

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: 31
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR NICKNAME: _____ FIRST: JOE LAST: _____ MI: A. SUFFIX: _____ McComb	OFFICE USE ONLY Date Received FILED FOR RECORD AT 1:44 PM MAY 19 2014 Date Hand-delivered or Postmarked DIANA T. BARRERA Re: <u> </u> County Court, <u> </u> County, Texas By: <u> </u> Deputy Date Processed Syamken Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1689 CORPUS CHRISTI, TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 739-3152 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR NICKNAME: _____ FIRST: JOE LAST: _____ MI: A. SUFFIX: _____ McComb		
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 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 2 / 23 / 14 THROUGH 05 / 17 / 14		
11 ELECTION	ELECTION DATE Month Day Year 05 / 27 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NUECES COUNTY COMMISSIONER PREZINT 4	13 OFFICE SOUGHT (if known) NUECES COUNTY COMMISSIONER PREZINT 4	

GO TO PAGE 2

2014-094

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

N/A

additional pages

17 CONTRIBUTION
TOTALS

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

\$ 555.00

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

\$ 35,090.00
35,645.00

EXPENDITURE
TOTALS

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

\$ 233.25

4. TOTAL POLITICAL EXPENDITURES

\$ 40,317.31

CONTRIBUTION
BALANCE

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

\$ 1,475.05

OUTSTANDING
LOAN TOTALS

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

\$ 5,000.00

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.

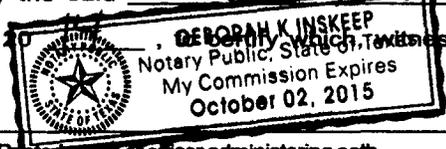
Joe A. McComb
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe A. McComb, this the

19th day of MAY

DEBORAH KINSKEEP, Notary Public, State of Texas, witness my hand and seal of office.



Debra Kinskeep
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **14**

2 FILER NAME

JOE McCOMB

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/24/14

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

MR. & MRS. MICHAEL YONKEE

6 Contributor address; City; State; Zip Code

**5319 ST. ANDREWS
C.C. TX 78413**

7 Amount of contribution (\$)

250⁰⁰

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

2/24/14

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

MR & MRS. BYRON HARRISON

Contributor address; City; State; Zip Code

**1026 GREYSTONE CREST
BIRMINGHAM, AL 35242**

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/14

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

JOHN GREY

Contributor address; City; State; Zip Code

**3234 MANASSA LANE
C.C. TX 78410**

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/14

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

GEORGE FINLEY

Contributor address; City; State; Zip Code

**3360 OCEAN DRIVE
C.C. TX 78411**

Amount of contribution (\$)

4,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/14

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

LEON LOEB

Contributor address; City; State; Zip Code

**P.O. BOX 30
C.C. TX 78403**

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)

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: 14

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

4 Date 2/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD DIEGEL	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2302 SANTA MARIA LANE C.C. TX 78415		(If travel outside of Texas, complete Schedule T)	

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

Date 2/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN Campbell	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 POENISCH C.C. TX 78412		(If travel outside of Texas, complete Schedule T)	

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

Date 2/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN MCLOMB	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5318 Fulwell C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	

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

Date 2/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR & MRS. DAVID BERLANTA	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4521 OSO PARKWAY C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	

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

Date 2/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN MANDEL	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6706 LONG MEADOW C.C. TX 78413		(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. 2

