

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI	OFFICE USE ONLY RECEIVED Date Received JUN 13 2014 CITY MANAGER'S OFFICE Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
DAVID B. KOCH			
NICKNAME LAST SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	3243 BRINCREST FARMERS BRANCH TX 75234		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(214) 732-3934		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI		
	NICKNAME LAST SUFFIX		
PHILLIP C. CLAY RUSSELL			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	12427 VERONICA CIRCLE FARMERS BRANCH, TX 75234		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(972) 241-2642		
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 checked="" 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
	5 / 03 / 14 6 / 13 / 14		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	6 / 21 / 14	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)	
		MAYOR FARMERS BRANCH	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

DAVID B. KOCH

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 2,825

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 11,954.39

CONTRIBUTION
BALANCE

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

\$ 3,999.45

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



David B. Koch

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David B. Koch, this the 13th day of June, 2014, to certify which, witness my hand and seal of office.

Gene Miller
Signature of officer administering oath

Gene Miller
Printed name of officer administering oath

Notary
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: 1	
2 FILER NAME DAVID KOCH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT NEEL CROUCH 6 Contributor address; City; State; Zip Code 1603 LBJ FWY SUITE 300 FARMERS BRANCH TX 75234	7 Amount of contribution (\$) 2000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) MINERALS & ENERGY		10 Employer (See Instructions) BALKEN ENERGY	
Date 5/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED T. BADYNA Contributor address; City; State; Zip Code 16479 DALLAS PARKWAY #850 ADDISON, TX 75001	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) FINANCIAL PLANNING		Employer (See Instructions)	
Date 6/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDI AND KARL MOHLER Contributor address; City; State; Zip Code 3160 BERRY MEADE FARMERS BRANCH TX 75234	Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retire		Employer (See Instructions)	
Date 6/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GRETCHEN CASH Contributor address; City; State; Zip Code 3341 CHAPPARRAL DR FARMERS BRANCH TX 75234	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 6/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD A. CHANEY Contributor address; City; State; Zip Code 2514 DANNY LN FARMERS BRANCH TX 75234	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		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 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: 4	2 FILER NAME DAVID KOCH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/8/14	5 Payee name REGENCY OFFICE
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6 Amount (\$) 152.62	7 Payee address; City; State; Zip Code 2025 IRVING BLDG SUITE 206 DALLAS TX 75207
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXP	(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 5/13/14	Payee name CLAY RUSSELL
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Amount (\$) 164.34	Payee address; City; State; Zip Code 12427 VERONICA CIRCLE FARMERS BRANCH TX 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description (If travel outside of Texas, complete Schedule T) REIMBURSE GAS
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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 5/13/14	Payee name CLAY RUSSELL
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Amount (\$) 369.95	Payee address; City; State; Zip Code 12427 VERONICA CIR FARMERS BRANCH TX 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD AND BEVERAGE EXP	Description (If travel outside of Texas, complete Schedule T) FOOD + DRINKS FOR SUPPORTERS
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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 5/14/14	Payee name WISH LIST DIRECT
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Amount (\$) 3286.33	Payee address; City; State; Zip Code P.O.B. 312100 NEW BRAUNFELS, TX 78131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAILER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:		2 FILER NAME DAVID KOCH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/14/14		5 Payee name VICI MEDIA			
6 Amount (\$) 893.06		7 Payee address; City; State; Zip Code 816 BIG WOODS RD LONGVIEW, TX 75605			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXP		(b) Description (If travel outside of Texas, complete Schedule T) GRAPHIC DESIGN	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/18/14		Payee name WISH LIST DIRECT			
Amount (\$) 2299.14		Payee address; City; State; Zip Code POB 312100 NEW BRAUNFELS, TX 78131			
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 6/2/14		Payee name CITY OF FARMERS BRANCH			
Amount (\$) 238.00		Payee address; City; State; Zip Code 14055 DENNIS LANE FARMERS BRANCA TX 75234			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) SENIOR BREAKFAST	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/10/14		Payee name REGENCY OFFICE PRODUCTS			
Amount (\$) 259.80		Payee address; City; State; Zip Code 2025 IRVING BLVD, SUITE 206 DALLAS, TX 75207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T) STICKERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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:		2 FILER NAME DAVID KOCH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/14		5 Payee name PINNACLE GRAPHICS			
6 Amount (\$) 368.06		7 Payee address; City; State; Zip Code 4098 LINDBERGH DR. ADDISON TX 75001			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) DOOR HANGARS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
10 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
11 Date 6/5/14		12 Payee name PROMOS INK, INC			
13 Amount (\$) 166.67		14 Payee address; City; State; Zip Code 2520 TARPLEY RD SUITE 600 CARROLLTON, TX 75006			
15 PURPOSE OF EXPENDITURE		16 Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		17 Description (If travel outside of Texas, complete Schedule T) T-SHIRTS FOR VOLUNTEERS	
18 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
19 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
20 Date 6/9/14		21 Payee name THE KOCH COMPANY			
22 Amount (\$) 467.00		23 Payee address; City; State; Zip Code 12254 BRISBANE AVE FARMERS BRANCH TX 75234			
24 PURPOSE OF EXPENDITURE		25 Category (See categories listed at the top of this schedule) ADVERTISING		26 Description (If travel outside of Texas, complete Schedule T) SIGNS	
27 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
28 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
29 Date 6/9/14		30 Payee name PINNACLE GRAPHICS			
31 Amount (\$) 184.03		32 Payee address; City; State; Zip Code 4098 LINDBERGH DR ADDISON TX 75001			
33 PURPOSE OF EXPENDITURE		34 Category (See categories listed at the top of this schedule) PRINTING		35 Description (If travel outside of Texas, complete Schedule T) DOOR HANGARS	
36 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
37 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME DAVID KOCH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/10/14	5 Payee name 'NUEVO LEON
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6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 12895 JOSEY LANE SUITE 100 FARMERS BRANCH, TX 75234
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FOOD FOR SUPPORTERS
	Candidate / Officeholder name	Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date 6/10/14	Payee name B.C. DESIGNS
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Amount (\$) 50.00	Payee address; City; State; Zip Code 625 N. HAMILTON ST #53 CHANDLER, AZ 85225
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEB SITE
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 6/11/14	Payee name PINNACLE GRAPHICS
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Amount (\$) 405.37	Payee address; City; State; Zip Code 4098 LINDBERGH ADDISON, TX 75001
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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) LETTERS
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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)
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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 DAVID KOCH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/8/14	5 Payee name FIREHOUSE 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) DONATION	(b) Description (See Instructions regarding type of Information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories)	(b) Description (See Instructions regarding type of Information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories)	(b) Description (See Instructions regarding type of Information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See Instructions regarding type of Information required.)

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