

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FILED**

FORM C/OH

2022 NOV -3 PM 12:22

COVER SHEET PG 1

OCT 31 '22 AM 10:09

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Mr. Justin

NICKNAME

LAST

J.J. Koch

SUFFIX

JOHN F. WARREN  
COUNTY CLERK

DALLAS COUNTY

OFFICE USE ONLY

DEPUTY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

11700 Preston Rd.  
Suite 660 #328  
Dallas, TX 75230

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 ) 302-9568

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Hon. Maurine

MI

NICKNAME

LAST

Dickey

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

18583 Dallas Pkwy Dallas, TX 75287

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 ) 248-9899

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

9 / / 22 30 THROUGH

Month Day Year

10 / 29 / 22

11 ELECTION

ELECTION DATE

Month Day Year

11 / 8 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Dallas County Commissioner District 2

13 OFFICE SOUGHT (if known)

Dallas County Commissioner District 2

14 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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Justin Jay Koch		16 Filer ID (Ethics Commission Filers)
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)	\$ 74,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 223,892.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 77,039.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000.00

18 SIGNATURE 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 Jay Koch*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Justin J. Koch this the 31st day of October, 2022, to certify which, witness my hand and seal of office.

*Christina Torre* #133639179  
Signature of officer administering oath Printed name of officer administering oath Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG

01:01:00

19 FILER NAME

Justin Jay 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	\$ 74,700.00
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	\$ 223,892.05
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**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/22

5 Full name of contributor

Fred Tally

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

4136 Goodfellow Drive, Dallas, TX 75229

8 Principal occupation / Job title (See Instructions)

Architect

9 Employer (See Instructions)

HDR Architecture, Inc

Date

9/30/22

Full name of contributor

Rob Anderson

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

18268 Brighton Green, Dallas, TX 75252

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

BV Capital

Date

9/30/22

Full name of contributor

Leanne McKinley

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

4645 Livingston Ave, Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

9/30/22

Full name of contributor

George Ryan

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

Amount of contribution (\$)

5000.00

Contributor address;

City;

State;

Zip Code

10430 Strait Lane, Dallas, TX 75229

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Ryan LLC

**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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/22

5 Full name of contributor

Marty Forte

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

4309 Alta Vista Lane, Dallas, TX 75229

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/2/22

Full name of contributor

Mark Howell

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7125 Meadowcreek Dr, Dallas, TX 75254

Principal occupation / Job title (See Instructions)

Insurance Broker

Employer (See Instructions)

Howell Financial Group

Date

10/3/22

Full name of contributor

Jonathan Filgo

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4312 Windsor Pkwy, Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Benchmark Bank

Date

10/3/22

Full name of contributor

Judith Graham

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3225 Turtle Creek Boulevard, Dallas, TX 75219

Principal occupation / Job title (See Instructions)

sales & merchandiser

Employer (See Instructions)

FMN, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/22

5 Full name of contributor

Chris Martin

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

1231 Dragon Street, Dallas, TX 75207

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

GlenMartin

Date

10/4/22

Full name of contributor

Clark Richardson

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

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

6138 Lupton Drive, Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Automotive

Employer (See Instructions)

Forbes Todd

Date

10/4/22

Full name of contributor

Mike Terry

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

Amount of contribution (\$)

1500.00

Contributor address; City; State; Zip Code

12240 Inwood Road, Dallas, TX 75244

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

M Terry Enterprises

Date

10/4/22

Full name of contributor

Samuel Chantilis

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

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

4212 Belclaire Ave, Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

**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**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/22

5 Full name of contributor

William Miller

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

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

4709 Northaven Rd., Dallas, TX 75229

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/5/22

Full name of contributor

Montgomery Bennett

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

Amount of contribution (\$)

5000.00

Contributor address; City; State; Zip Code

14185 Dallas Parkway, Suite 1100, Dallas, TX 75254

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/22

Full name of contributor

Joseph O'Brien

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2706 Turtle Creek Circle, Dallas, TX 75219

