

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 4800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2210.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27361.26
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.

Justin J. Koch
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justin J. Koch, this the 26th day of February, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Eric Dahlberg
Printed name of officer administering oath

Notary Public
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	\$ 4800.00
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	\$ 2270.71
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:

4

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

2/6/18

5 Full name of contributor

Robert Fitzgerald

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

18092 SkyPark Circle Irving CA 92618

8 Principal occupation / Job title (See Instructions)

CFO

9 Employer (See Instructions)

Five Pawns

Date

2/6/18

Full name of contributor

Jeffrey Varnell

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

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

123 Westwind Dr Coppell TX 75019

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

SELF

Date

2/8/18

Full name of contributor

David Wilcox

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4532 Altair Vista LN Dallas TX 75229

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

2/8/18

Full name of contributor

Tom Elam

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

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

1841 Masters Dr Desoto TX 75115

Principal occupation / Job title (See Instructions)

Corp Officer

Employer (See Instructions)

United Benefits, Inc

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: 4
2 FILER NAME Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Billingsley	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1722 Routh St. 770 Dallas TX 75201		
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Billingsley Company
Date 2/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Webb	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3624 Greenbrier Dallas TX 75225		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 2/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Callenert	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3825 Stratford Ave Dallas TX 75205		
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) CCCMDPA
Date 2/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margie Frank	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6429 Pemberton Dr. Dallas TX 75230		
Principal occupation / Job title (See Instructions) retired		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: 4
2 FILER NAME Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl Quigley	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1012 W. Ave G. Garland TX 75040		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 2/20/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Castilla	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4505 Dorset Rd Dallas TX 75229		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) SELF
Date 2/23/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan Rorschach	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2829 Amherst Dr. Dallas TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metro Tax Assoc. of Realtors PAC	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 8201 N. Stemmons Frwy Dallas TX 75247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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: 4
2 FILER NAME JUSTIN JAY KOCH		3 Filer ID (Ethics Commission Filers)
4 Date 2/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melen May Nichols	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 3620 Langcove Circle Mesquite TX 75048		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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>9</u>	2 FILER NAME <u>Justin Jay Koch</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>1/26/18</u>	5 Payee name <u>Raise the Money</u>
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6 Amount (\$) <u>32.60</u>	7 Payee address; City; State; Zip Code <u>PO Box 26466 Little Rock AR 72221</u>
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>2/23/18</u>	Payee name <u>Raise the Money</u>
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Amount (\$) <u>86.53</u>	Payee address; City; State; Zip Code <u>PO Box 26466 Little Rock AR 72221</u>
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>1/26/18</u>	Payee name <u>Eventbrite - 2018 Awards Dinner</u>
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Amount (\$)	Payee address; City; State; Zip Code <u>155 5th St. San Francisco CA 94103</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food Beverage Expense</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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: 6	2 FILER NAME: Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
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4 Date: 1/26/18	5 Payee name: Ronda Morland
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6 Amount (\$): 1500.00	7 Payee address; City; State; Zip Code: 9914 LOSA Dr Dallas TX 75218
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fundraising 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 1/29/18	Payee name: Home Depot
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Amount (\$): 27.79	Payee address; City; State; Zip Code: 6000 Skillman St Dallas TX 75231
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense Sign Equipment	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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Date: 1/29/18	Payee name: Mail Chimp
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Amount (\$): 150.00	Payee address; City; State; Zip Code: 675 Par ce de Leon Ave NE suite 500 Atlanta GA 30328
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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: <u>6</u>	2 FILER NAME <u>Justin Jay Koch</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>1/29/18</u>	5 Payee name <u>Home Depot</u>
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6 Amount (\$) <u>92.04</u>	7 Payee address; City; State; Zip Code <u>6000 Skillman St Dallas TX 75231</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> <u>Sign Equipment</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>1/31/18</u>	Payee name <u>Go Daddy</u>
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Amount (\$) <u>16.24</u>	Payee address; City; State; Zip Code <u>1445 N. Maydon Rd Scottsdale AZ 85200</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> <u>email</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>1/31/18</u>	Payee name <u>Facebook</u>
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Amount (\$) <u>2.05</u>	Payee address; City; State; Zip Code <u>1 Hacker way menlo Park 94025</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> <u>social media</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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>6</u>	2 FILER NAME <u>Justin Jay Koch</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/7/19</u>	5 Payee name <u>Facebook</u>	
6 Amount (\$) <u>250.00</u>	7 Payee address; City; State; Zip Code <u>1 Macker way menlo park CA 94025</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> <u>social media</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>2/12/18</u>	Payee name <u>Axion Strategies</u>	
Amount (\$) <u>1669.00</u>	Payee address; City; State; Zip Code <u>1251 NW Briarcliff Parkway suite 83 Kansas City mo 64116</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</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>2/13/18</u>	Payee name <u>Cedar & Associates</u>	
Amount (\$) <u>2,088.99</u>	Payee address; City; State; Zip Code <u>6316 Dyllos Way Dallas TX 75230</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>consulting Expense</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: _____	

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: 6		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/15/18		5 Payee name Bunni Pounds & Associates			
6 Amount (\$) -5,341.00		7 Payee address; City; State; Zip Code 620 W state st. Garland TX 75040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Return of unearned Fundraising 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 2/15/18		Payee name Uen mo			
Amount (\$) 20.60		Payee address; City; State; Zip Code 48 morgan st New York, NY 10014			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage expens		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 2/20/18		Payee name JJ's cafe			
Amount (\$) 240.00		Payee address; City; State; Zip Code 10233 Northwest May Dallas TX 75230			
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: 6	2 FILER NAME Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
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4 Date 2/20/18	5 Payee name Axian strategies
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6 Amount (\$) 1050.00	7 Payee address; City; State; Zip Code 1251 NW Briarcliff Parkway suite 85 Kansas City MO 64116
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/18	Payee name Facebook
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Amount (\$) 500.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94023
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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
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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	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED