

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 25
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST JOE	MI A.
	NICKNAME	LAST McComb	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box 1689	APT / SUITE #; Corpus Christi, TX	CITY; STATE; ZIP CODE 78403
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 739-3152
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST JOE	MI A.
	NICKNAME	LAST McComb	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5323 ST. ANDREWS CORPUS CHRISTI, TX 78413		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 739-3152
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 07 / 01 / 13	THROUGH	Month Day Year 12 / 31 / 13
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 14		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) COUNTY COMMISSIONER Pct 4	13 OFFICE SOUGHT (if known) COUNTY COMMISSIONER Pct 4

OFFICE USE ONLY

Date Received

**FILED FOR RECORD
AT 1:34 PM**

JAN 13 2014

Date Hand-delivered or Postmarked

DIANA T. BARRERA

Receipt By: **Deirdre**

Date Processed: **Shamken**

Date Traced: **25 pgs.**

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2014-009

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOE MCCOMB

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 MUST HAVE BEEN MADE WITHOUT THE CANDIDATE OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES / OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

MMA

COMMITTEE TYPE COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 280.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9404.81

19684.81

EXPENDITURE
TOTALS

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

\$ 110.75

4. TOTAL POLITICAL EXPENDITURES

\$ 10987.99

11,098.74

CONTRIBUTION
BALANCE

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

\$ 15,482.46

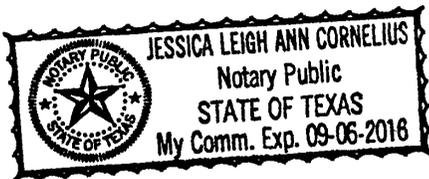
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Joe A. McComb
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe A. McComb, this the 10 day of January 20 14, to certify which, witness my hand and seal of office.

Jessica Cornelius
Signature of officer administering oath

Jessica Cornelius
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/5/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. Philip Skrobaczynk	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 250 MELROSE AVE CORPUS CHRISTI, TX 78404		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. O.K. SMITH	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3409 DERBY DR CORPUS CHRISTI, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. + MRS. CHARLES CAMPBELL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5526 OCEAN DRIVE CORPUS CHRISTI, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. Bobby Richter	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5515 SARATOGA Blvd. CORPUS CHRISTI, TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. William Goldston	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13721 TAJAMAR CORPUS CHRISTI, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE McCOMB		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/12/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. Rolando Barrera	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code ? ELECTRONIC DONATION - PAY PAL		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. + Mrs. Edward MARTIN	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5814 OSO PARKWAY CORPUS CHRISTI, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. + Mrs. PETE ANDERSON	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 132 Palm Drive Rockport, TX 78382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. Derwood ANDERSON	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2682 Corpus Christi, TX 78403		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. + Mrs. JOHN MICHAEL	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3117 Seafoam CORPUS CHRISTI, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **10**