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

A.G. Hill Partners

Date

10/5/22

Full name of contributor

Kendra Madison

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

8650 Southwestern Boulevard, Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/22

5 Full name of contributor

Talmage Boston

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

4332 Fairfax Avenue, Dallas, TX 75205

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Shackelford Law Firm

Date

10/5/22

Full name of contributor

Richard Neely

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3500 FAIRMOUNT, Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Private Trustee

Employer (See Instructions)

self

Date

10/5/22

Full name of contributor

Kimberly Thomas

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5930 Royal Lane, Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Managing Partner

Employer (See Instructions)

TL Capital Group

Date

10/5/22

Full name of contributor

Bill Thomas

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5930 Royal Lane, Dallas, TX 75230

Principal occupation / Job title (See Instructions)

EVP

Employer (See Instructions)

MacDonald Realty Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/22

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

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code  
2920 N. Pearl Street, Dallas, TX 75201

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Harnett Firm

Date

10/6/22

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

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code  
6147 Desco Dr. Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Hamill Commerical, LLC

Date

10/6/22

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code  
10100 N. Central Expressway, STE 230, Dallas, TX 75231

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Wyde & Associates LLC

Date

10/6/22

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

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code  
4332 Taos Rd. Dallas, TX 7529

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Forbes Todd Automotive Group

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**

If the requested information is not applicable, **DO NOT** include this page in the report.

11:00 AM 7/13/20

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
19

2 FILER NAME 3 Filer ID (Ethics Commission Filers)  
Justin Jay Koch

4 Date 10/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Lewis	7 Amount of contribution (\$) 2500.00
	6 Contributor address; City; State; Zip Code 3604 Princeton Ave. Dallas, TX 75205	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  
President George Lewis Custom Homes

Date 10/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Billingsley	Amount of contribution (\$) 5000.00
	Contributor address; City; State; Zip Code 1722 Routh St. STE 770, Dallas, TX 75201	

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
Partner Billingsley Company

Date 10/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Tice	Amount of contribution (\$) 1000.00
	Contributor address; City; State; Zip Code 3140 Harvard Avenue, Dallas, TX 75205	

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
Investor Self

Date 10/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Goldberg	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 4 Robledo Drive, Dallas, TX 75230	

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
Retired 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

If the requested information is not applicable, DO NOT include this page in the report.

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/22

5 Full name of contributor

Sarah Lamb

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

5630 Willis, Dallas, TX 75206

8 Principal occupation / Job title (See Instructions)

Broker

9 Employer (See Instructions)

The retail connection

Date

10/6/22

Full name of contributor

Judith Graham

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3225 Turtle Creek Boulevard, Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Forget Me Not

Date

10/6/22

Full name of contributor

Madison Ewing

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

8600 Thackery Street, Dallas, TX 75225

Principal occupation / Job title (See Instructions)

VP of Ops

Employer (See Instructions)

Venture First

Date

10/6/22

Full name of contributor

Kara Prescott

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

4712 Stonehearth Place, Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

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

If the requested information is not applicable, **DO NOT** include this page in the report.

DC1312AM1112

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME  Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
4 Date  10/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenn George 6 Contributor address; City; State; Zip Code PO Box 601239, Dallas, TX 75360	7 Amount of contribution (\$)  1000.00
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) Self
Date  10/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Callewart Contributor address; City; State; Zip Code 6306 Deloache Ave, Dallas, TX 75225	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) CCCMDPA
Date  10/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Parvin Contributor address; City; State; Zip Code 500 North Akard Street, Dallas, TX 75201	Amount of contribution (\$)  5000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Parvin Law Group
Date  10/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Ku Contributor address; City; State; Zip Code 148 Red Oak Ln., Flower Mound,, TX 75028	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.



The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/7/22

5 Full name of contributor

Jane Melino

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

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

5111 Park Lane, Dallas, TX 75220

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/8/22

Full name of contributor

Shawn Parker

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1408, Kingsmill Court, Coppell, TX 75019

Principal occupation / Job title (See Instructions)

Business Development

Employer (See Instructions)

SiFi Networks

Date

10/11/22

Full name of contributor

Larry Novy

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

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

9450 NORTHCLIFF DR, DALLAS, TX 75218

Principal occupation / Job title (See Instructions)

Pest Control

Employer (See Instructions)

Arrow Exterminators

Date

10/11/22

Full name of contributor

Ray L. Hunt

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

Amount of contribution (\$)

5000.00

Contributor address;

City;

State;

Zip Code

1900 North Akard St. Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Executive Chairman

Employer (See Instructions)

Hunt Consolidated, 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**

If the requested information is not applicable, **DO NOT** include this page in the report.