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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: 14	
2 FILER NAME JOE MLLCOMB		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN LEYENDECKER	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 801 NAVIGATION BLVD C. C. TX. 78408		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAN BREWER, JR.	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6021 KILLARNEY C. C. TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG SHOOK	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 302 S. Chaparral C. C. TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS ROCK	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6817 LEOPARD C. C. TX 78409		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. AVINASH AHUJA	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 N. Shoreline # 322 C. C. TX 78401		(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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 3/14/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ED BACAK	7 Amount of contribution (\$) 500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7438 LAKE MAGGORIE C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DR. & MRS. Richard Davis	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 349 WILSHIRE PLACE C.C. TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DR & MRS. MICHAEL BAILEY	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5014 OSO PARKWAY C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ERNEST GARZA	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10201 LEOPARD C.C. TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTHA ANTHONY	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7022 TREE TOP PLACE C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 3/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs & Mrs. TOMMY STEEL	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5322 RIVER OAKS C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS STEPHEN SCHULTZ	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 409 MARSH OVAL NEW BRAUNFELS, TX 78130		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS AL HOOK	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 466 CARMEL PARKWAY C.C. TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & MRS. A. AGAN	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 118 WHITELEY DR C.C. TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & MRS. WALLACE GOODMAN	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5117 CASCADE C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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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: <u>14</u>	
2 FILER NAME <u>JOE McComb</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/19/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MR & MRS Bill FERGUSON</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3202 ROSCHER RD C.C. TX 78418</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BARTON BRASELTON</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5337 YORKTOWN BLVD C.C. TX 78413</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DR & MRS O.B. VAUGHAN</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5165 OCEAN DR C.C. TX 78412</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DR & MRS. DAVID CHAPMAN</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13725 NORTHWEST BLVD C.C. TX 78410</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DERWOOD ANDERSON</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO BOX 2682 C.C. TX 78403</u>		(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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 3/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR & MRS. A. C. JONES IV	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 N. SHORELINE Blvd #700N C. C. TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR & MRS ROBERT HAEGELE	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 229 GLENMORE C. C. TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR & MRS. DAVID HOFFMAN	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 32 BAR-LE-DOE DR C. C. TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES MCKIBBEN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 555 N. CARANAKUA #1100 C. C. TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR & MRS WESLEY CARSON	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5034 BROWLEY C. C. TX 78413		(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: 4	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR & MRS JOE LEWIS	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 217 CAPE HENRY C.C.TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS BYRON HARRISON	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1026 GREYSTONE CREST BIRMINGHAM, AL 35242		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS JAMES KIRKLAND	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7418 LAKE SUPERIOR C.C.TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL CAMERON	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5306 RIVER OAKS C.C.TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVERLY THOMASON	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 MUPPER BROADWAY #1111 C.C.TX 78401		(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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICK ROGERS	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code ONESMONEYME PLAZA # 800 C.C. TX 78401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOBBY RUCKER	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5515 SARATOGA BLVD C.C. TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS. GIENN MARTIN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1000 N. STATION # 508 PORT ARANSAS, TX 78373		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 3/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIR & MRS ALFRED BETRY	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 749 BRADSHAW C.C. TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINERBARGER, GOGGAN BLAIR + SAMPSON	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TX 78760		(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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/2/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS CLAUDE JENNINGS	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 6696 C.C.TX 78466		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS MICHAEL YONKER	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5319 ST. ANDREWS C.C.TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUBEN BONILLA	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5080 C.C.TX 78465		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT ADLER	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 5405 C.C.TX 78465		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR & MRS GREG HOOD	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4942 VALLEY STREAM DR C.C.TX 78413		(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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR & MRS CHARLES SCHULTZ	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7417 LUGANO C.C.TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 4/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR & MRS KEN CULBRETH, JR	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 237 INDIANA AVE C.C.TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLARD HAMMONS, SR	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4418 OCEAN DR C.C.TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DR & MRS. CHARLES MOORE	Amount of contribution (\$) 2040⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 706 MONETTE C.C.TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) F. I. GANDY JR	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1316 C.C.TX 78403		(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: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 4/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) JIM BARNETTE	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2728 AIRLINE RD C.C.TX 78414		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 4/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) MR & MRS. MARY BERRY	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2757 OLEAN DR C.C.TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) MR & MRS. MARK MILLER	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7909 GALILEE CIRCLE C.C.TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) MR & MRS. BRADLEY SMITH	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5221 WENTWORTH DR C.C.TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) ROBERT CORRIGAN, JR.	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 2504 C.C.TX 78403		(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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14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Files)	
4 Date 5/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) DR & MRS WAYNE MORRIS	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4522 LAKE BISTINEAU C.C.TX 78413		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) BERNARD SEGER	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1602 GIENDAK C.C.TX 78418		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) MR & MRS JOHN MCLAET	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3117 SEAFORM C.C.TX 78418		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) CHARLES ESKRIDGE	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14326 AQUARIUS C.C.TX 78418		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) MR & MRS DENNIS BERRY	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4550 RIVER PARK DR C.C.TX 78410		(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: 14	
2 FILER NAME: JOE McComb		3 ACCOUNT # (Ethics Commission Files)	
4 Date: 5/2/14	5 Full name of contributor: BENJAMIN MOSTAFA <input type="checkbox"/> out-of-state PAC (DE: _____)	7 Amount of contribution (\$): 700 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: 1602 AYERS C.C. TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date: 5/13/14	Full name of contributor: MR & MRS ED MARTIN <input type="checkbox"/> out-of-state PAC (DE: _____)	Amount of contribution (\$): 1,000 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 5814 OSO PARKWAY C.C. TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date: 5/13/14	Full name of contributor: J. ANDERSON <input type="checkbox"/> out-of-state PAC (DE: _____)	Amount of contribution (\$): 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 2408 LAKEVIEW DR ROCKPORT, TX 78362		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date: 5/13/14	Full name of contributor: MR & MRS DARRYL HAAS <input type="checkbox"/> out-of-state PAC (DE: _____)	Amount of contribution (\$): 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: 6963 FM 6066 MATRIS, TX 78368		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date: _____ Full name of contributor: _____ 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.

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

JOE McComb

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor 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 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 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 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 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

JOE McLomb

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$ 5,000⁰⁰

5 Date of loan

4-4-14

7 Name of lender

JOE McLomb

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

9 Loan Amount (\$)

5,000⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

P.O. Box 1689
C.C.T. 78403

10 Interest rate

-0-

11 Maturity date

?

12 Principal occupation / Job title (See Instructions)

PERSONAL LOAN

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

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

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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.

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 JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/20/14	5 Payee name JEFF BUTLER
--------------------------	------------------------------------

6 Amount (\$) 3,000⁰⁰	7 Payee address; City; State; Zip Code 1321 PETERSON DR C.C.TX 78412
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule); CONSULTING/REIMB	(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 2/24/14	Payee name JEFF BUTLER
------------------------	----------------------------------

Amount (\$) 3,000⁰⁰	Payee address; City; State; Zip Code 1321 PETERSON DR C.C.TX 78412
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING/REIMB	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 2/25/14	Payee name LINDA CAVAZOS
------------------------	------------------------------------

Amount (\$) 76.50	Payee address; City; State; Zip Code P.O. Box 2224 C.C.TX 78403
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE BANK	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 2/25/14	Payee name JANIE Ayala
------------------------	----------------------------------

Amount (\$) 2/25/14	Payee address; City; State; Zip Code 3802 PANAMA C.C.TX 78415
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE BANK	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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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: 1	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/25/14	5 Payee name CELINA ALEGRIA
--------------------------	---------------------------------------

6 Amount (\$) 57.38	7 Payee address; City; State; Zip Code 518 FRANCESCA ST C.C. TX 78405
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PHONE BANK	(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 2/25/14	Payee name GRACIE RODRIGUEZ
------------------------	---------------------------------------

Amount (\$) 76.50	Payee address; City; State; Zip Code 2504 GOLIAD DR C.C. TX 78405
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE BANK	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 2/25/14	Payee name NORMA ESCARZABA
------------------------	--------------------------------------

Amount (\$) 80.75	Payee address; City; State; Zip Code 3506 LARIAT LANE C.C. TX 78415
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE BANK	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 2/26/14	Payee name JEFF BUTLER
------------------------	----------------------------------

Amount (\$) \$,000⁰⁰	Payee address; City; State; Zip Code 1321 PETERSON DR C.C. TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING/REIMB	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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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: 1	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

4 Date 2/28/14	5 Payee name Gulf Coast Mailing Services
--------------------------	--

6 Amount (\$) 1,842.13	7 Payee address; City; State; Zip Code P.O. Box 9312 C.C. TX 78469
----------------------------------	--

8 PURPOSE OF EXPENDITURE PRINTING/POSTAGE	(a) Category (See categories listed at the top of this schedule)	(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 3/5/14	Payee name LINDA CAVAZOS
-----------------------	------------------------------------

Amount (\$) 170⁰⁰	Payee address; City; State; Zip Code P.O. Box 2224 C.C. TX 78403
--	--

PURPOSE OF EXPENDITURE PHONE BANK	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 3/5/14	Payee name NORMA ESCARZATA
-----------------------	--------------------------------------

Amount (\$) 250.72	Payee address; City; State; Zip Code 3506 LARIAT LANE C.C. TX 78415
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PURPOSE OF EXPENDITURE PHONE BANK	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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Date 3/5/14	Payee name CERINA ALEGRIA
-----------------------	-------------------------------------

