

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: **18**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MR** FIRST: **JOE** MI: **A.**
NICKNAME: LAST: **McComb** SUFFIX:

OFFICE USE ONLY

Date Received
FILED FOR RECORD AT 12:30 PM
JUL 15 2014

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1689
Corpus Christi, TX 78403

Date Hand Delivered or Received
DIANA T. BARRERA
Clerk, County Court, Nueces County, Texas
By: **Deidre** Deputy
Receipt # **Syamen**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 739-3152

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MR** FIRST: **JOE** MI: **A.**
NICKNAME: LAST: **McComb** SUFFIX:

Date Imaged

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 PHONE NUMBER EXTENSION
(361) 739-3152

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
05 / 18 / 14 THROUGH **06 / 30 / 14**

11 ELECTION

ELECTION DATE: Month Day Year **05 / 27 / 14**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
NUECES COUNTY COMMISSIONER
Precinct 4

13 OFFICE SOUGHT (if known)

NUECES COUNTY COMMISSIONER
Precinct 4

GO TO PAGE 2

2014-109

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JOE M LOMB 15 ACCOUNT # (Ethics Commission File #) _____

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

additional pages

COMMITTEE NAME _____

COMMITTEE ADDRESS _____

COMMITTEE CAMPAIGN TREASURER NAME _____

COMMITTEE CAMPAIGN TREASURER ADDRESS _____

WIA

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,860.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 96.22
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10,734.86</u> 10,831.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 503.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000.00

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 Lomb
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe A Lomb, this the 15 day of July, 2014, to certify which, witness my hand and seal of office.

Melanie A Conner Signature of officer administering oath
Melanie A. Conner Printed name of officer administering oath

MELANIE A CONNER
Notary Public, State of Texas
My Commission Expires
May 19, 2015

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/19/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL HUMMELL	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 6323 C.C. TX 78466		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBRA LINDSEY-OPEL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15862 COTTYSARK C.C. TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE FINLEY	Amount of contribution (\$) 2500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3360 OCEAN DR. C.C. TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.C. WINN	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 N. SHORELINE - 19TH FLOOR C.C. TX 78401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.A. WINN	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 800 N. SHORELINE - 19TH FLOOR 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME **JOE McComb**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **5/19/14**

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

7 Amount of contribution (\$) **250.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**800 N. SHORELINE - 19TH FLOOR
C.C. TX 78401**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **5/19/14**

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

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**800 N. SHORELINE
C.C. TX 78401**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/22/14**

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

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2138 HIGHWAY 286
C.C. TX 78415**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/22/14**

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

Amount of contribution (\$) **1000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1374 SANDPIPER
C.C. TX 78412**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/22/14**

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

Amount of contribution (\$) **200.00**

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)

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: <u>3</u>	
2 FILER NAME <u>JOE McCOMB</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/22/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PAUL ALTHEIDE</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>202 DEL MAR C.C. TX 78404</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/22/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ronald GARCIA</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6325 Legacy Point C.C. TX 78414</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/19/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rolando Barrera</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2621 Camargo C.C. TX 78415</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/23/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOE FULTON</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 9486 C.C. TX 78469</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/23/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LINERBARGER GOGGAN BLAIR + SAMPSON</u>	Amount of contribution (\$) <u>1500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 17428 AUSTIN, TX 78760</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.

5

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

JOE McComb

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.

6

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

6/2/14

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

JOE McComb

9 Loan Amount (\$)

2,000⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

P.O. Box 1689
L.C. TX 78403

10 Interest rate

—

11 Maturity date

?

12 Principal occupation / Job title (See Instructions)

County Commissioner

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

N/A

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

N/A

21 Employer (See Instructions)

N/A

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
Y N		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

Amount Guaranteed (\$)

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.

