

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

COMMITTEE NAME

DFW Conservative Voters PAC

GENERAL

COMMITTEE ADDRESS

PO Box 173065 Arlington Tx 76003

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Stuart Lane

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 173065 Arlington Tx 76003

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)

\$ 3000

EXPENDITURE TOTALS

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

\$ 170

4. TOTAL POLITICAL EXPENDITURES

\$ 38 264.78

CONTRIBUTION BALANCE

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

\$ 3940.13

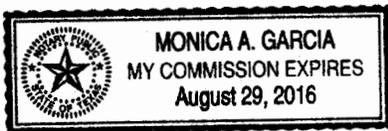
OUTSTANDING LOAN TOTALS

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

\$

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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert McCoy, this the 19th day of May, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Monica A. Garcia Financial Svc.
Print name of officer administering oath

Supervisor
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): 3	
2 FILER NAME Bob McLoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5 13 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOW FARMIS	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1020 Cavender Dr HOUST TX 76053		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Retired		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 3 18 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fillmore Law Firm	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 Lake St Ft Worth TX 76102		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation LAWYERS		Contributor's job title LAWYERS	
Contributor's employer/law firm Fillmore Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 3 22 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Welborn	Amount of contribution (\$) 900	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11701 S. Freeway BURKESON TX 76028		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): 3

2 FILER NAME Bob McCoy 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>3 28 14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>J. Roger Williams</u>	7 Amount of contribution (\$) <u>500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO Box 1382 Ft Worth TX 76101</u>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Car Dealership 10 Contributor's job title owner

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

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

Date <u>5 8 14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Steve Laird</u>	Amount of contribution (\$) <u>150</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7979 Chartwell Ln Ft Worth TX 76120</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney Contributor's job title Attorney

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

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

Date <u>2 23 14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John R Lively</u>	Amount of contribution (\$) <u>1000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>777 Main St #3940 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Attorney Contributor's job title Attorney

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

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

FILED
 TARRANT COUNTY
 2014 MAY 19 PM 1:51
 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): **3**

2 FILER NAME **Bob McColl**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
2/23/14

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

7 Amount of contribution (\$)
150

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**10112 Rolling Hills Ct
Ft Worth TX 76126**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
Attorney

10 Contributor's job title
Attorney

11 Contributor's employer/law firm
Claunch Law Firm

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

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

Date
2/26/14

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

Amount of contribution (\$)
100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3727 Bellaire Circle
Ft Worth TX 76109**

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Retired

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#: _____)
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)

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TARRANT COUNTY
2014 FEB 19 PM 4:51
ELECTORAL COMMISSIONS 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 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: 1	2 FILER NAME Bob McCoy	3 ACCOUNT # (Ethics Commission Filers) 1
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4 Date 3/10/14	5 Payee name Tarrant Co GOP
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6 Amount (\$) 200	7 Payee address; City; State; Zip Code 2405 Gravel Rd Ft Worth TX 76118
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Ad
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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
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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
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2014 MAY 19 PM 1:51
 STATE ELECTIONS
 ADMINISTRATION

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: 1	2 FILER NAME Bob McCoy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5 14 14	5 Payee name Murphy Masica
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6 Amount (\$) 37,894.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 815 A Brazos #304 Austin TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Mailers, signs
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2014 MAY 19 PM 1:51
 STEVEN ARBORN
 ELECTIONS ADMINISTRATOR