		ICEHOLDER CE REPORT		FORM © OH COVER SHEET G 1
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filer	rs) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	_{FIRST} Justin	MI J	OFFICE USE ONLOS
	NICKNAME J.J.	Koch	SUFFIX	Date Received D C C
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	11700 Pre Suite 660 Dallas, TX	ston Rd. #328	CITY: STATE: ZIP CODE	N.F. WARKER UNTY CLERK LAS COUNT OF
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 302-9568	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Hon.	FIRST Maurine	MI	Receipt # Amount \$
NAME	NICKNAME	Dickey	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S	STATE; ZIP CODE	
B CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 248-9899	EXTENSION	
REPORT TYPE	January 15	X 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)
0 PERIOD COVERED	Month 7	Day Year / 1 / 22	Reporting Limit Montt THROUGH 9	
1 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any) Dallas County	Commissioner Distric	t 2 Dallas County C	ommissioner District 2
4 NOTICE FROM POLITICAL COMMITTEE(S)				MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JUS	tin Jay Koch	16 F	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	\$ 0
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		\$ 83,972.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	PENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURE	ES	\$ 161,177.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DA	\$ 226,232.01
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER	OUTSTANDING LOANS AS OF THE RIOD	\$ 40,000.00
(1) Affidavit	CHRISTI Notary ID	either option below: NA TORRE # 133639179 hission Expires 1 28, 2026	
NOTARY STAMP/SEAL	before me by Justin 3 Koc	this the	day of October.
20 22 , to certify v	which, witness my hand and seal of office.	ina Torre	
Signature of officer administer	- 611-22	THE CONTRACT OF THE CONTRACT O	Title of officer administering oath
	OR		
(2) Unsworn Declaration	n		
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(month)	, 20
		Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Justin Jay Koch	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 81,320.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ 2652.88
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		S
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 161,177.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	ICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	L FUNDS	S
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$.
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTE	RIBUTIONS RETURNED	\$

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31
FILER NAME	≣ Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
7/7/22	5 Full name of contributor ☐ out-of-state PAC Ryan Morfin 6 Contributor address; City; 9201 Warren Parkway, Frisco, TX 7503	State; Zip Code	7 Amount of contribution (\$) 100.00
Principal occ	ceo	9 Employer (See Instructi Wentworth	ons)
Date	Thom Shelton	(ID#:)	Amount of contribution (\$)
7/9/22	Contributor address; City; 14216 Regency Place, Dallas, TX 7529	State; Zip Code	50.00
Principal occu	upation / Job title (See Instructions) architect	Employer (See Instructi Gensler	ons)
Date 7/11/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 250.00
	upation / Job title (See Instructions)	Employer (See Instructi	
Date 7/19/22	Full name of contributor out-of-state PAC of Dallas Police Assocation Contributor address; City; 1412 Griffin St. East, Dallas, TX 75215	State; Zip Code	Amount of contribution (\$)
	upation / Job title (See Instructions)	Employer (See Instructi	one)

SCHEDULE A1

	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 7/19/22	Benny Barrett, Sr.	(ID#) State; Zip Code	7 Amount of contribution (\$) 25.00
Principal occup	ation / Job title (See Instructions) Retired	9 Employer (See Instructi Retired	ons)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
7/19/22	Contributor address; City; 7327 Centenary Avenue, Dallas, TX 7522	State; Zip Code	100.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
7/20/22	Contributor address; City; 2400 Crown Ct, Carrollton, TX 75006	State; Zip Code	20.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi Helix Fin	ons)
7/25/22 ··	Full name of contributor	State; Zip Code	Amount of contribution (\$) 2500.00
Principal occupa	tion / Job title (See Instructions) President	Employer (See Instructi	V20/5049

SCHEDULE A1

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 7/29/22	5 Full name of contributor		7 Amount of contribution (\$)
	upation / Job title (See Instructions) g memaker	Employer (See Instructio Homemaker	ns)
Date	Full name of contributor		Amount of contribution (\$)
7/30/22	Contributor address; City; St 8350 Park Lane, Dallas, TX 75231	ate; Zip Code	25.00
Principal occu	pation / Job title (See Instructions) Shipping broker	Employer (See Instruction R2 logistics	ns)
Date 8/1/22	Full name of contributor out-of-state PAC (ID#:_ Harold Peek Contributor address; City; Sta 3941 LOVERS LANE CIR, DALLAS, TX 752	ate; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) al Estate Management	Employer (See Instructio Peek Properties	ns)
Date 8/1/22	Full name of contributor		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) cardiologist	Employer (See Instructio HeartPlace	ns)

SCHEDULE A1

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 31
FILER NAM	ne Justin Jay Koch	3 Filer ID (Ethics Commission Filers
8/3/22		7 Amount of contribution (\$) Zip Code 500.00
Principal oc	cupation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date 8/4/22	Full name of contributor	Amount of contribution (5)
Principal occ	Retired Em	oloyer (See Instructions) Retired
8/8/22	Full name of contributor ut-of-state PAC (ID#: Marchant Good Government Fund Contributor address; City; State; 2125 N Josey Ln, Ste 200, Carrollton, TX 750	Zip Code 500.00
Principal occ	upation / Job title (See Instructions) Em	oloyer (See Instructions)
Date 8/9/22	Full name of contributor	
Principal occ		oloyer (See Instructions) Churchill Capital
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS MEEDED

SCHEDULE A1

FILER NAME		orm.	Total pages Schedule A1: 31
	Justin Jay Koch	3	Filer ID (Ethics Commission Filers)
8/9/22	5 Full name of contributor out-of-state PAC (III John Brodersen 6 Contributor address; City; 4407 Northcrest, Dallas TX 75229		Amount of contribution (\$) 2500.00
A	ation / Job title (See Instructions) ident	Employer (See Instruction Carmel Car Wash	
Date 8/10/22 ·	Taylor Wilson Contributor address; City;	D#) State; Zip Code	Amount of contribution (\$) 50.00
	1200 Main Street, Dallas, TX 75202 tion / Job title (See Instructions) ttorney	Employer (See Instruction Steptoe & Johnson	
Pate 8/11/22 .	Carl Nelson	State; Zip Code	Amount of contribution (\$)
Principal occupa	ition / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor	D#)	Amount of contribution (\$)
8/14/22	Contributor address: City; 6875 Carolyncrest Drive, Dallas, TX 752	State; Zip Code	100.00
Principal occupa	ntion / Job title (See Instructions) Retired	Employer (See Instruction Retired	s)

SCHEDULE A1

Date 5 Fit N	William Stewart ontributor address; P. O. Box 308, PROSPER	City;	(ID#:) State; Zip Code	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 25.00
8/15/22 6 Cd	William Stewart ontributor address; P. O. Box 308, PROSPEI	City;		
		R, TX 75078		
Principal occupation				
	Job title (See Instructions)		9 Employer (See Instruc	ctions)
Duis	Johnson Berry	out-of-state PAC	(ID#)	Amount of contribution (\$)
		City;	State; Zip Code	1000.00
Principal occupation /	Job title (See Instructions)		Employer (See Instruc	tions)
	Preston Glasscock		(10#:)	Amount of contribution (\$)
138 303-304-30	ontributor address; 4344 Mockingbird Parkwa	City;	State; Zip Code	250.00
Principal occupation /	Job title (See Instructions)		Employer (See Instruc	I ctions)
	ıll name of contributor Syd Hurley	Out-of-state PAC	(ID#)	Amount of contribution (\$)
	ontributor address; 3910 Gillon, Dallas, TX 75	City; 5205	State; Zip Code	5000.00
Principal occupation /	Job title (See Instructions)		Employer (See Instruc	ctions)