Amount (\$) 119.01	Payee address; City; State; Zip Code 518 FRANCESCA ST C.C. TX 78405
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PURPOSE OF EXPENDITURE PHONE BANK	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

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: 7	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

4 Date 3/5/14	5 Payee name GRACIE RODRIGUEZ
-------------------------	---

6 Amount (\$) 184.88	7 Payee address; City; State; Zip Code 2504 Goliad DR C.C. TX 78405
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PHONE BANK	(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 3/5/14	Payee name JAMIE Ayala
-----------------------	----------------------------------

Amount (\$) 144.50	Payee address; City; State; Zip Code 3802 PANAMA C.C. TX 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE BANK	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 3/11/14	Payee name COOPER OUTDOOR ADVERTISING
------------------------	---

Amount (\$) 680.00	Payee address; City; State; Zip Code P.O. BOX 9431 C.C. TX 78469
------------------------------	--

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
---	-------------------------------	---------------	-------------

Date 3/27/14	Payee name COOPER OUTDOOR ADVERTISING
------------------------	---

Amount (\$) 680.00	Payee address; City; State; Zip Code P.O. BOX 9431 C.C. TX 78469
------------------------------	--

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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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: 1	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-1-14	5 Payee name JEFF BUTLER
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6 Amount (\$) 2500	7 Payee address; City; State; Zip Code 1321 PETERSON DR C.C.TX 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING	(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 4-8-14	Payee name ATEROW Display SIGNS
-----------------------	---

Amount (\$) 1,036.49	Payee address; City; State; Zip Code 1343 S. STAPLES C.C.TX 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SIGNS	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 4-9-14	Payee name COOPER OUTDOOR ADVERTISING
-----------------------	---

Amount (\$) 680.00	Payee address; City; State; Zip Code P.O. BOX 9431 C.C.TX 78469
------------------------------	---

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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Date 4-24-14	Payee name POSTMASTER
------------------------	---------------------------------

Amount (\$) 230.00	Payee address; City; State; Zip Code DOWNTOWN STATION C.C.TX 78403
------------------------------	--

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

5

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 JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-25-14	5 Payee name PADRE ISLAND BUSINESS ASSOCIATION
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6 Amount (\$) 180⁰⁰	7 Payee address; City; State; Zip Code 14493 S.P.I.D. SUITE A PMB313 C.C.TX 78418
--	---

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)
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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 5-5-14	Payee name JEFF BUTLER
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Amount (\$) 2900⁰⁰	Payee address; City; State; Zip Code 1321 PETERSON DR C.C.TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING/REIMB	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 5-5-14	Payee name PARKDALE PRINTING
-----------------------	--

Amount (\$) 51.96	Payee address; City; State; Zip Code 4337 S. ALAMEDA C.C.TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	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 5-12-14	Payee name GULF COAST MAILING SERVICES
------------------------	--

Amount (\$) 340.99	Payee address; City; State; Zip Code P.O. BOX 9312 C.C.TX 78469
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

6

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: 7	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-13-14	5 Payee name JEFF BUTLER
--------------------------	------------------------------------

6 Amount (\$) 626.00	7 Payee address; City; State; Zip Code 1321 PETERSON DR C.C. TX 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING REIMB	(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 5-15-14	Payee name JEFF BUTLER
------------------------	----------------------------------

Amount (\$) 7,300.00	Payee address; City; State; Zip Code 1321 PETERSON C.C. TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING PURCHASE	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 5-15-14	Payee name JEFF BUTLER
------------------------	----------------------------------

Amount (\$) 7,000.00	Payee address; City; State; Zip Code 1321 PETERSON DR C.C. TX 78412
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING PURCHASE	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	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

7

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME JOE McComb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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)
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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: <u>1</u>	2 FILER NAME <u>JOE McComb</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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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 ONLY 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)
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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	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)
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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	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)
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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

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 M Lcomb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	MA	

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	A	

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

Amount (\$)	Payee address; City; State; Zip Code
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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
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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 McCOMB

3 ACCOUNT # (Ethics Commission Filers)

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

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: <u>1</u>
2 FILER NAME <u>JOE McComb</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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 MCLOMB

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, 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