

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|--|---------------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 24 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR FIRST Justin MI J NICKNAME J. J. LAST Koch SUFFIX | OFFICE USE ONLY Date Received COUNTY ELECTIONS 2018 MAY 14 11:23 AM RECEIVED DALLAS Date Hand-delivered or Date Postmarked | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5706 E. Mockingbird Lane Suite 115 PMS 207 Dallas TX 75206 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 302 9568 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MS FIRST Kristine MI NICKNAME Kiki LAST SUFFIX | Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2500 Springwood Lane Richardson TX 75240 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 403 7240 | | |
| 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 / 25 / 18 5 / 12 / 18 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 22 / 2018 | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Dallas County Commissioner District 2 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Justin Jay Koch 15 Filer ID (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.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6826.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 17468.46 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 16218.80 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 60,000.00 |

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUSTIN J. KOCH, this the 14TH day of MAY, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

LUCAS J. NELSON
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 6826.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 17468.46 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>7</u> |
| 2 FILER NAME <u>Justin J. Koch</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>3/5/18</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sharan Kindness</u> | 7 Amount of contribution (\$) <u>100.00</u> |
| 6 Contributor address; City; State; Zip Code <u>394 Princeton Rd Hamilton OH 45011</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>Retired</u> | | 9 Employer (See Instructions) <u>Retired</u> |
| Date <u>3/20/18</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William R Weaver</u> | Amount of contribution (\$) <u>250.00</u> |
| Contributor address; City; State; Zip Code <u>1845 Woodall Rodgers Fry Dallas TX 75200</u> | | |
| Principal occupation / Job title (See Instructions) <u>Doctor</u> | | Employer (See Instructions) <u>SELF</u> |
| Date <u>3/29/18</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Catherine Taylor</u> | Amount of contribution (\$) <u>500.00</u> |
| Contributor address; City; State; Zip Code <u>8235 Douglas Ave Dallas TX 75225</u> | | |
| Principal occupation / Job title (See Instructions) <u>Retired</u> | | Employer (See Instructions) <u>Retired</u> |
| Date <u>4/13/18</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Duncan</u> | Amount of contribution (\$) <u>100.00</u> |
| Contributor address; City; State; Zip Code <u>2950 N. Harwood ST Dallas TX 75201</u> | | |
| Principal occupation / Job title (See Instructions) <u>Attorney</u> | | Employer (See Instructions) <u>Posinelli</u> |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 6 |
| 2 FILER NAME Justin J. Koch | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/3/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk Wilson | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 4418 Brookview Dr Dallas TX 75220 | | |
| 8 Principal occupation / Job title (See Instructions) T Wilson Associates | | 9 Employer (See Instructions) President |
| Date 4/4/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Garcia | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 1250 San Patricio Dr. Dallas TX 75206 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 4/5/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ellen Skelski | Amount of contribution (\$) 25.00 |
| Contributor address; City; State; Zip Code 2652 Via Catalina Carrollton TX 75006 | | |
| Principal occupation / Job title (See Instructions) Flight Attendant | | Employer (See Instructions) Southwest Airlines |
| Date 4/13/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Lemmons | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 5819 Penrose Ave Dallas TX 75206 | | |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) GM Financial |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 6 |
| 2 FILER NAME Justin J. Koch | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/13/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunny Sajani 6 Contributor address; City; State; Zip Code 6247 Hand Ave Dallas TX 75219 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) Principal | | 9 Employer (See Instructions) Metropolitan Capital Advisors |
| Date 4/16/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Ransland Contributor address; City; State; Zip Code 6339 Rosco Dr. Dallas TX 75225 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) CONSULTANT | | Employer (See Instructions) SELF |
| Date 4/17/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurine Dickey Contributor address; City; State; Zip Code 18583 Dallas Pkwy suite 120 Dallas TX 75288 | Amount of contribution (\$) 1000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Dickey Foundation |
| Date 4/17/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia Mastly Contributor address; City; State; Zip Code 3831 Turtle Creek Blvd 2910 Dallas TX 75218 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) Retiree | | Employer (See Instructions) Retired |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 |