2 FILER NAME

JOE McComb

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/24/13

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

MR. Richard Borchard

6 Contributor address; City; State; Zip Code

**1374 SANDPIPER DR
CORPUS CHRISTI, TX 78412**

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/24/13

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

MR. D. Conoly

Contributor address; City; State; Zip Code

**1930 GLENDALE DR
CORPUS CHRISTI, TX 78418**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/13

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

MR. + MRS. KENNETH GRIFFIN

Contributor address; City; State; Zip Code

**5443 AIKENS WAY
ROBSTOWN, TX 78380**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/13

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

MR. + MRS. JOHN TRICE

Contributor address; City; State; Zip Code

**13706 TAJANAR STREET
CORPUS CHRISTI, TX 78418**

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/13

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

MR. + MRS. RICHARD PITTMAN

Contributor address; City; State; Zip Code

**14325 CARLBE
CORPUS CHRISTI, TX 78418**

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE M L COMS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. TOM WHEAT	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 101 N. SHORELINE BLVD # 201 CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. ERNEST GARZA	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10201 LEOPARD STREET CORPUS CHRISTI, TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. VAN HUSEMAN	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 615 N. BROADWAY #2000 CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. JOE FULTON	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 9486 CORPUS CHRISTI, TX 78469		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. DONALD TAFT	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 270505 CORPUS CHRISTI, TX 78427		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE McCOMBS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/9/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. + MRS. GARY WILSON	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3700 ISLAND MORRINGS Blvd #18 PORT ARANSAN, TX 78373		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. PAUL STRUNK	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 N. CATRANCAHUA # 1250 CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. RICHARD BURKHARD	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1374 SANDPIPER DR CORPUS CHRISTI, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. BERNARD SEGER	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1602 GLENDALE DR CORPUS CHRISTI, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. HUGO BERANCA	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28 HEWITT DRIVE CORPUS CHRISTI, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE MLCOMBS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. LAURENCE VALLS	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 312 PEERMAN PLACE CORPUS CHRISTI, TX 78411		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. TOM CARLISLE	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 233 CAPE M + J CORPUS CHRISTI, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. JOSE CAVALES	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 5024 CORPUS CHRISTI, TX 78465		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. RICHARD VALLS, JR.	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 2505 CORPUS CHRISTI, TX 78403		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MS. LINDA WALKER	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4838 HOLLY ROAD #103 CORPUS CHRISTI, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. + MRS. C.C. WILKINSON	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 19TH FLOOR N. 800 NORTH SHORELINE BLVD CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. + MRS. ROBERT CASLE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6322 GRANDVILLIERS DRIVE CORPUS CHRISTI, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. BRENT BOTTOM	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 520 LAWRENCE STREET CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. HUGO BERLANGA	Amount of contribution (\$) 929.81	In-kind contribution description (if applicable) RECEPTION
Contributor address; City; State; Zip Code 28 HEWITT DRIVE CORPUS CHRISTI, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. JOE FRAZER	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 333 BERMUDA PLACE CORPUS CHRISTI, TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 10

2 FILER NAME **JOE McCOMB** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 12/13/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. SID RIDERUBER	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4025 CASTLE RIDGE DRIVE CORPUS CHRISTI, TX 78410		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 12/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. PAUL ALTHEIDE	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 202 DEL MAR CORPUS CHRISTI, TX 78404		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MS. BETTE JONES	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 702 PHILOMENA CORPUS CHRISTI, TX 78412		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR + MRS. JOE LEWIS	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 217 CAPE HENRY CORPUS CHRISTI, TX 78412		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. BILL COHEN	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3620 DENVER CORPUS CHRISTI, TX 78411		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS Association of REALTORS TREPAC	7 Amount of contribution (\$) 3,425⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. Box 2246 AUSTIN, TX 78768		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. Harold SHOCKLEY	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6701 Shilling Way Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. VAN HUSEMAN	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 615 N. Broadway #2000 Corpus Christi, TX 78401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. + MRS. DAVID Hoffman	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 32 Bar-Le-Doc Drive Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. RUBEN BOMILLA	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 5080 Corpus Christi, TX 78465		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

①

⑨

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 10

2 FILER NAME **JOE McComb** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 12/26/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. JAMES MCKIBBEN	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1100 TOWER II 555 N. CARANCAHUA # 1100 CORPUS CHRISTI, TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date 12/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. ROBERT CORRIGAN, JR	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 2504 CORPUS CHRISTI, TX 78403		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

	Full name of contributor <input type="checkbox"/> 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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

	Full name of contributor <input type="checkbox"/> 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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

	Full name of contributor <input type="checkbox"/> 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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

12

10

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: <u>1</u>
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2 FILER NAME <u>JOE M LCOMB</u>	3 ACCOUNT # (Ethics Commission Filers)
------------------------------------	--

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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.

