

# 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: <span style="font-size: 24px; margin-left: 20px;">22</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">O</span> FIRST <span style="margin-left: 20px;">John</span> MI <span style="margin-left: 20px;">R</span> NICKNAME <span style="margin-left: 20px;">Bob</span> LAST <span style="margin-left: 20px;">McCoy</span> SUFFIX		<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged <span style="font-size: 18px; transform: rotate(90deg); display: inline-block;">FILED TARRANT COUNTY 2014 JAN 10 AM 9:59 STEVE HANDBORN ELECTIONS ADMINISTRATOR</span>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">O</span> FIRST <span style="margin-left: 20px;">John</span> MI <span style="margin-left: 20px;">R</span> NICKNAME <span style="margin-left: 20px;">Bob</span> LAST <span style="margin-left: 20px;">McCoy</span> 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	<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 <span style="font-size: 24px;">7 / 1 / 13</span> <span style="margin-left: 20px;">THROUGH</span> <span style="margin-left: 20px;">12 / 31 / 13</span>		
11 ELECTION	ELECTION DATE Month      Day      Year <span style="font-size: 24px;">3 / 4 / 14</span>	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) <span style="font-size: 24px;">Justice 2nd Court of Appeals</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 24px;">Judge County Criminal Court #3</span>	
<b>GO TO PAGE 2</b>			

**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)  
  
 additional pages

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.

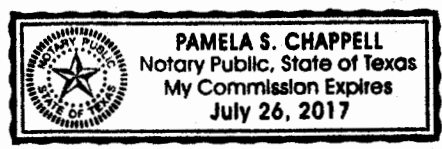
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 705
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9665
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1020.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 11126.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 38114.73
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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Robert McCoy, this the 9 day of January, 20 14, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Pamela S. Chappell Notary  
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): <b>14</b>	
2 FILER NAME <b>Bob McCoy</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/3/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Kirkman</b>	7 Amount of contribution (\$) <b>500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2712 Museum Way FT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>Attorney</b>	
11 Contributor's employer/law firm <b>Bourland &amp; Kirkman</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>12/2/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Al Lock</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1421 Westover Ln FT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Business Owner</b>		Contributor's job title <b>Principal</b>	
Contributor's employer/law firm <b>OFCO</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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Date <b>11/25/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Berry Odum LLP</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>611 9th Ave Ft Worth Tx 76104</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorneys</b>		Contributor's job title <b>Law Firm</b>	
Contributor's employer/law firm <b>Berry Odum LLP</b>		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): <u>14</u>	
2 FILER NAME <u>Bob McCoy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/30/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pulanev Steel</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <u>1400 Porto Bello Ct Arlington TX 76012</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Kelly Hart</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <u>12/1/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Flynn</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>2501 Parkview Dr. Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Michael Flynn</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <u>11/21/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PSEL PAC</u>	Amount of contribution (\$) <u>375</u>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <u>201 Main St #2500 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Political Action Committee</u>		Contributor's job title <u>NONE</u>	
Contributor's employer/law firm <u>NONE</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 STEVEN MADDOX  
 ELECTIONS ADMINISTRATOR

**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): <u>14</u>	
2 FILER NAME <u>Bob McCoy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/21/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Good Government Fund</u>	7 Amount of contribution (\$) <u>375</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>201 Main #2500 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>NONE</u>		10 Contributor's job title <u>NONE</u>	
11 Contributor's employer/law firm <u>NONE</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/21/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shelby Sharpe</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5117 Locke Ave Ft Worth TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Law Office of Shelby Sharpe</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/17/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary Colchin John Doe</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>600 W 6th St #300 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Conkey Ringer</u>		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.

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 BY:

**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): <u>14</u>	
2 FILER NAME <u>Bob McCoy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/19/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scott Stewart</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <u>4601 Lafayette Ave Ft Worth TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Scott Stewart PLLC</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/15/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kleber Miller</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <u>777 Main #3800 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Stanner Gracey</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/18/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Kops</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <u>5900 El Campo Ft Worth TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Law Office of Jeff Kops</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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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.

**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): <b>14</b>	
2 FILER NAME <b>Bob McCoy</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/13/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ed Cox</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1300 Norwood Dr #100 Bedford Tx 76022</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney</b>		10 Contributor's job title <b>Attorney</b>	
11 Contributor's employer/law firm <b>The Cox Law Firm</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>11/15/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Moses Palmer &amp; Howell</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>309 W 7th St #815 Ft Worth TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorneys</b>		Contributor's job title <b>LAW FIRM</b>	
Contributor's employer/law firm <b>Moses Palmer &amp; Howell</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>11/12/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Whitaker Chalk Swindie</b>	Amount of contribution (\$) <b>90</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 Commerce St #3500 Ft Worth TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorneys</b>		Contributor's job title <b>LAW FIRM</b>	
Contributor's employer/law firm <b>Whitaker Chalk Swindie</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 STEPHEN CARROLL  
 CLERK OF COUNTY CLERK  
 ELECTIONS ADMINISTRATOR

**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): <u>14</u>	
2 FILER NAME <u>Bob McColl</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/12/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hill Gilstrap</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1400 W. Abram Arlington TX 76013</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorneys</u>		10 Contributor's job title <u>LAW FIRM</u>	
11 Contributor's employer/law firm <u>Hill Gilstrap</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/12/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ashley Properties</u>	Amount of contribution (\$) <u>300</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>800 W Airport Fwy #880 Irving Texas</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Investments</u>		Contributor's job title <u>Principal</u>	
Contributor's employer/law firm <u>Ashley Properties</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/9/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Georgia Vanderveort</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1416 Westover Lane Ft Worth TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Georgia Vanderveort</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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): <u>14</u>	
2 FILER NAME <u>Bob McCow</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Earl Harcrow</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>7200 Grand Lake Ct Arlington TX 76016</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Law Office of Earl Harcrow</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <u>11/8/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jearl Walker</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6917 Bell Lake Dr. Ft Worth TX 76116</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Law Office of Jearl Walker</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <u>11/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Hall</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1700 Thames Tr Colleyville TX 76034</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title	
Contributor's employer/law firm <u>Law Office of Tom Hall</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**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): <b>14</b>	
2 FILER NAME <b>Bob McCoy</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/8/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Murphy Mahon Keffler Farmer</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>505 Pecan St #101 Ft Worth TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorneys</b>		10 Contributor's job title <b>Law Firm</b>	
11 Contributor's employer/law firm <b>Murphy Mahon Keffler Farmer</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>11/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Nettes</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 13625 Arlington TX 76094</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>	
Contributor's employer/law firm <b>Law Office of James Nettes</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pope Hardwicke Christine Schell Kelly &amp; Kay</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 W 7th #602 Ft Worth TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Law Firm</b>	
Contributor's employer/law firm <b>Pope Hardwicke Christine Schell Kelly &amp; Kay</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 WARRANT COUNTY  
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 STEVE RABO  
 ELECTIONS ADMINISTRATOR

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**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): <u>14</u>	
2 FILER NAME <u>Bob McCoy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/7/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Watson Caraway Mitchell &amp; Lunningham</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1600 One Gas Bldg Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorneys</u>		10 Contributor's job title <u>LAW FIRM</u>	
11 Contributor's employer/law firm <u>Watson Caraway Mitchell &amp; Lunningham</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/9/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Browder</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>147 Quail Bluff Ln Aledo TX 76009</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Tarrant Co District Atty office</u>		Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

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 TARRANT COUNTY  
 2014 JAN 10 AM 10:00  
 STEVEN A. HARRIS  
 CLERK  
 ELECTIONS ADMINISTRATOR

Date <u>11/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Reid Reeder</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2208 Wilshire Ft Worth TX 76110</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Shupe &amp; Reeder</u>		Law firm of contributor's spouse (if any)	
13 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): <u>14</u>	
2 FILER NAME <u>Bob McColl</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/6/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John A Chalk</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3601 Verde Vista Ct W Aledo Tx 74008</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Whitaker Chalk Swindle</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/4/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beth Krugler</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>306 W Broadway Ft Worth Tx 76104</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Law Office of Beth Krugler</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/4/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harris Finley &amp; Boyd</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>772 Main #3000 Ft Worth Tx 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Law Firm</u>	
Contributor's employer/law firm <u>Harris Finley &amp; Boyd</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 CLERK COUNTY  
 2013 NOV 10 AM 10:00  
 ELECTIONS ADMINISTRATOR

**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): <u>14</u>	
2 FILER NAME <u>Bob McCloy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/5/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephens Anderson Cummings</u>	7 Amount of contribution (\$) <u>150</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4200 W Victory Ft Worth TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorneys</u>		10 Contributor's job title <u>Law Firm</u>	
11 Contributor's employer/law firm <u>Stephens Anderson Cummings</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/4/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Law Office of Randall Moore</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1301 Ballinger St Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorneys</u>		Contributor's job title <u>Law Firm</u>	
Contributor's employer/law firm <u>Law Office of Randall Moore</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/5/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce Mann</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>100 Main # 200 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Law Firm Attorney</u>	
Contributor's employer/law firm <u>BURKETT ETTS</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 TARRANT COUNTY  
 2013 NOV 10 AM 10:00  
 ELIZABETH M. ARBON  
 CLERK  
 COUNTY CLERK'S OFFICE

**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): <u>14</u>	
2 FILER NAME <u>Bob McCoy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/9/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bodoin &amp; Renew</u>	7 Amount of contribution (\$) <u>500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2525 Ridgmar #150 Ft Worth TX 76116</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorneys</u>		10 Contributor's job title <u>LAW FIRM</u>	
11 Contributor's employer/law firm <u>Bodoin &amp; Renew</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/2/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Zaden</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3408 Harwen Ter Ft Worth TX 76109</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Law Office of Jim Zaden</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/4/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Law Office of Rick Powell</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>101 Summit #1022 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>LAW FIRM</u>	
Contributor's employer/law firm <u>Law Office of Rick Powell</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED  
 TARRANT COUNTY  
 2014 JAN 0 AM 10:00  
 STATE OF TEXAS  
 ELECTIONS ADMINISTRATION

**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): <u>14</u>	
2 FILER NAME <u>Bob McCoy</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/6/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Williams</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>4717 Springwillow Rd Ft Worth TX 76104</u>		
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Attorney</u>	
11 Contributor's employer/law firm <u>Shannon Gracey</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/6/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Law Office of Gill Daley II</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>201 Main #400 Ft Worth TX 76102</u>		
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Law Firm</u>	
Contributor's employer/law firm <u>Law Office of Gill Daley II</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>12/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carvan Atkins</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>7908 Morning Ln Ft Worth TX 76123</u>		
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Taylor Olsen Baker Scalla Etam</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED  
 TARRANT COUNTY  
 JAN 10 AM 10:00  
 STATE ELECTIONS ADMINISTRATION

**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): <u>14</u>	
2 FILER NAME <u>Bob McCow</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/13/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill Collins Jr</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2733 Colonial Meadows Ft Worth TX 76109</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Lawyer</u>		10 Contributor's job title <u>Lawyer</u>	
11 Contributor's employer/law firm <u>Law Office of Bill Collins</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/7/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Watson</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Wato 309 W 7th #100 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Law Firm</u>	
Contributor's employer/law firm <u>Watson Law Office</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>11/4/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lee Christine</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>500 W 7th #600 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Ray Haroldson Christine Shell Kelly &amp; Ray</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 TARRANT COUNTY  
 JAN 10 2014 10:00  
 STEVE RABALA  
 ELECTIONS ADMINISTRATOR

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If contributor 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: <i>5</i>	2 FILER NAME <i>Bob McCoy</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/5/13</i>	5 Payee name <i>Bob McCoy</i>
-------------------------	----------------------------------

6 Amount (\$) <i>46</i>	7 Payee address; City; State; Zip Code <i>401 W Belknap Ft Worth Tx 76196</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Intern Job Intimation</i>
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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>10/1/13</i>	Payee name <i>Bob McCoy</i>
------------------------	--------------------------------

Amount (\$) <i>36<sup>21</sup></i>	Payee address; City; State; Zip Code <i>401 W Belknap Ft Worth Tx 76196</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>Staff meetings</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/22/13</i>	Payee name <i>Staples</i>
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Amount (\$) <i>46<sup>01</sup></i>	Payee address; City; State; Zip Code <i>1400 University Dr. Ft Worth Tx 76109</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Advertising Invitations</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/5/13</i>	Payee name <i>Bob McCoy</i>
------------------------	--------------------------------

Amount (\$) <i>54</i>	Payee address; City; State; Zip Code <i>401 W Belknap Ft Worth Tx 76196</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>Staff meeting &amp; lunch</i>
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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            |
| Event Expense       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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: <b>5</b>	2 FILER NAME <b>Bob McCoy</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>11 13 13</b>	5 Payee name <b>Staples</b>	
6 Amount (\$) <b>713.61</b>	7 Payee address; City; State; Zip Code <b>1660 University Drive Ft Worth Tx 76109</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Invitations</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11 18 13</b>	Payee name <b>We Design</b>	
Amount (\$) <b>253.75</b>	Payee address; City; State; Zip Code <b>AA36 Double Oak Ln Ft Worth Tx 76123</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Exp.</b>	Description (If travel outside of Texas, complete Schedule T) <b>Website</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11 21 13</b>	Payee name <b>Staples</b>	
Amount (\$) <b>226.22</b>	Payee address; City; State; Zip Code <b>1660 University Dr. Ft Worth Tx 76109</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>Advertising/Invitations</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>12/5/13</b>	Payee name <b>Trophy Arts</b>	
Amount (\$) <b>560.24</b>	Payee address; City; State; Zip Code <b>519 Pennsylvania Ft Worth Tx 76104</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Handouts</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 TARRANT COUNTY  
 JAN 10 AM 11:00  
 STATE ELECTIONS ADMINISTRATOR

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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            |
| 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: <b>5</b>		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/5/13</b>		5 Payee Name <b>Inn of Court</b>			
6 Amount (\$) <b>75</b>		7 Payee address; City; State; Zip Code <b>1229 King Street Alexander Va 22314</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Fees</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Dues</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/12/13</b>		Payee name <b>Inn of Court - Mahan</b>			
Amount (\$) <b>75</b>		Payee address; City; State; Zip Code <b>1315 Calhoun Ft Worth Tx 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>Dues</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10 10 13</b>		Payee name <b>Tarrant Co Bar Assn</b>			
Amount (\$) <b>150</b>		Payee address; City; State; Zip Code <b>1315 Calhoun Ft Worth Tx 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Other</b>		Description (If travel outside of Texas, complete Schedule T) <b>Mailing List</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/1, 9/5, 10/3, 11/17/13</b>		Payee name <b>Probate Bar Association</b>			
Amount (\$) <b>120</b>		Payee address; City; State; Zip Code <b>1315 Calhoun Ft Worth Tx 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>CLE Lunches 8/1, 9/5/10/3, 11/17</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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            |
| 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: <i>5</i>	2 FILER NAME: <i>Bob McCool</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <i>12/10/13</i>	5 Payee name: <i>Bob McCool</i>
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6 Amount (\$): <i>50</i>	7 Payee address; City; State; Zip Code: <i>401 W Belknap Ft Worth TX 76196</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Staff meeting &amp; lunch</i>
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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	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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*1010633*

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 TARRANT COUNTY  
 2014 JAN 10 AM 10:00  
 ELECTIONS ADMINISTRATOR

**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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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: <b>5</b>	2 FILER NAME <b>Bob McColl</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11 6 13</b>	5 Payee name <b>Lockrell Printing</b>
--------------------------	--

6 Amount (\$) <b>346.41</b>	7 Payee address; City; State; Zip Code <b>218 Broadway Ft Worth TX 76109</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>mailer</b>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11 14 13</b>	Payee name <b>Tarrant Co GOP</b>
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Amount (\$) <b>2500</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>Fee</b>	Description (If travel outside of Texas, complete Schedule T) <b>Filing Fee</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11 8 13</b>	Payee name <b>US Postmaster</b>
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Amount (\$) <b>460</b>	Payee address; City; State; Zip Code <b>819 Taylor Ft Worth TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Other</b>	Description (If travel outside of Texas, complete Schedule T) <b>Mailing Expense</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11 12 13</b>	Payee name <b>Eppstein Group</b>
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Amount (\$) <b>4393.93</b>	Payee address; City; State; Zip Code <b>4055 International Plaza #600 Ft Worth TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting/Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Mailing/Ads</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 TARRANT COUNTY  
 2014 JAN 10 AM 11:00  
 ELECTIONS ADMINISTRATOR

# 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: <b>1</b>	2 FILER NAME <b>Bob McCoy</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>9 5 13</b>	5 Payee name <b>Mama Mia</b>	
6 Amount (\$) <b>40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3124 E Belknap Ft Worth TX 76111</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Intern job initiation</b>
Date <b>10/1/13</b>	Payee name <b>TCCC Cafeteria</b>	
Amount (\$) <b>36.21</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>400 W Belknap Ft Worth TX 76106</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Staff meeting &amp; lunch</b>
Date <b>11/5/13</b>	Payee name <b>Star Cafe</b>	
Amount (\$) <b>54</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>111 W Exchange Ft Worth TX 76106</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Staff meeting &amp; lunch</b>
Date <b>12/10/13</b>	Payee name <b>Razoos</b>	
Amount (\$) <b>50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>318 Main Ft Worth TX 76102</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Staff meeting &amp; lunch</b>

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 TARRANT COUNTY  
 2014 JAN 10 AM 10:00  
 CLERK OF COURTS  
 STATE ADMINISTRATOR

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