| 2 FILER NAME Justin J. Koch | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/17/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colleen Cantan | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code 2042 Kingsburg Dr. Dallas TX 75231 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 4/17/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki Goode | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 3437 Langmeade Dr. Farmers Branch TX 75234 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 4/18/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Navarro | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 911 N. MacArthur Blvd Irving TX 75062 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) SELF |
| Date 4/19/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary Aye | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 5930 Sandhurst Ln. 214 Dallas TX 75206 | | |
| Principal occupation / Job title (See Instructions) Investor | | Employer (See Instructions) Paniplo Ventures |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>7</u> 8 |
| 2 FILER NAME <p style="text-align: center;"><i>Justin J. Koch</i></p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="text-align: center;"><i>4/20/18</i></p> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><i>Jonathan Boos</i></p> | 7 Amount of contribution (\$) <p style="text-align: center;"><i>250.00</i></p> |
| 6 Contributor address; City; State; Zip Code <p style="text-align: center;"><i>12020 Forestgate Dr. Dallas TX 75234</i></p> | | |
| 8 Principal occupation / Job title (See Instructions) <p style="text-align: center;"><i>Attorney</i></p> | | 9 Employer (See Instructions) <p style="text-align: center;"><i>SELF</i></p> |
| Date <p style="text-align: center;"><i>4/22/18</i></p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><i>Jan Bentley</i></p> | Amount of contribution (\$) <p style="text-align: center;"><i>100.00</i></p> |
| Contributor address; City; State; Zip Code <p style="text-align: center;"><i>3832 N. Versailles Dallas TX 75209</i></p> | | |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;"><i>Home maker</i></p> | | Employer (See Instructions) <p style="text-align: center;"><i>Home maker</i></p> |
| Date <p style="text-align: center;"><i>4/23/18</i></p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><i>Jeffrey Koch</i></p> | Amount of contribution (\$) <p style="text-align: center;"><i>50.00</i></p> |
| Contributor address; City; State; Zip Code <p style="text-align: center;"><i>2407 Rt. 10 Morris Plains NJ 07950</i></p> | | |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;"><i>Educator</i></p> | | Employer (See Instructions) <p style="text-align: center;"><i>Elizabeth Public Schools</i></p> |
| Date <p style="text-align: center;"><i>4/24/18</i></p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><i>David Wilcox</i></p> | Amount of contribution (\$) <p style="text-align: center;"><i>100.00</i></p> |
| Contributor address; City; State; Zip Code <p style="text-align: center;"><i>4532 Alta Vista Ln Dallas TX 75228</i></p> | | |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;"><i>Growth Advisor</i></p> | | Employer (See Instructions) <p style="text-align: center;"><i>Bluewater International</i></p> |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 |
| 2 FILER NAME Justin J. Koch | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/24/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Vamer | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 6137 501 Ross Lane Dallas TX 75219 | | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 4/25/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Wilson | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 310 West Hurst Lane Coppell TX 75019 | | |
| Principal occupation / Job title (See Instructions) COO | | Employer (See Instructions) AccuBuild IT |
| Date 4/30/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Koch | Amount of contribution (\$) 1.00 |
| Contributor address; City; State; Zip Code 583 Morningstar Ave Dallas TX 75200 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) William Woodall PC |
| Date 5/3/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Claiborne | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 1025 S. Broadway Carrollton TX 75006 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) SELF |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 7 |
| 2 FILER NAME Justin J. Koch | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/13/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Muffines | 7 Amount of contribution (\$) 1000.00 |
| 6 Contributor address; City; State; Zip Code 8200 Douglas Dallas TX 75230 | | |
| 8 Principal occupation / Job title (See Instructions) Real Estate | | 9 Employer (See Instructions) SELF |
| Date 5/3/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliffan Squibb | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 6800 Northport Dallas TX 75230 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Cliffan & Squibb, LLP |
| Date 5/8/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Maslin | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 116 Central Park South New York NY 10019 | | |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Wood Glen Investments LLC |
| Date 5/8/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Billingsley | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 1722 Routh St Dallas TX 75201 | | |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Billingsley, CO |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: <i>14</i> | 2 FILER NAME <i>Justin Jay Koch</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/2/18</i> | 5 Payee name <i>Fedex Office</i> | |
| 6 Amount (\$) <i>26.20</i> | 7 Payee address; City; State; Zip Code <i>4568 Beltline Rd Addison Tx 75001</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Office Overhead Shipping</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

