

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Justin J. Koch** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

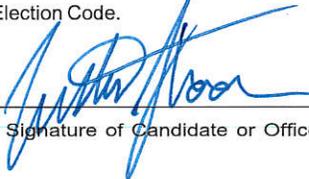
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1489.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1587.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 926.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 52,500

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justin J. Koch, this the 13th day of July, 2020, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Chris B. Davis

 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 Justin J. Koch		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1489.52
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		\$ 1587.70
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>1/14/20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Praveen Chaparala</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>11726 Pine Forest Dr. Dallas, TX 75230</u>		
8 Principal occupation / Job title (See Instructions) <u>Director</u>		9 Employer (See Instructions) <u>DFW Realities</u>
Date <u>3/10/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Wade</u>	Amount of contribution (\$) <u>44.00</u>
Contributor address; City; State; Zip Code <u>299 East Tripp Rd Sunnyvale, TX 75102</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/10/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jane D. Howell</u>	Amount of contribution (\$) <u>44.00</u>
Contributor address; City; State; Zip Code <u>8342 Southmeadow Circle Dallas, TX 75231</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/10/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ellen Theilen</u>	Amount of contribution (\$) <u>44.00</u>
Contributor address; City; State; Zip Code <u>12935 Epps Field Rd Farmers Branch, TX 75234</u>		
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: **7**

2 FILER NAME

Justin J. Koch

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/20

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

Gary Griffith

7 Amount of contribution (\$)

44.00

6 Contributor address; City; State; Zip Code

**6875 Carolyncrest Dr.
Dallas, TX 75214-3218**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/20

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

Dennis Lemons

Amount of contribution (\$)

20.44

Contributor address; City; State; Zip Code

**5819 Penrose Ave.
Dallas, TX 75206**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/20

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

Dorothy Brooks

Amount of contribution (\$)

44.00

Contributor address; City; State; Zip Code

**1126 Alexandria Ave.
Garland, TX 75040**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/20

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

Pamela Prince

Amount of contribution (\$)

244.44

Contributor address; City; State; Zip Code

**210 Holly Ridge Ct.
Cedar Hill, TX 75104**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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 3/10/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty Forte	7 Amount of contribution (\$) 44.00
6 Contributor address; City; State; Zip Code 4309 Alta Vista Lane Dallas, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Biesel	Amount of contribution (\$) 44.00
Contributor address; City; State; Zip Code 3608 Southwestern Blvd. Dallas, TX 75225		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne Lewis	Amount of contribution (\$) 100.44
Contributor address; City; State; Zip Code 3604 Princeton Ave. Dallas TX 75205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celeste Craig	Amount of contribution (\$) 44.44
Contributor address; City; State; Zip Code 6210 White Rose Trl. Dallas, TX 75248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

3/10/20

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

Linda Collins

7 Amount of contribution (\$)

44.00

6 Contributor address; City; State; Zip Code

**7019 Northwoods Rd.
Dallas, TX 75225**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/20

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

Joseph Revesz

Amount of contribution (\$)

44.00

Contributor address; City; State; Zip Code

**6222 Monticello Ave
Dallas, TX 75214**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/20

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

Robert Sundmaker

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

**823 Saint Paul Court
Richardson, TX 75080**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/20

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

Albert Cercone

Amount of contribution (\$)

44.44

Contributor address; City; State; Zip Code

**6820 LBJ Fwy, STE 3100
Dallas, TX 75240**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

3/11/20

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

Margie Frank

7 Amount of contribution (\$)

100.44

6 Contributor address; City; State; Zip Code

*6614 Brookshire Dr.
Dallas, TX 75230*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/20

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

Bonnie Wells

Amount of contribution (\$)

44.00

Contributor address; City; State; Zip Code

*2107 W. Prairie Creek Dr.
Richardson, TX 75080*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/20

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

Lynn Reagan

Amount of contribution (\$)

44.00

Contributor address; City; State; Zip Code

*8612 Forest Hills Blvd.
Dallas, TX 75218*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/20

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

Joann Messina

Amount of contribution (\$)

44.00

Contributor address; City; State; Zip Code

*1605 Settlement Way
Aubrey, TX 76227*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: <u>7</u>
2 FILER NAME <u>Justin J. Koch</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/11/20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joyce Setter</u>	7 Amount of contribution (\$) <u>24.44</u>
6 Contributor address; City; State; Zip Code <u>506 Shenandoah Ct. Duncanville TX 75137</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/11/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Wilcox</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>4532 Alta Vista Ln. Dallas, TX 75228</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/12/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elaine Cook</u>	Amount of contribution (\$) <u>44.00</u>
Contributor address; City; State; Zip Code <u>2818 Sonterra Dr. Cedar Hill TX 75104</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/13/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Judy Samuel</u>	Amount of contribution (\$) <u>44.44</u>
Contributor address; City; State; Zip Code <u>713 W. Lynn Drive Irving, TX 75062</u>		
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: 7
2 FILER NAME Justin J. Koch		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillian (Kiki) Koch-Paschall	7 Amount of contribution (\$) 44.00
6 Contributor address; City; State; Zip Code 11123 Cinderella Ln. Dallas, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL 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: 5	2 FILER NAME Justin J. Koch	3 Filer ID (Ethics Commission Filers)
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4 Date 1/8/20	5 Payee name Bonni Pounds & Associates
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6 Amount (\$) 288.50	7 Payee address; 620 W. State St. Garland TX 75040	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) <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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Date 1/16/20	Payee name Raise the Money
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Amount (\$) 5.15	Payee address; Po box 26466 Little Rock AR 72221	City;	State;	Zip Code
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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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Date 1/29/20	Payee name Mailchimp
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Amount (\$) 169.49	Payee address; 675 Ponce de Leon NE suite 5000 Atlanta, GA 30308	City;	State;	Zip Code
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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 <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>3</u>	2 FILER NAME <u>Justin J. Koch</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>2/3/20</u>	5 Payee name <u>Bank of America</u>
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6 Amount (\$) <u>16</u>	7 Payee address; <u>PO Box 25118</u> <u>Tampa, FL 33622</u>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description
	(c) <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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Date <u>3/02/20</u>	Payee name <u>Mailchimp</u>
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Amount (\$) <u>169.49</u>	Payee address; <u>675 Ponce de Leon NE suite 5000</u> <u>Atlanta, GA 30308</u>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising 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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3/02/20</u>	Payee name <u>Bank of America</u>
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Amount (\$) <u>16</u>	Payee address; <u>PO Box 25118</u> <u>Tampa, FL 33622</u>	City;	State;	Zip Code
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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

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>5</u>	2 FILER NAME <u>Justin J. Koch</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>3/30/20</u>	5 Payee name <u>Mailchimp</u>
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6 Amount (\$) <u>169.49</u>	7 Payee address; <u>675 Ponce de Leon NE suite 5000</u> <u>Atlanta, GA 30308</u>	City; <u>Atlanta</u>	State; <u>GA</u>	Zip Code <u>30308</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description
	(c) <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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Date <u>3/31/20</u>	Payee name <u>Anedot</u>
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Amount (\$) <u>62.80</u>	Payee address; <u>1920 McKinney Ave</u> <u>Dallas, TX 75201</u>	City; <u>Dallas</u>	State; <u>TX</u>	Zip Code <u>75201</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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>4/29/20</u>	Payee name <u>Mailchimp</u>
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Amount (\$) <u>169.49</u>	Payee address; <u>675 Ponce de Leon NE suite 5000</u> <u>Atlanta, GA 30308</u>	City; <u>Atlanta</u>	State; <u>GA</u>	Zip Code <u>30308</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising 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	

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: 5	2 FILER NAME Justin J. Koch	3 Filer ID (Ethics Commission Filers)
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4 Date 5/1/20	5 Payee name Bank of America
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6 Amount (\$) 16	7 Payee address; PO Box 25118 Tempa, FL 33622	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description
	(c) <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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Date 5/29/20	Payee name Mailchimp
-----------------	-------------------------

Amount (\$) 168.48	Payee address; 675 Ponce de Leon NE suite 500 Atlanta, GA 30308	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 6/1/20	Payee name Bank of America
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Amount (\$) 16	Payee address; PO Box 25118 Tempa, FL 33622	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	

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: 5	2 FILER NAME Justin J. Koch	3 Filer ID (Ethics Commission Filers)
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4 Date 6/18/20	5 Payee name Mailchimp
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6 Amount (\$) 319.80	7 Payee address; 675 Ponce de Leon NE suite 5000 Atlanta, GA 30308	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) <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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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	

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

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	

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