2012101012

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 19
2 FILER NAME <b>Justin Jay Koch</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Ceverha</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>3401 Lee Parkway Apt. 908, Dallas, TX 75219</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>10/12/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Winn</b>	Amount of contribution (\$) <b>5000.00</b>
Contributor address; City; State; Zip Code <b>10201 Inwood Rd. Dallas, TX 75229</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>Mirasol Capital</b>
Date <b>10/12/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Gibbs</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4925 Greenville Ave. Ste. 1220, Dallas, TX 75206</b>		
Principal occupation / Job title (See Instructions) <b>Chairman</b>		Employer (See Instructions) <b>Five States Energy Company</b>
Date <b>10/12/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Republican Party of Texas</b>	Amount of contribution (\$) <b>1500.00</b>
Contributor address; City; State; Zip Code <b>807 Brazos St. Suite 701, Austin, TX 78701</b>		
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

If the requested information is not applicable, **DO NOT** include this page in the report.

2020-2021

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Russell 6 Contributor address; City; State; Zip Code 9016 Maguire's Bridge Dr. Dallas, TX 75231	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) GC		9 Employer (See Instructions) Priority Contractor and Roofing
Date 10/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Wilson Contributor address; City; State; Zip Code 5405 Falls Rd. Dallas, TX 75220-2109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
President		self
Date 10/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Smith Contributor address; City; State; Zip Code 5151 Belt Line Rd Ste 700, Dallas, TX 75254	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
President		GTN Technical Staffing
Date 10/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Maslin Contributor address; City; State; Zip Code 485 Whiskey Hill Road, Woodside, CA 94062	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Founder		Woodglen Investments
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

10/31/22 4:11:12

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett McEvoy 6 Contributor address; City; State; Zip Code 4684 Edmondson Avenue, Dallas, TX 75209	7 Amount of contribution (\$)  1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Mahomes Contributor address; City; State; Zip Code P O Box 794252, Dallas, TX 75379	Amount of contribution (\$)  400.00
Principal occupation / Job title (See Instructions) Attorney/Banker		Employer (See Instructions) Vista Bank
Date 10/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis Spiritas Contributor address; City; State; Zip Code 2900 North Fitzhugh Avenue, Dallas, TX 75204	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odes Kim Contributor address; City; State; Zip Code 2013 Cottonwood Valley Cir. S, Irving, TX 75038	Amount of contribution (\$)  1000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Member's Building Maintenance, LLC
<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**

10/22/2022

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/22

5 Full name of contributor

Barbara Fallon

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

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

12271 Coit Rd. Apt 2304

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

10/18/22

Full name of contributor

Tim Gehan

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

5001 LBJ Freeway Suite 450, Dallas, TX 75244

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

TEG Capital, LLC

Date

10/19/22

Full name of contributor

Scott Hall

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

Amount of contribution (\$)

5000.00

Contributor address;

City;

State;

Zip Code

5100 Park Ln. Dallas, TX 75220

Principal occupation / Job title (See Instructions)

Chairman

Employer (See Instructions)

H&Co.

Date

10/19/22

Full name of contributor

Lewis Sessions

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

6001 Stoneshire Ct, Dallas TX 75282

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Moore, Ganske, Murr, Sessions, PLLC

**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**

06/21/2020 12:41:12

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
19

**2** FILER NAME

Justin Jay Koch

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/19/22

**5** Full name of contributor

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

Al Cercone

**7** Amount of contribution (\$)

500.00

**6** Contributor address;

City;

State;

Zip Code

7525 Greenbrier Drive, Dallas, TX 75225

**8** Principal occupation / Job title (See Instructions)

Judge

**9** Employer (See Instructions)

Dallas County

Date

10/19/22

Full name of contributor

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

Ryan Erfourth

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7709 Lovers Lane, Dallas, TX 75225

Principal occupation / Job title (See Instructions)

IT Security

Employer (See Instructions)

Bank of America

Date

10/20/22

Full name of contributor

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

The Real Estate Council PAC

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

3100 McKinnon St. #1150, Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/22

Full name of contributor

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

Susan Shannon

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4511 Westside Dr, Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Self

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.



The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME  
Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date  
10/22/22

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

6 Contributor address; City; State; Zip Code  
9430 Dartridge Dr., Dallas, TX 75238

7 Amount of contribution (\$)  
250.00

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Shackelford, Bowen, McKinley & Norton

Date  
10/22/22

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

Contributor address; City; State; Zip Code  
9002 Douglas Ave, Dallas, TX 75225-3009

Amount of contribution (\$)  
2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/22/22

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

Contributor address; City; State; Zip Code  
3601 University Boulevard, Dallas, TX 75205

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Frost Brown Todd LLC

Date  
10/24/22

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

Contributor address; City; State; Zip Code  
3632 Haynie Ave, Dallas, TX 75205

Amount of contribution (\$)  
200.00

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

If the requested information is not applicable, **DO NOT** include this page in the report.

001912240019

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME  Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
4 Date  10/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Wilson <hr/> 6 Contributor address; City; State; Zip Code 9962 Rockbrook Dr. Dallas, TX 75220	7 Amount of contribution (\$)  1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  10/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew McGraw <hr/> Contributor address; City; State; Zip Code 5636 Bent Tree Dr. Dallas, TX 75248	Amount of contribution (\$)  1000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) AER Sales
Date  10/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mac Smith <hr/> Contributor address; City; State; Zip Code 3938 Vinecrest Dr., Dallas, TX 75229	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date  10/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl McCaslin, Jr. <hr/> Contributor address; City; State; Zip Code 5310 Harvest Hill, RD Suite 250, Dallas TX, 75230	Amount of contribution (\$)  1000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) McCaslin-Hill Construction
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
19

2 FILER NAME

Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/22

5 Full name of contributor

Mary H MacRae

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

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

2525 N Pearl St, DALLAS, TX 75201

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/26/22

Full name of contributor

Marchant Good Government Fund

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

2125 N Josey Ln, Ste 200, Carrollton, TX 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/22

Full name of contributor

Fannie Davis

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

305 St Lukes Dr, Richardson, TX 75080

Principal occupation / Job title (See Instructions)

RE

Employer (See Instructions)

Self

Date

10/28/22

Full name of contributor

Ken Goldberg

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4 Robledo, 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

If the requested information is not applicable, **DO NOT** include this page in the report.

CC 03/2019

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
19

2 FILER NAME 3 Filer ID (Ethics Commission Filers)  
Justin Jay Koch

4 Date 10/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Malick	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3140 Harvard Avenue, Dallas, TX 75205		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  
Retired 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  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## 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.

<b>1</b> Total pages Schedule F1: 8		<b>2</b> FILER NAME Justin Jay Koch		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/4/22		<b>5</b> Payee name Murphy Nasica & Associates			
<b>6</b> Amount (\$) 43500.00		<b>7</b> Payee address; City; State; Zip Code 919 Congress Ave. Austin, TX 78701			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Digital		
	<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	
Date 10/4/22		Payee name Murphy Nasica & Associates			
Amount (\$) 2500.00		Payee address; City; State; Zip Code 919 Congress Ave. Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Fee		
	<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	
Date 10/5/22		Payee name Murphy Nasica & Associates			
Amount (\$) 10000.00		Payee address; City; State; Zip Code 919 Congress Ave. Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Digital		
	<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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## 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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Justin Jay Koch	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date 10/5/22	<b>5</b> Payee name Murphy Nasica & Associates
--------------------------	---

<b>6</b> Amount (\$) 1500.00	<b>7</b> Payee address: 919 Congress Ave. Austin, TX 78701	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Text
	(c) <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 10/11/22	Payee name Tom Thumb
------------------	-------------------------

Amount (\$) 22.70	Payee address: 3757 Forest Lane, Dallas TX 75244	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description refreshments for walk
	<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 10/14/22	Payee name Murphy Nasica & Associates
------------------	--

Amount (\$) 38666.59	Payee address: 919 Congress Ave. Austin, TX 78701	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<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

If the requested information is not applicable, DO NOT include this page in the report.

## 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: 8	2 FILER NAME Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 10/17/22	5 Payee name Macy's
--------------------	------------------------

6 Amount (\$) 53.90	7 Payee address; 8687 N Central Expy Ste 800, Dallas, TX 75225	City; Dallas	State; TX	Zip Code
------------------------	---	-----------------	--------------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Apparel
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/17/22	Payee name Dillards
------------------	------------------------

Amount (\$) 53.58	Payee address; 8687 N Central Expy Ste 800, Dallas, TX 75225	City; Dallas	State; TX	Zip Code
----------------------	---	-----------------	--------------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Apparel
	<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 10/19/22	Payee name Fortuna Consulting
------------------	----------------------------------

Amount (\$) 5765.70	Payee address; 2200 Victory Ave., Unit 807, Dallas, TX 75219	City; Dallas	State; TX	Zip Code
------------------------	---	-----------------	--------------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description retainer and fees
	<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

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Justin Jay Koch	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/19/22	<b>5</b> Payee name Murphy Nasica & Associates	
<b>6</b> Amount (\$) 33026.68	<b>7</b> Payee address; 919 Congress Ave. Austin, TX 78701 City: State: Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description mailer
	<b>(c)</b> <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	
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	
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Justin Jay Koch	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/20/22	<b>5</b> Payee name Dallas Police Officers PAC	
<b>6</b> Amount (\$) 4100.00	<b>7</b> Payee address; City; State; Zip Code 1412 Griffin Street East, Dallas, Texas 75215	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contribution	<b>(b)</b> Description donation
	<b>(c)</b> <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 10/21/22	Payee name Hometown Threads	
Amount (\$) 190.24	Payee address; City; State; Zip Code 1700 Dallas Pkwy, Plano, TX 75093	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign apparel
	<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 10/21/22	Payee name Murphy Nasica & Associates	
Amount (\$) 910.00	Payee address; City; State; Zip Code 919 Congress Ave. Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description sign install
	<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**

If the requested information is not applicable, **DO NOT** include this page in the report.

**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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Justin Jay Koch	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date 10/25/22	<b>5</b> Payee name Hometown Threads
---------------------------	---

<b>6</b> Amount (\$) 298.77	<b>7</b> Payee address; 1700 Dallas Pkwy, Plano, TX 75093	City;	State;	Zip Code
--------------------------------	--	-------	--------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description campaign apparel
	<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 10/25/22	Payee name Murphy Nasica & Associates
------------------	--

Amount (\$) 3651.31	Payee address; 919 Congress Ave. Austin, TX 78701	City;	State;	Zip Code
------------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign installation
	<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 10/26/22	Payee name Protect & Serve Texas PAC
------------------	---

Amount (\$) 39000.00	Payee address; Protect & Serve Texas PAC, PO Box 622, Austin, TX 78767	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution	Description donation
	<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

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 8	2 FILER NAME Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 Date 10/26/22	5 Payee name Murphy Nasica & Associates
--------------------	--

6 Amount (\$) 38,666.59	7 Payee address; 919 Congress Ave. Austin, TX 78701	City;	State;	Zip Code
----------------------------	--	-------	--------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description mailer
	(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
--	-------------------------------	---------------	-------------

Date 10/28/22	Payee name Murphy Nasica & Associates
------------------	--

Amount (\$) 368.92	Payee address; 919 Congress Ave. Austin, TX 78701	City;	State;	Zip Code
-----------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description poll cards
	<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 10/28/22	Payee name Mailchimp
------------------	-------------------------

Amount (\$) 201.47	Payee address; 675 Ponce De Leon Ave NE #5000 Atlanta, GA 30318	City;	State;	Zip Code
-----------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description email marketing
	<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

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Justin Jay Koch	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/30/22-10/28/22	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 1415.60	<b>7</b> Payee address; 340 Poydras Street, Suite 1770 New Orleans LA 70112 City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description transaction fees
	<b>(c)</b> <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

2020-2021

7

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MICHAEL

MI

A

NICKNAME

LAST

OROZCO

SUFFIX

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX,

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5707 VANDERBILT AV  
DALLAS, TX 75206

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 236-0463

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MICHAEL

MI

NICKNAME

LAST

MONTONA

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #,

CITY:

STATE:

ZIP CODE

1708 WESTLAKE DR  
PLANO, TX 75075

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 404-2280

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

9 / 30 / 2022

THROUGH

Month Day Year

10 / 29 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

11 / 08 / 2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CONSTABLE PCT. 5

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MICHAEL OROZZO

16 Filer ID (Ethics Commission Filers)

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)

\$ 625.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 8110.06

CONTRIBUTION  
BALANCE

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

\$ 0

OUTSTANDING  
LOAN TOTALS

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

\$ 46,500.00

18 SIGNATURE

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

OCT 31 22 10:10:22

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by MICHAEL OROZZO this the 31 day of October

2022 to certify which, witness my hand and seal of office.

*[Handwritten Signature]* DEATRICE E. KIRK

Signature of officer administering oath

Printed name of officer administering oath

ADMINISTRATION MGR.

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MICHAEL GROZIO

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 625.00
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	\$ 4986.95
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3123.11
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	\$

OCT 31 12:22 PM '07

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

2022-2023

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

MICHAEL OROZCO

3 Filer ID (Ethics Commission Filers)

4 Date

10-20-22

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

MONIQUE HUFF

7 Amount of contribution (\$)

75.<sup>00</sup>

6 Contributor address; City; State; Zip Code

2833 COLLEEN DR GARLAND TX 75043

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

SELF-EMPLOYED

Date

10-20-22

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

JOHN LOZANO

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

134 MEADOWBROOK DR DESOTO, TX

Principal occupation / Job title (See Instructions)

POLICE OFFICER

Employer (See Instructions)

CITY OF CEDAR HILL, TX

Date

10-24-22

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

ADAM BAZALDUA

Amount of contribution (\$)

50.<sup>00</sup>

Contributor address; City; State; Zip Code

6926 BELTEAU LN DALLAS TX 75227

Principal occupation / Job title (See Instructions)

COUNCILMAN

Employer (See Instructions)

CITY OF DALLAS, TX

Date

10-24-22

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

PAULA BLACKMON

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address; City; State; Zip Code

2653 HEATHERWOOD DR DALLAS 75228

Principal occupation / Job title (See Instructions)

COUNCIL WOMAN

Employer (See Instructions)

CITY OF DALLAS, TX

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**

If the requested information is not applicable, DO NOT include this page in the report.

FORM 1001-2017

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME  
**MICHAEL OROZCO**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10-24-22**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**2424 KINGS COUNTRY DR. IRVING TX 75038**

**50.<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**DAY TRADER**

9 Employer (See Instructions)  
**SELF-EMPLOYED**

Date  
**10-25-22**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**620 AUTUMN LN FLOWER MOUND, TX 75028**

**100.<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**PROJECT MANAGER**

Employer (See Instructions)  
**EPSILON**

Date

Full name of contributor  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  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

If the requested information is not applicable, DO NOT include this page in the report.

## 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.

2022

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>MICHAEL OROZCO</b>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	---------------------------------------

4 Date <b>10-17-2022</b>	5 Payee name <b>MAIL HOUSE</b>
-----------------------------	-----------------------------------

6 Amount (\$) <b>4986.95</b>	7 Payee address; <b>2276 VANTAGE DALLAS, TX 75207</b>
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>MAILER/POSTAGE</b>
	(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
--	-------------------------------	---------------	-------------

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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

COMMISSION ON ETHICS

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>MICHAEL GROZIO</u>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <u>10-17-22</u>	<b>5</b> Payee name <u>MAIL HOUSE</u>
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<b>6</b> Amount (\$) <u>295.73</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <u>2276 VANTAGE</u> <u>DAVIS TX 75207</u>	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <u>MAILER / POSTAGE</u>
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>10-21-22</u>	Payee name <u>WALLS PRINTING CO</u>
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Amount (\$) <u>2827.38</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>9171 KING ARTHUR DR</u> <u>DAVUS TX 75247</u>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	Description <u>MAILER</u>
	<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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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