13

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

JOE McCOMB

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

14

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: 5	2 FILER NAME JOE McCOMB	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	---

4 Date 7/16/13	5 Payee name JEFF BUTLER
--------------------------	------------------------------------

6 Amount (\$) 1,000 ⁰⁰	7 Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTANT	(b) Description (If travel outside of Texas, complete Schedule T)
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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 7-23-13	Payee name OFFICE DEPOT
-----------------	----------------------------

Amount (\$) 143.16	Payee address; City; State; Zip Code 5425 S. PALME ISLAND DRIVE CORPUS CHRISTI, TX 78411
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	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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Date 8-1-13	Payee name JEFF BUTLER
----------------	---------------------------

Amount (\$) 1,000 ⁰⁰	Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTANT	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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Date 8-27-13	Payee name FLOUR BLUFF ATHLETIC BOOSTER CLUB
-----------------	---

Amount (\$) 400.00	Payee address; City; State; Zip Code P.O. BOX 18002 CORPUS CHRISTI, TX 78418
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	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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15 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 1

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: 5	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-11-13	5 Payee name JEFF BUTLER
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6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTANT	(b) Description (If travel outside of Texas, complete Schedule T)
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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 10-3-13	Payee name Gulf Coast Mailing Service
-----------------	--

Amount (\$) 432.84	Payee address; City; State; Zip Code P.O. BOX 9312 CORPUS CHRISTI, TX 78469
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING / POSTAGE	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 10-4-13	Payee name JEFF BUTLER
-----------------	---------------------------

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTANT	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 10-9-13	Payee name BUCCANEER COMMISSION
-----------------	------------------------------------

Amount (\$) 500.00	Payee address; City; State; Zip Code 1513 N. CHAPARRAL STREET CORPUS CHRISTI, TX 78401
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Scholarship/ADV	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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(16) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED (2)

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: 5	2 FILER NAME JOE McCOMB	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-15-13	5 Payee name JEFF BUTLER
---------------------------	------------------------------------

6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) REIMBURSEMENT/PRINTING	(b) Description (If travel outside of Texas, complete Schedule T)
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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 11-1-13	Payee name JEFF BUTLER
-----------------	---------------------------

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTANT	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 11-5-13	Payee name PARKDALE PRINTING
-----------------	---------------------------------

Amount (\$) 106.96	Payee address; City; State; Zip Code 4337 S. ALAMEDA CORPUS CHRISTI, TX 78412
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	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 11-7-13	Payee name NUECES County REPUBLICAN PARTY
-----------------	--

Amount (\$) 1,250.00	Payee address; City; State; Zip Code 4639 CORONA DRIVE CORPUS CHRISTI, TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FILING FEE	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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(17) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED (3)

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: 5	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	---

4 Date 11-8-13	5 Payee name Promo DIRECT
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6 Amount (\$) 936.00	7 Payee address; City; State; Zip Code 931 AMERICAN PACIFIC DRIVE #100 HENDERSON, NV 89014
--------------------------------	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-2-13	Payee name JEFF BUTLER
------------------------	----------------------------------

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1321 PETERSON DRIVE CORPUS CHRISTI, TX 78412
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTANT	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 12-3-13	Payee name Gulf Coast Mailing Services
------------------------	--

Amount (\$) 546.00	Payee address; City; State; Zip Code PO BOX 9312 CORPUS CHRISTI, TX 78469
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING/POSTAGE	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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Date 12-5-13	Payee name OFFICE DEPOT
------------------------	-----------------------------------

Amount (\$) 140.70	Payee address; City; State; Zip Code 5425 S. PALME ISLAND DRIVE CORPUS CHRISTI, TX 78411
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	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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(18) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED (4)

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: <u>5</u>	2 FILER NAME <u>JOE McComb</u>	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date <u>12-6-13</u>	5 Payee name <u>CLASSIC PRINTING</u>
---------------------------------	--

6 Amount (\$) <u>332.33</u>	7 Payee address; City; State; Zip Code <u>4639 CORONA DRIVE #101 CORPUS CHRISTI, TX 78411</u>
---------------------------------------	---

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

Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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5

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 JOE MCCOMB	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
--	---

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

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

20

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME JOE MCLOMB	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	---

4 Date	5 Business name
---------------	------------------------

6 Amount (\$)	7 Business address; City; State; Zip Code
----------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business 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 <u>ONLY</u> 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

MARAZ

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 1

2 FILER NAME **JOE McCOMBS** 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME JOE McComb

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
HUGO BERLANGA

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

JOE MCCOMBS

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder.

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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