

# 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: 5

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR (M) JOHN R  
FIRST LAST SUFFIX  
 NICKNAME BOB McCoy  
NICKNAME LAST SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
ADDRESS (BO BOX) APT / SUITE # CITY STATE ZIP CODE  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
714 221 1111

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR (M) John R  
FIRST LAST SUFFIX  
 NICKNAME BOB McCoy  
NICKNAME LAST SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**  
STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
 (residence or business)

**8 CAMPAIGN TREASURER PHONE**

**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    THROUGH    Month Day Year  
1 / 24 / 14          2 / 22 / 14

**11 ELECTION**

ELECTION DATE: Month 3 Day 4 Year 14  
 ELECTION TYPE:  Primary     Runoff     General     Special

**12 OFFICE** OFFICE HELD (if any) Justice, 2nd Court of Appeals

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

**OFFICE USE ONLY**

Date Received

FILED  
TARRANT COUNTY  
2014 FEB 21 PM 1:24  
ELECTIONS ADMINISTRATOR

Date Hand-delivered or Postmarked

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH**  
**SUPPORT & TOTALS COVER SHEET PG 2**

14 C/OH NAME Bob McCoy 15 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

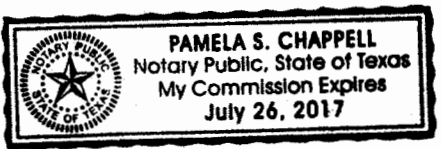
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>DFW Conservative Voters PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>PO Box 173065 Arlington TX 76003</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Stuart Lane</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>PO Box 173065 Arlington TX 76003</u>

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)	\$ <u>250</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>66</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>32752<sup>00</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1067<sup>15</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 John McCoy, this the 24 day of FEBRUARY, 20 14, to certify which, witness my hand and seal of office.

Pamela S. Chappell 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): /

2 FILER NAME

*Bob McCoy*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*2 20  
14*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*McDonald Sanders*

6 Contributor address; City; State; Zip Code

*777 Main # B00  
Ft Worth TX 76102*

7 Amount of contribution (\$)

*250*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

*Attorneys*

10 Contributor's job title

*Attorneys*

11 Contributor's employer/law firm

*McDonald Sanders*

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

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

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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.

FILED  
FRANKLIN  
2014 FEB 24 PM  
SILVIA HERRERA  
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       | 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>1</b>	2 FILER NAME <b>Bob McCoy</b>	3 ACCOUNT # (Ethics Commission Filers)
------------------------------------	----------------------------------	--

4 Date <b>1/31/14</b>	5 Payee name <b>One Stop Printing</b>
--------------------------	--

6 Amount (\$) <b>852<sup>50</sup></b>	7 Payee address; City; State; Zip Code <b>611 University Dr. Ft Worth Tx 76107</b>
--	---

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>Cards</b>
--------------------------	--	---

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

Date <b>2/20/14</b>	Payee name <b>Murphy Naska</b>
------------------------	-----------------------------------

Amount (\$) <b>12,000<sup>00</sup></b>	Payee address; City; State; Zip Code <b>815-A Brazos #304 Austin TX 78701</b>
---	--

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

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2014 FEB 24 PM 1:25  
 ELECTIONS ADMINISTRATOR  
 RY:

# 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: <i>1</i>	2 FILER NAME: <i>Bob McCoy</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

4 Date: <i>2 20 14</i>	5 Payee name: <i>Murphy Naska</i>
---------------------------	--------------------------------------

6 Amount (\$): <i>19 833.35</i>	7 Payee address; City; State; Zip Code: <i>815 - A Brazos #304 Austin Tx 78701</i>
------------------------------------	---

Reimbursement from political contributions intended

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

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

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

Reimbursement from political contributions intended

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

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

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

Reimbursement from political contributions intended

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

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

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

Reimbursement from political contributions intended

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2014 FEB 24 PM 1:25  
 STEVEN JARON  
 ELECTIONS ADMINISTRATOR