| | | |
|-------------------------------|---|---|
| Date <i>3/2/18</i> | Payee name <i>Axiom Strategies</i> | |
| Amount (\$) <i>4999.00</i> | Payee address; City; State; Zip Code <i>1251 NW Briarcliff Pkwy suite 85 Kansas City Mo 64116</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

| | | |
|-------------------------------|---|---|
| Date <i>3/2/18</i> | Payee name <i>Axiom Strategies</i> | |
| Amount (\$) <i>6455.55</i> | Payee address; City; State; Zip Code <i>1251 NW Briarcliff Pkwy suite 85 Kansas City Mo 64116</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Justin J Koch | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/5/18 | 5 Payee name Bank of America | |
| 6 Amount (\$) 10.00 | 7 Payee address; City; State; Zip Code 5116 Greenville Ave Dallas TX 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 3/6/18 | Payee name Axian Strategies | |
| Amount (\$) 1000.00 | Payee address; City; State; Zip Code 1251 NW Briardale PKWY 85 Kansas City mo 64116 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) consulting expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 3/6/2018 | Payee name BAR Louie | |
| Amount (\$) 650.67 | Payee address; City; State; Zip Code 8166 Park Ln suite C310 Dallas TX 75231 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Beverage expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: <i>14</i> | 2 FILER NAME <i>Justin J. Koch</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/9/18</i> | 5 Payee name <i>Cedar & Associates LLC</i> | |
| 6 Amount (\$) <i>2706.50</i> | 7 Payee address; City; State; Zip Code <i>6316 Dykes Way Dallas TX 75230</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>consulting expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>3/9/18</i> | Payee name <i>Mark Patrick</i> | |
| Amount (\$) <i>250.00</i> | Payee address; City; State; Zip Code <i>7108 Lavendale Ave Dallas TX 75230</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>3/15/18</i> | Payee name _____ | |
| Amount (\$) <i>2706.50</i> | Payee address; City; State; Zip Code _____ | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) _____ | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: <i>18</i> | 2 FILER NAME <i>Justin J. Koch</i> | 3 Filer ID (Ethics Commission Filers) |
|---|---------------------------------------|---------------------------------------|

| | |
|--------------------------|-----------------------------|
| 4 Date <i>3/20/18</i> | 5 Payee name <i>USPS</i> |
|--------------------------|-----------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) <i>25.00</i> | 7 Payee address; City; State; Zip Code <i>5606 SMU Blvd Dallas TX 75206</i> |
|-------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>office overhead postage</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

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

| | |
|------------------------|---------------------------------|
| Date <i>3/29/18</i> | Payee name <i>Mail clump</i> |
|------------------------|---------------------------------|

| | |
|------------------------------|--|
| Amount (\$) <i>159.90</i> | Payee address; City; State; Zip Code <i>625 Ponce de Leon Ave NE suite 500 Atlanta GA 30308</i> |
|------------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

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

| | |
|------------------------|------------------------------|
| Date <i>3/29/18</i> | Payee name <i>Go Dads</i> |
|------------------------|------------------------------|

| | |
|----------------------------|---|
| Amount (\$) <i>5.32</i> | Payee address; City; State; Zip Code <i>1445 W Hayden Rd Scottsdale AZ 85263</i> |
|----------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Justin J. Koch | 3 Filer ID (Ethics Commission Filers) |
|---|---------------------------------------|---------------------------------------|

| | |
|--------------------------|---------------------------------|
| 4 Date 4/30/18 | 5 Payee name Go Daddy |
|--------------------------|---------------------------------|

| | |
|------------------------------|---|
| 6 Amount (\$) 5.32 | 7 Payee address; City; State; Zip Code 144 S N. Hayden Rd Scottsdale AZ 85206 |
|------------------------------|---|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

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

| | |
|------------------------|-------------------------------|
| Date 4/30/18 | Payee name Facebook |
|------------------------|-------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 48.87 | Payee address; City; State; Zip Code 1 Hacker way menlo Park 94029 |
|-----------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

| | |
|------------------------|--------------------------------------|
| Date 3/29/18 | Payee name Raise the Money |
|------------------------|--------------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 24.75 | Payee address; City; State; Zip Code Po Box 26466 Little Rock AR 72221 |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------|-------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME: Justin J. Koehn | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------|-------------------------------|---------------------------------------|

| | |
|----------------|-------------------------------|
| 4 Date: 4/3/18 | 5 Payee name: Raise the Money |
|----------------|-------------------------------|

| | |
|----------------------|---|
| 6 Amount (\$): 24.75 | 7 Payee address; City; State; Zip Code: PO Box 26466 Little Rock AR 72221 |
|----------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|---|

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

| | |
|--------------|-----------------------------|
| Date: 4/4/18 | Payee name: Raise the Money |
|--------------|-----------------------------|

| | |
|-------------------|---|
| Amount (\$): 2.70 | Payee address; City; State; Zip Code: PO Box 26466 Little Rock AR 72221 |
|-------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

| | |
|--------------|-----------------------------|
| Date: 4/5/18 | Payee name: Raise the Money |
|--------------|-----------------------------|

| | |
|-------------------|---|
| Amount (\$): 1.48 | Payee address; City; State; Zip Code: PO Box 26466 Little Rock AR 72221 |
|-------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Justin J. Wood | 3 Filer ID (Ethics Commission Filers) |
|---|---------------------------------------|---------------------------------------|

| | |
|--------------------------|--|
| 4 Date 4/13/18 | 5 Payee name Raise the Money |
|--------------------------|--|

| | |
|------------------------------|--|
| 6 Amount (\$) 5.15 | 7 Payee address; City; State; Zip Code PO Box 20466 Little Rock AR 72221 |
|------------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

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

| | |
|------------------------|--------------------------------------|
| Date 4/13/18 | Payee name Raise the Money |
|------------------------|--------------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 12.50 | Payee address; City; State; Zip Code PO Box 20466 Little Rock AR 72221 |
|-----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

| | |
|------------------------|--------------------------------------|
| Date 4/16/18 | Payee name Raise the Money |
|------------------------|--------------------------------------|

| | |
|----------------------------|--|
| Amount (\$) 1250 | Payee address; City; State; Zip Code PO Box 20466 Little Rock AR 72221 |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: <u>14</u> | 2 FILER NAME <u>JUSTIN J. TOCH</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>4/17/18</u> | 5 Payee name <u>Raise the Money</u> | |
| 6 Amount (\$) <u>2.70</u> | 7 Payee address; City; State; Zip Code <u>PO Box 26966 Little Rock AR 72221</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Fees</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date <u>4/17/18</u> | Payee name <u>Raise the Money</u> | |
| Amount (\$) <u>2.70</u> | Payee address; City; State; Zip Code <u>PO Box 26966 Little Rock AR 72221</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fees</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date <u>4/17/18</u> | Payee name <u>Raise the Money</u> | |
| Amount (\$) <u>5.15</u> | Payee address; City; State; Zip Code <u>PO Box 26966 Little Rock AR 72221</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fees</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Justin J. Koch | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|------------------------------------|---------------------------------------|

| | |
|-----------------------|-------------------------------------|
| 4 Date 4/18/18 | 5 Payee name Raise the Money |
|-----------------------|-------------------------------------|

| | |
|---------------------------|--|
| 6 Amount (\$) 5.15 | 7 Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221 |
|---------------------------|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|---|

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

| | |
|---------------------|-----------------------------------|
| Date 4/19/18 | Payee name Raise the Money |
|---------------------|-----------------------------------|

| | |
|--------------------------|--|
| Amount (\$) 12.50 | Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221 |
|--------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

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

| | |
|---------------------|-----------------------------------|
| Date 4/22/18 | Payee name Raise the Money |
|---------------------|-----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) 5.15 | Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221 |
|-------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|---|

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: <i>14</i> | 2 FILER NAME <i>Justin J. Koch</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/23/18</i> | 5 Payee name <i>Raise the Money</i> | |
| 6 Amount (\$) <i>2.70</i> | 7 Payee address; City; State; Zip Code <i>PO BOX 20966 Little Rock AR 72221</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>4/24/18</i> | Payee name <i>Raise the money</i> | |
| Amount (\$) <i>5.15</i> | Payee address; City; State; Zip Code <i>PO BOX 20966 Little Rock AR 72221</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fees</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>4/24/18</i> | Payee name <i>Raise the Money</i> | |
| Amount (\$) <i>5.15</i> | Payee address; City; State; Zip Code <i>PO BOX 20966 Little Rock AR 72221</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Fees</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: <u>14</u> | 2 FILER NAME <u>Justin J. Koch</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>4/24/18</u> | 5 Payee name <u>Raise the Money</u> | |
| 6 Amount (\$) <u>5.15</u> | 7 Payee address; City; State; Zip Code <u>Po Box 26400 Little Rock AR 72221</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Fees</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <u>4/25/18</u> | Payee name <u>Raise the Money</u> | |
| Amount (\$) <u>5.15</u> | Payee address; City; State; Zip Code <u>Po Box 26406 Little Rock AR 72221</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fees</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <u>4/30/18</u> | Payee name <u>Raise the Money</u> | |
| Amount (\$) <u>.30</u> | Payee address; City; State; Zip Code <u>Po Box 26466 Little Rock AR 72221</u> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fees</u> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 14 | 2 FILER NAME Justin J. Koch | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---------------------------------------|---------------------------------------|

| | |
|-------------------------|--|
| 4 Date 5/3/18 | 5 Payee name Raise the Money |
|-------------------------|--|

| | |
|-------------------------------|--|
| 6 Amount (\$) 49.25 | 7 Payee address; City; State; Zip Code Po Box 26466 Little Rock AR 72221 |
|-------------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

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

| | |
|-----------------------|--|
| Date 5/3/18 | Payee name Justin J. Koch Raise the money |
|-----------------------|--|

| | |
|----------------------------|---|
| Amount (\$) 5.15 | Payee address; City; State; Zip Code Raise the Po Box 26466 Little Rock AR 72221 |
|----------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

| | |
|-----------------------|--------------------------------------|
| Date 5/8/18 | Payee name Raise the money |
|-----------------------|--------------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 49.25 | Payee address; City; State; Zip Code Po Box 26466 Little Rock AR 72221 |
|-----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED