

# 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 / MR MR FIRST John MI R

NICKNAME BOB LAST McCoy SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST John MI R

NICKNAME BOB LAST McCoy SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 1 / 1 / 15 THROUGH Month Day Year 6 / 30 / 15

11 ELECTION

ELECTION DATE: Month Day Year 11 / 4 / 14

ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any) County Criminal Court #3

13 OFFICE SOUGHT (if known) County Criminal Court #3

**OFFICE USE ONLY**

Date Received

BY: ALM

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

2015 JUL 13 PM 1:13

TARRANT COUNTY

FILED

Date Hand Delivered or Postmarked

Receipt #

Date Processed

Date Imaged

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME \_\_\_\_\_ 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 \_\_\_\_\_

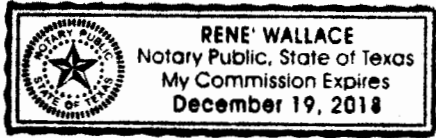
COMMITTEE CAMPAIGN TREASURER ADDRESS \_\_\_\_\_

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BRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

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)	\$ 1100
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 731 <sup>46</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 3210 <sup>22</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6095 <sup>99</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



*Bob McCoy*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bob McCoy, this the 13<sup>th</sup> day of July, 20 15, to certify which, witness my hand and seal of office.

Rene Waller Signature of officer administering oath  
Rene Wallace Print name of officer administering oath  
Notary / Deputy Clerk Title of officer administering oath

**SUBTOTALS - JC/OH**

**FORM JC/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Bob McColl</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 1100
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <del>32,400</del> 22
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0*
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

*\* From this reporting period*

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**ELECTIONS ADMINISTRATOR**  
 BY: \_\_\_\_\_

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Bob McCoy</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1 23 15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Blakes &amp; Hightower</i>	7 Amount of contribution (\$) <i>500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>A21 W 3rd # 900 Ft Worth TX 76102</i>		
8 Contributor's principal occupation <i>Attorneys</i>	9 Contributor's job title <i>Attorneys</i>	
10 Contributor's employer/law firm <i>same</i>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>1 15 15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Alex Tandy</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>200 W Main St Arlington TX 76010</i>		
Contributor's principal occupation <i>Attorney</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>same</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>1 1 15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Pennington Bill</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>509 Pecan St #101 Ft Worth TX 76102</i>		
Contributor's principal occupation <i>Attorneys</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>same</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

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 BY:

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

# POLITICAL EXPENDITURES

## 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 Expenses  |
| 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.

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 CLERK  
 ELECTION ADMINISTRATOR

BY: \_\_\_\_\_

1 Total pages Schedule F:	2 FILER NAME <b>Bob McCoy</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/14/15</b>	5 Payee name <b>Second Court of Appeals</b>
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6 Amount (\$) <b>633.05</b>	7 Payee address; City; State; Zip Code <b>401 W Belknap Ft Worth TX 76196</b>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Other</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Office Chair</b>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/22/15</b>	Payee name <b>Tarrant County GOP</b>
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Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>2405 Gravel Rd Ft Worth TX 76118</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Lincoln Day Dinner</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/2/15</b>	Payee name <b>One Stop Printing</b>
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Amount (\$) <b>447.40</b>	Payee address; City; State; Zip Code <b>611 University Ft. Worth TX 76108</b>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Court Stationary</b>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/25/15</b>	Payee name <b>Rachael Martinez</b>
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Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>727 Daughters Dr. Burleson TX 76028</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Clerk function</b>
------------------------	--	--

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
Event Expense	Polling Expense	Travel Out Of District	Political Committee (enter a category as listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category as listed above)

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule F: \_\_\_\_\_ 2 FILER NAME **Bob McCoy** 3 ACCOUNT # (Ethics Commission Form #) \_\_\_\_\_

4 Date **2/26/15** 5 Payee name **Fast Frame**

6 Amount (\$) **185.69** 7 Payee address; City; State; Zip Code **3901 Camp Bowie Ft Worth Tx 76107**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Other** (b) Description (If travel outside of Texas, complete Schedule T) **Courtroom framing**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date **4/2/15** Payee name **Texas Bd. of Legal Specialization**

Amount (\$) **125** Payee address; City; State; Zip Code **SOS Huntland #400 Austin Tx 78752**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Fees** Description (If travel outside of Texas, complete Schedule T) **Dues**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date **4/22/15** Payee name **Fast Frame**

Amount (\$) **119.68** Payee address; City; State; Zip Code **3901 Camp Bowie Ft Worth Tx 76107**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Other** Description (If travel outside of Texas, complete Schedule T) **Courtroom Framing**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date **6/1/15** Payee name **State Bar of Texas**

Amount (\$) **235** Payee address; City; State; Zip Code **P.O. Box 12487 Austin Tx 78711**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Fees** Description (If travel outside of Texas, complete Schedule T) **Dues**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Bob McColl** 3 Filer ID (Ethics Commission Filers)

4 Date **6 30 15** 5 Payee name **Oak Lakes**

6 Amount (\$) **383 49** 7 Payee address; City; State; Zip Code **1620 Las Vegas Tr Ft Worth TX 76108**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **EVENT** (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense **Court Function**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description  Check if travel outside of Texas, complete Schedule T  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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