SCHEDULE A1

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

Justin Jay Koch	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 31
Donald Hufffines 6 Contributor address; City: State: Zip Code 3705 Lexington Ave. Dallas, TX 75205 Principal occupation / Job title (See Instructions) Owner Date Full name of contributor Neal Patel Contributor address; City: State: Zip Code 733 South Coppell Road, Coppell, TX 75019 Principal occupation / Job title (See Instructions) Oil & gas financing Date Full name of contributor Dennis Lemons Principal occupation / Job title (See Instructions) Oil & gas financing Date Full name of contributor Dennis Lemons Principal occupation / Job title (See Instructions) Oil & gas financing Date Full name of contributor Dennis Lemons Principal occupation / Job title (See Instructions) Briployer (See Instructions) CP2 Partners Amount of contribution (\$) Principal occupation / Job title (See Instructions) Marketing GM Date Full name of contributor Joseph Malick B/23/22 Contributor address: City: State: Zip Code Amount of contribution (\$) Date Full name of contributor Joseph Malick B/23/22 Contributor address: City: State: Zip Code 500.00	FILER NAME		3 Filer ID (Ethics Commission Filers)
State: Zip Code 2000.00 3705 Lexington Ave. Dallas, TX 75205 Principal occupation / Job title (See Instructions)	Date		7 Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$)	0/10/22		2000.00
Neal Patel Contributor address; City; State; Zip Code 100.00	Principal occu		
Contributor address; City; State; Zip Code 733 South Coppell Road, Coppell, TX 75019 Principal occupation / Job title (See Instructions) Oil & gas financing Date Full name of contributor Dennis Lemons 8/23/22 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Marketing Date Full name of contributor Dennis Lemons Ballas, TX 75206 Principal occupation / Job title (See Instructions) Marketing Date Full name of contributor Joseph Malick 8/23/22 Contributor address; City; State; Zip Code State: Zip Code Amount of contribution (\$) All Amount of contribution (\$) All Amount of contribution (\$)			Amount of contribution (\$)
Oil & gas financing CP2 Partners Amount of contribution (\$) B/23/22 Contributor address; City, State; Zip Code 5819 Penrose Avenue, Dallas, TX 75206 Principal occupation / Job title (See Instructions) Marketing GM Date Full name of contributor Joseph Malick 8/23/22 Contributor address; City: State; Zip Code Full name of contributor Joseph Malick S/23/22 Contributor address; City: State; Zip Code 3140 Harvard Avenue, Dallas, TX 75205	8/19/22	Contributor address; City; State; Zip Code	100.00
Dennis Lemons Contributor address; City; State; Zip Code 5819 Penrose Avenue, Dallas, TX 75206 Principal occupation / Job title (See Instructions) Marketing Date Full name of contributor Joseph Malick 8/23/22 Contributor address; City: State; Zip Code State; Zip Code 500.00 3140 Harvard Avenue, Dallas, TX 75205			ions)
Contributor address; City; State; Zip Code 5819 Penrose Avenue, Dallas, TX 75206 Principal occupation / Job title (See Instructions) Marketing Date Full name of contributor Joseph Malick 8/23/22 Contributor address; City; State; Zip Code 3140 Harvard Avenue, Dallas, TX 75205	Date		Amount of contribution (\$)
Marketing GM Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Joseph Malick 8/23/22 Contributor address; City; State; Zip Code 3140 Harvard Avenue, Dallas, TX 75205	8/23/22	Contributor address; City; State; Zip Code	100.00
Joseph Malick 8/23/22 Contributor address; City; State; Zip Code 3140 Harvard Avenue, Dallas, TX 75205	Principal occu		tions)
8/23/22 Contributor address; City: State; Zip Code 500.00 3140 Harvard Avenue, Dallas, TX 75205	Date	Gui-oi-state (AC (IOF	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) . Employer (See Instructions)	8/23/22	Contributor address; City; State; Zip Code	500.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 8/24/22	5 Full name of contributor out-of-state PAC (Mary Anne Thornton 6 Contributor address; City: 1127 Chesterton Drive, Richardson, TX 7	State; Zip Code	7 Amount of contribution (\$) 10.00
Principal occ	marketing Coordinator	9 Employer (See Instruction Guaranty Bank	ons)
Date 8/24/22	Olivia Hasty	State; Zip Code	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) Retired	Employer (See Instruction Retired	ons)
Date 8/25/22	George Bayoud	State; Zip Code	Amount of contribution (\$) 500.00
Principal occu	Ipation / Job title (See Instructions) Investments	Employer (See Instruction Self	ons)
Date 8/25/22	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instruction Kandi America	ons)

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Revised 8/17/2020

SCHEDULE A1

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The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 8/26/22	Missy Wyszynski		7 Amount of contribution (\$) 50.00
	upation / Job title (See Instructions) rketing	Employer (See Instruction Ashlar Projects	ons)
Date 8/26/22	Mike Hennefer	State; Zip Code	Amount of contribution (\$)
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	·)	Amount of contribution (\$)
8/26/22	Contributor address; City; S 7519 Spicewood Drive, Garland, TX 75044	State; Zip Code	50.00
Principal occi	upation / Job title (See Instructions) External Affairs	Employer (See Instruction Associa	ons)
Date 8/26/22	Lia Rardin	t:) State; Zip Code	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) attorney	Employer (See Instruction Self	ons)

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

SCHEDULE A1

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

FILER NAME	struction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 31
	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
8/26/22	Full name of contributor ☐ out-of-state PAC John Crew Contributor address; City; 4313 Edmondson Avenue, Dallas, TX	State; Zip Code	7 Amount of contribution (\$)
	tion / Job title (See Instructions) rastructure Developer	9 Employer (See Instruction Public Werks, Inc.	- X*
Date 8/27/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 200.00
Principal occupat	ion / Job title (See Instructions) Retired	Employer (See Instruction Retired	ns)
Date 8/27/22 ···	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupat	5151 Belt Line Rd Ste 700, Dallas, TX ion / Job title (See Instructions) President	75254 Employer (See Instruction GTN Technical Sta	
8/29/22 ···	Full name of contributor	State; Zip Code	Amount of contribution (\$) 270.00
Principal occupat	ion / Job title (See Instructions) Retired	Employer (See Instructio	ns)