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 MCLOMB	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/19/14	5 Payee name LINDA CAVAZOS	
6 Amount (\$) 93.50	7 Payee address; City; State; Zip Code P.O. Box 2224 C.C.TX 78403	
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)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/19/14	Payee name Jeremy ESCARZAGA	
Amount (\$) 93.50	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/19/14	Payee name NORMA ESCARZAGA	
Amount (\$) 93.50	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/19/14	Payee name GRACIE RODRIGUEZ	
Amount (\$) 5/19/14 93.50	Payee address; City; State; Zip Code 2504 Goliad 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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

8

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 5/19/14	5 Payee name YOLANDA Garcia
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6 Amount (\$) 46.75	7 Payee address; City; State; Zip Code 4023 OAK BAY DR #D C.C.TX 78413
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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 5/21/14	Payee name JEFF BUTLER
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Amount (\$) 3,000⁰⁰	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) CONSULT / 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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Date 5/21/14	Payee name POSTMASTER
------------------------	---------------------------------

Amount (\$) 245⁰⁰	Payee address; City; State; Zip Code DOWNTOWN STATION C.C.TX 78403
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) STAMPS	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 5/22/14	Payee name JEFF BUTLER
------------------------	----------------------------------

Amount (\$) 2,500⁰⁰	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) CONSULT / 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
---	-------------------------------	---------------	-------------

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: 5		2 FILER NAME JOE McComb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/14		5 Payee name Padre Island Business Assoc			
6 Amount (\$) 180.00		7 Payee address; City; State; Zip Code 14493 S.P.F.D. SUITE A PMB 313 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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/23/14		Payee name LINDA CAVAZOS			
Amount (\$) 110.50		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	
Date 5/23/14		Payee name GRACE RODRIGUEZ			
Amount (\$) 93.50		Payee address; City; State; Zip Code 2504 COLIAD 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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/23/14		Payee name NORMA ESCARZAGA			
Amount (\$) 93.50		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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5		2 FILER NAME JOE M Lcomb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/14		5 Payee name JEREMY ESCARZAGA			
6 Amount (\$) 93.50		7 Payee address; City; State; Zip Code 3506 LARIAT LANE C.C.TX 78415			
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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/23/14		Payee name YOLANDA GARCIA			
Amount (\$) 93.50		Payee address; City; State; Zip Code 4023 OAK BAY DR # D C.C.TX 78413			
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	
Date 5/29/14		Payee name LINDA CAVAZOS			
Amount (\$) 74.38		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	
Date 5/29/14		Payee name GRACIE RODRIGUEZ			
Amount (\$) 74.38		Payee address; City; State; Zip Code 2504 GOLLAD 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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME JOE MLCOMB	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

4 Date 5/29/14	5 Payee name NORMA ESCARZAGA
--------------------------	--

6 Amount (\$) 74.38	7 Payee address; City; State; Zip Code 3506 LARIAT LANE C.C.TX 78415
-------------------------------	--

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)
--------------------------	---	---

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

Date 6/2/14	Payee name JEFF BUTLER
-----------------------	----------------------------------

Amount (\$) 3663.22	Payee address; City; State; Zip Code 1321 PETERSON C.C.TX 78412
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULT/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
---	-------------------------------	---------------	-------------

Date 6/30/14	Payee name AGIF ORGANIZATION
------------------------	--

Amount (\$) 65.00	Payee address; City; State; Zip Code PO BOX 10807 C.C.TX 78460
-----------------------------	--

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12

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 MCLOMB	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

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

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)
--------------------------	--	---

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)
------------------------	--	---

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 | 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 H: 1	2 FILER NAME JOE McComb	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)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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14

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 JDE 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.)			
	<table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> </table>		Date	Payee name	Amount (\$)
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				

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.)			
	<table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> </table>		Date	Payee name	Amount (\$)
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				

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.)			
	<table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> </table>		Date	Payee name	Amount (\$)
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				

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.)			
	<table border="1"> <tr> <td>Date</td> <td>Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> </table>		Date	Payee name	Amount (\$)
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				

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15

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 MLCOMBS

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

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 McCOMBS

3 ACCOUNT # (Ethics Commission Filers)

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

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

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:

- 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)

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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 McComb

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 months 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