CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

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: | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST DAVID NICKNAME LAST | B, suffix | Date Received | |
| | Koch | | JUN 1 3 2014 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / POBOX; APT/SUITE#; CITY; 3243 BRINCREST | _ | Y MANAGER'S OFFICE | |
| change of address | FARMERS BRANC | H TX 75234 | Receipt # Amount | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (214) 732 - 3934 | EXTENSION | Date Processed | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/ØB FIRST PHILLIP C. NICKNAME LAST | MI SUFFIX | Date Imaged | |
| | CLAY RUSSE | | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 12427 VERONI FARMERS BRANCH | | 96943 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (97) 241-2642 | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before election Buly 15 8th day before election | Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year THROUGH | 6 13 | Year 14 | |
| 11 ELECTION | ELECTION DATE SHORT Primary Control C | Runoff | General Special | |
| 12 OFFICE | OFFICE HELD (If any) | 13 OFFICE SOUGHT ((fknown) | ^ | |
| | | INAYOR | FARMERS BRANCH | |
| GO TO PAGE 2 | | | | |

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

| DAVID | B. KocH | 15 ACCOUNT # (Ethics Commission Filers) | |
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| 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 | TYEE TYPE COMMITTEE NAME | | |
| GENERAL | RAL | | |
| SPECIFIC | COMMITTEE ADDRESS | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM | IAN S P | |
| | | \$ 2,825 | |
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | |
| 4. TOTAL POLITICAL EXPENDITURES \$ 11, 954.39 | | | |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3,999.45 | | | |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | |
| 18 AFFIDAVIT | | | |
| ene Miller | is true and correct and includes | of perjury, that the accompanying report all information required to be reported by le. | |
| 02-07-2017 ************************************ | Signature of C | candidate or Officeholder | |
| MP / SEAL ABOVE | The to Book of D | Aluta Alua | |
| Sworn to and subscribed before me, by the said Wand to Fork this the day of t | | | |
| Signature of officer administering oath With Printed name of officer administering oath Title of officer administering oath | | | |
| | THIS BOX IS FOR NOTIC CANDIDATE / OFFICE- CONSENT. CANDIDATE COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL E PLEDGE 2. TOTAL F 4. TOTAL F 5. TOTAL P OF REPO 6. TOTAL F LAST D COMMITTEE TYPE A. TOTAL F COMMITTEE TYPE PLEDGE 2. TOTAL F COMMITTEE TYPE A. TOTAL F COMMITTEE TYPE A. TOTAL F COMMITTEE TYPE A. TOTAL F COMMITTEE TYPE COMMIT | COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE COMMITTEE COMMITTEE OF COMMITTEE OF COMMITTE | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 FILER NAME DAVID KOCH | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor Out-of-state PAC (DE: | 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1603 LBJ F-W Y SUETE 300 FARMENS BRANCH TX 75235 9 Principal occupation / Job title (See Instructions) 10 Employer (See | 2000,00 |
| 14 FARMERS BRANCH TX 75234 | (If travel outside of Texas, complete Schedule T) |
| | LEN ENBLGY |
| Date Full name of contributor Li out-of-state PAC (108) | Amount of In-kind contribution contribution (\$) description (if applicable) |
| 5/8/ FARD T. BADYNA Contributor address; City; State; Zip Code 16479 DALLAS PADKWAY #8 | 50 100,00 |
| 117 ADDISON, TX 75001 | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | The House of the H |
| Date Full name of contributor out-of-state PAC(IDS: | _) Amount of In-kind contribution contribution (\$) description (if applicable) |
| Contributor address; City: State; Zip Code 3160 BERRY MEADE | 25.00 |
| Principal occupation / Job title (See Instructions) Employer (Se | (If travel outside of Texas, complete Schedule T) |
| Retine | |
| Date Full name of contributor Out-of-state PAC (DB): | Amount of In-kind contribution contribution (\$) description (if applicable) |
| GARTCHEN CASH Contributor address; City; State; Zip Code | 500,00 |
| 14 3341 CHAPPAREAL DR FARMERS BRANCH TX 75 | 32/4 |
| | 3-15 Inf travel outside of Texas, complete Schedule T) ee Instructions) |
| Date Full name of contributor out-of-state PAC (D#: | Amount of In-kind contribution contribution (\$) description (if applicable) |
| Contributor address; City; State; Zip Code 3514 DANNY LN | 20000 |
| Principal occupation / Job title (See Instructions) Employer (See | |
| Principal occupation / Job title (See Instructions) Ruth red | ee Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDU | JLE AS NEEDED |

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | EXPENDITURE CATEGORIES FO Gift/Awards/Memorials Expense Salaries/Wages/Contr Legal Services Solicitation/Fundraisir Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ren | ract Labor Loa ng Expense Tra Cor | ntributions/Donation Candidate/Officeho | ent & Related Expense |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|---------------------------|
| rees | The Instruction Guide explains how to co | • | ricit (enter a categ | ory flot noted above, |
| 1 Total pages Schedule F: | 2 FILER NAME DAVID ROCH | inprote tille termi | 3 ACCOUNT # (| Ethics Commission Filers) |
| 5/8/14 | 7 Payee address; City; State; Zip Code | CE | | |
| 6 Amount (6) | 7 Payee address; City; State; Zip Code | E. STOR | | |
| 152.62 | 20 25 TRUING BWG (a) Category (See categories listed at the top of this schedule) | SUTE 3 | - | |
| 8 PURPOSE OF | | ay becompact (iiii | | omp.o.o |
| EXPENDITURE | ADVERTISING EXP | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name PH | Office sought | | Office held |
| Date 5/13/14 | Payee name CLAY RUSSELL | | | |
| Amount (\$) | Payee address; City; State; Zip Code | ACLE | | |
| 164.34 | FARMERS BRANC | CH TX | 752 | 34 |
| PURPOSE | Category (See categories listed at the top of this schedule) | | avel outside of Texas, o | |
| OF EXPENDITURE | TRAVEL IN DISTARCE | Qet. P | SURSE (| 225 |
| | | Office sought | 1012512 | Office held |
| Complete ONLY if direct a expenditure to benefit C/C | t t | Omoo Soughi | | |
| Date 5/13/14 | Payee name CLAY RUSSELL Payee address; City; State; Zip Code | | | |
| Amount (\$) / | Payee address; City; State; Zip Code | TO | | |
| 369.95 | 12427 VERONICA C FARMERS BRANCH | | 5234 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If t | ravel outside of Texas, | complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/6 | Candidate / Officeholder name | Office sought | | Office held |
| Date / / | Payee name | | | |
| 5/14/14 | WISH LIST DIRECT | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 3286.33 | P.O.B. 312100 NEW BRAUNFELS, T | -x 791 | 31. | |
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| Complete <u>ONLY</u> if direct expenditure to benefit C | Candidate / Officeholder name | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | CHEDULE AS N | EDED | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

| Advertising Expense Accounting/Banking | Gift/Awards/Memorials Expense Legal Services | Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense | Loan Repayment/Reimbursement Transportation Equipment & Related Expense |
|--------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense Printing Expense | Travel Out Of District Office Overhead/Rental Expense | Candidate/Officeholder/Political Committee |
| Fees | = · | e explains how to complete this t | OTHER (enter a category not listed above) |
| 1 Total pages Schedule F: | 2 FILER NAME | Δ . | 3 ACCOUNT # (Ethics Commission Filers) |
| , total pages essistant. | DAV | IN KNCH | (2000-000) |
| 4 Date / / | 5 Payee name | 20 1,0911 | |
| 5/14/14 | VICI | MEDIA | |
| 6 Amount (\$) | 7 Payee address; City; S | ate; Zip Code | |
| 202 00 | 816 BEG WO | ons Rd | |
| 0113.06 | LONGVIEW, | TX 15605 | |
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| Amount (\$) | Payee address; City; S | tate; Zip Code | |
| 1 | POB 3121 | 00 | |
| 2299.14 | NEW BRAD | NFE/S, TX | 78131 |
| PURPOSE | Category (See categories listed at the to | p of this schedule) Description | on (if travel outside of Taxas, complete Schedule T) |
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| Amount (\$) | Payee address/ City; S | tate; Zip Code | 4),,00.7 |
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| 22800 | | BRANCA T | 7 75124 |
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| EXPENDITURE | EVENT E | (PENSE SEND | IDR BREAKFAST |
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| expenditure to benefit C. | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

| Advertising Expense Accounting Remining Consulting Expense Repair Advertising Expense Repair Reministration (Consulting Expense Eagla Services Person Eagla Services Services Proceedings of Progress Poling Expense Eagla Services Proceedings of Progress Poling Expense Poling Ex | | | |
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| Amounty (\$) / Payee address; City; State; Zip Code 84.03 | 1 6/00/14 | DINNACLE (-RAPIL | 7.6.5 |
| 84.03 4098 LINDGERGH OR ADDISON TX 7500 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) EXPENDITURE PAINTING DOOR HANGAR S Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held | Amount (E) | Private address: City: State: Zin Code | |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | Complete ONLY it direct | | |
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| Advantales Frances | EXPENDITURE CATEGORIES | | | - 1 |
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| Advertising Expense | Gift/Awards/Memorials Expense Salaries/Wages/C | | Loan Repayment/Reimbursement | |
| Accounting/Banking | Legal Services Sollcitation/Funda | alsing Expense | Transportation Equipment & Related Expense | |
| Consulting Expense | Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di | strict | Contributions/Donations Made By Candidate/Officeholder/Political Committee | |
| Event Expense Fees | Printing Expense Office Overhead | | OTHER (enter a category not listed above) | |
| | The instruction Guide explains how to | complete this fo | rm. | |
| 1 Total pages Schedule F: | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | .) |
| | DAVID KOC | -H | | _ |
| 4 Date | 5 Payee name | 1 | | -1 |
| 6/10/14 | 'NUENO LEE | | | _ |
| 6 Amount/(\$) | 7 Payee address; Clty; State; Zip Code | VE SUT | TE 100 | |
| 1000 | 7 Payee address; City; State; Zip Code 12895 JOSEY LA | | = 100 | |
| 150. | FARMERS BRAN | ICH, TX | 75234 | |
| 8 PURPOSE OF | (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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| Amount (\$) | B. C. DESIGN Payee address; City; State; Zip Code | | | |
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| Date 6/11/14 | Payee name PINNACLE GRAD Payee address; City; State; Zip Code 4098 LINDBERGY | 1 | | |
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2070 Austin, Texas 78711-2070

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | The Instruction Guide explains how | to complete this form. | |
|--------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) | |
| Į. | DAVID KOCH | PAT | |
| ^{4 Date} /8/14 | 5 Payee name FIRE HOUSE THEATER | | |
| 6 Amount (\$) 2500.00 | 7 Payee address; City; State; Zip Code 2535 VALLEY VIEW LN FARMERS BRANCH TX | 75234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Instructions for examples of acceptable categories) | (b) Description (See Instructions regarding type of Information required.) | |
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| 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.) | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED