



# 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

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)

\$ 4613.62

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6,758.39

CONTRIBUTION  
BALANCE

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

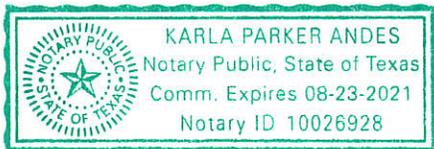
\$ 2406.43

OUTSTANDING  
LOAN TOTALS

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

\$ 65,000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *KARLA PARKER ANDES*, this the *29th* day of *OCTOBER*, 20 *18*, to certify which, witness my hand and seal of office.

*Karla Parker Andes*  
Signature of officer administering oath

*KARLA PARKER ANDES*  
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 <i>Justin J. Koch</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4613.02</i>
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	\$ <i>6758.39</i>
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: <b>7</b>
2 FILER NAME <b>Justin T. Koch</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Kappers</b> 6 Contributor address; City; State; Zip Code <b>540 Raintree Cir Coppell TX 75018</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>Account Manager</b>		9 Employer (See Instructions) <b>GAM Technology</b>
Date <b>10/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Metrocrest Republican Club PAC</b> Contributor address; City; State; Zip Code <b>12705 Biggs Field Rd FarmersBranch TX 75234</b>	Amount of contribution (\$) <b>243.62</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Tolliver</b> Contributor address; City; State; Zip Code <b>215 Long Canyon Ct. Richardson TX 75063</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>10/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa Wyszynski</b> Contributor address; City; State; Zip Code <b>10831 Camellia Drive Dallas TX 75230</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Founder</b>		Employer (See Instructions) <b>Ashlar Projects</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>7</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Taylor</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>5600 W. Lovers Lane e suite</b>	
8 Principal occupation / Job title (See Instructions) <b>Self Employed</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Caron Hill</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>6038 Leamcadow Dr. Dallas TX 75248</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan Lewis</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>2828 Fondren Dr. Dallas TX 75205</b>	
Principal occupation / Job title (See Instructions) <b>D&amp;L Security Consultant</b>		Employer (See Instructions) <b>D&amp;L security service</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karl Ziebart</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code <b>3218 Beverly Dr Dallas TX 75205</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 T. Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/16

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

San Gentry

6 Contributor address; City; State; Zip Code

3812 Versailles Dallas TX 75209

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

10/16

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

Cheli Myers

Contributor address; City; State; Zip Code

3530 Pinhurst Cir  
Farmers Branch TX 75234

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Wrightson, Johnson, Hadden & Williams Inc

Date

10/16

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

Marty Forté

Contributor address; City; State; Zip Code

4309 Alta Vista Ln  
Dallas TX 75229

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

10/16

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

Pam Little

Contributor address; City; State; Zip Code

632 merlot ct.  
McKinney TX 75069

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Ace Fence

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Justin J. Koch</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diene Benjamin</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>6550 Waggoner Dr. Dallas TX 75230</b>		
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>		9 Employer (See Instructions) <b>United Real Estate</b>
Date <b>10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Taylor</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5600 W. Lovers Lane Suite 116 Dallas TX 75207</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions) <b>Self</b>
Date <b>10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann Quest</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>5808 Ursula Ln Dallas TX 75228</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>10/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Warner</b>	Amount of contribution (\$) <b>400.00</b>
Contributor address; City; State; Zip Code <b>6187 SW Ross Lane Dallas TX 75214</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Justin J. Koch</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tim McGuire</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>9522 Millridge Dr Dallas TX 75229</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retiral</b>
Date <b>10/22/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Giltner</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 621178 Dallas TX 75382</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>SELF</b>
Date <b>10/22/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Dearing</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1922 Shari Ln Garland TX 75043</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>David Dearing Enterprises</b>
Date <b>10/22/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peggy Curdy</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 181235 Dallas TX 75218</b>		
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>SELF</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>7</b>
2 FILER NAME <b>Justin J. Uoder</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Pratt</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>9848 Robin Hill Ln Dallas TX 75238</b>		
8 Principal occupation / Job title (See Instructions) <b>Exec. Assistant</b>		9 Employer (See Instructions) <b>Cycle Spectrum</b>
Date <b>10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Kindness</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3711 Princeton Rd Hamilton OH 45011</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>T. B. Burrows</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>138 Wynn Paper Coppell TX 75019</b>		
Principal occupation / Job title (See Instructions) <b>Software Engineer</b>		Employer (See Instructions) <b>SELF</b>
Date <b>10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maurine Dickey</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>19509 Dallas Pkwy Ste 120 Dallas TX 75257</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Dickey Foundation</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>7</b>
2 FILER NAME <b>Justin J. Koch</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Geraldine Miller</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>4 Lake side Park Dallas TX 75225</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retiral</b>
Date <b>10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Briner</b>	Amount of contribution (\$) <b>35.00</b>
Contributor address; City; State; Zip Code <b>4405 West Way Ave Dallas TX 75205</b>		
Principal occupation / Job title (See Instructions) <b>Partner</b>		Employer (See Instructions) <b>Briner Capital</b>
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  
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: <b>3</b>	2 FILER NAME <b>Justin J. Koch</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/1</b>	5 Payee name <b>MailChimp</b>	
6 Amount (\$) <b>159.90</b>	7 Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Suite 500 Atlanta GA 30308</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(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 <b>10/5</b>	Payee name <b>Minuteman Press</b>	
Amount (\$) <b>1381.87</b>	Payee address; City; State; Zip Code <b>11411 N. Central Expy Suite A Dallas TX 75243</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <b>10/5</b>	Payee name <b>USPS</b>	
Amount (\$) <b>90.00</b>	Payee address; City; State; Zip Code <b>5606 Sam Blvd Dallas TX 75206</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>office overhead stamps</b>	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: <b>3</b>	2 FILER NAME <b>Justin J. Koch</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11</b>	5 Payee name <b>USPS</b>	
6 Amount (\$) <b>50.00</b>	7 Payee address; City; State; Zip Code <b>5000 SMU Blvd Dallas TX 75206</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>overhead expense stamps</b>	(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 <b>10/12</b>	Payee name <b>Minute man Press</b>	
Amount (\$) <b>28.56</b>	Payee address; City; State; Zip Code <b>11911 N. Central Exp suite A Dallas TX 75243</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <b>10/26/18</b>	Payee name <b>Axiom Strategies</b>	
Amount (\$) <b>5000.00</b>	Payee address; City; State; Zip Code <b>1251 NW Briarcliff Pkwy suite 803 Kansas city MO 64116</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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
	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.

<b>1</b> Total pages Schedule F1: <i>3</i>	<b>2</b> FILER NAME <i>Justin J. Koch</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/23</i>	<b>5</b> Payee name <i>Raise the Money</i>	
<b>6</b> Amount (\$) <i>48.06</i>	<b>7</b> Payee address; City; State; Zip Code <i>PO Box 26966 Little Rock AR 72221</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED