A

11 Maturity date

N/A

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

self

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

N/A

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

N/A

17 Description of Collateral

none

18 Check if personal funds were deposited into political account

19 GUARANTOR INFORMATION

not applicable

20 Name of guarantor

21 Guarantor address; City; State; Zip Code

22 Amount Guaranteed (\$)

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is child, law firm of parent(s) (if any)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
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>2/13/14</i>	5 Payee name <i>United States Post Office</i>	
6 Amount (\$) <i>\$49.00</i>	7 Payee address: City: State: Zip Code <i>802 W. Trenchum Street Corpus Christi Texas 78401</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2/12/14</i>	Payee name <i>Sports Radio CC</i>	
Amount (\$) <i>\$1125.00</i>	Payee address: City: State: Zip Code <i>710 Buffalo, +606 Corpus Christi, TX 78401</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>Radio</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2/7/14</i>	Payee name <i>light house Graphics</i>	
Amount (\$) <i>\$272.00</i>	Payee address: City: State: Zip Code <i>3016 SPID Corpus Christi TX 78401</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: _____	
Date <i>2/24/14</i>	Payee name <i>Timothy McCoy</i>	
Amount (\$) <i>369.86</i>	Payee address: City: State: Zip Code <i>545 N. Upper Broadway St. 1101 Corpus Christi, Texas 78401</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>	Description (If travel outside of Texas, complete Schedule T) <i>Repayment of Loan From PF</i>
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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)
4 Date <i>2/16/14</i>	5 Payee name <i>United States Postal Service</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$98.00</i>	7 Payee address; City; State; Zip Code <i>802 N. Trenchum. Street Corpus Christi: Texas 78401</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage.</i>
Date <i>2/18/14</i>	Payee name <i>Ace Hardware</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$45.40</i>	Payee address; City; State; Zip Code <i>15326 SP10 Corpus Christi Texas 78418</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>Posts For Signs</i>
Date <i>2/20/14</i>	Payee name <i>Ace Hardware</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$30.26</i>	Payee address; City; State; Zip Code <i>15326 SP10 Corpus Christi Texas 78418</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>Posts For Signs.</i>
Date <i>2/10/14</i>	Payee name <i>Tractor Supply Company</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$163.20</i>	Payee address; City; State; Zip Code <i>3153 US Hwy 77 Robstown, Texas 78380</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>Posts For Signs</i>

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 McCloy* 3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION 4 Name of lender *5 loans itemized.*
 5 Lender address; City; State; Zip Code
Timothy J. McCloy
545 N. Upper Broadway Ste. 1101
Corpus Christi Tx 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