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

SCHEDULE A1

************	e Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	ID#)	7 Amount of contribution (\$)
8/29/22	6 Contributor address; City; 3809 Villanova Street, Dallas, TX 75225	State; Zip Code	250.00
	upation / Job title (See Instructions)	9 Employer (See Instruction Plains Capital Ba	
Date	William Strange	ID#:)	Amount of contribution (\$)
8/29/22	Contributor address; City; 10224 Sherbrook Lane, Dallas, TX 75229	State; Zip Code	25.00
Principal occu	pation / Job title (See Instructions) Actuary	Employer (See Instructio Milliman	ns)
Date	Full name of contributor □ out-of-state PAC (I	IO#:)	Amount of contribution (\$)
8/29/22	Contributor address; City; 1903 Canada Drive, Dallas, TX 75212	State; Zip Code	250.00
Principal occi	Ipation / Job title (See Instructions) Interior Designer	Employer (See Instructio	ns)
Date 8/29/22	Clark Richardson	ID#)	Amount of contribution (\$)
0/29/22	Contributor address; City; 6138 Lupton Dr, Dallas, TX 75225	State; Zip Code	1000.00
	upation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

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

	stin Jay Koch	3	Filer ID (Ethics Commission Filers)
Date 5			,
8/30/22	J. Lee Baldwin		7 Amount of contribution (\$)
6	Contributor address; City; P.O. Box 571213, Dallas, TX 75357	State; Zip Code	
7/2	on / Job title (See Instructions)	9 Employer (See Instruction Self	ns)
Date	Lizbeth Diaz	(ID#)	Amount of contribution (\$)
8/31/22	Contributor address; City; 606 LITTLE CREEK DRIVE, Duncanville	State; Zip Code e, TX 75116	15.00
Principal occupatio	n / Job title (See Instructions) Paralegal	Employer (See Instruction Law Firm	ns)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/31/22	Contributor address; City; 4000 PKSIDE CTR BLVD, APT 116, Dal	State; Zip Code	5.00
	n / Job title (See Instructions)	Employer (See Instruction Self	ns)
Date	Marty Forte	(ID#:)	Amount of contribution (\$)
8/31/22	Contributor address: City; 4309 Alta Vista Lane, Dallas, TX 75229	State; Zip Code	100.00
Principal occupation Retire	n / Job title (See Instructions)	Employer (See Instruction Retired	ns)

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

SCHEDULE A1

III	e Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A1:
FILER NAM	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor □ out-of-state PAC (ID Philip Ritter		7 Amount of contribution (\$)
8/31/22	6 Contributor address; City; 8616 Turtle Creek Boulevard , Unit 519, I	State; Zip Code	100.00
Principal occ	supation / Job title (See Instructions) 9 SVP	Employer (See Instruction GreenLight	ns)
Date	Full name of contributor)#:)	Amount of contribution (\$)
8/31/22	Contributor address; City; 1012 South French Avenue, Denison, TX	State; Zip Code < 75020	105.00
Principal occ	upation / Job title (See Instructions) Manager	Employer (See Instruction Green Growler, LL	
Date	Full name of contributor	D#:)	Amount of contribution (\$)
8/31/22		State; Zip Code	10.00
Principal occ	upation / Job title (See Instructions) Homemaker	Employer (See Instructio	ns)
Date	Full name of contributor	D#)	Amount of contribution (\$)
	Contributor address: City:	State; Zip Code	500.00
9/1/22	Contributor address: City: 6614 Northwest Highway, Dallas, TX 7523	31	

SCHEDULE A1

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

Date 5 Full name of contributor			31
Mike Terry 9/1/22 6 Contributor address; City; State; Zip Code 12240 Inwood Road, Dallas, TX 75244 Principal occupation / Job title (See Instructions) President Date Full name of contributor Ken Goldberg Contributor address; City; State; Zip Code 4 Robledo Dr, Dallas, TX 75230 Principal occupation / Job title (See Instructions) Retired Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Retired Amount of contribution (\$) Fatired Amount of contribution (\$) Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code B111 Westchester Dr. Suite 600, Dallas, TX 75225 Principal occupation / Job title (See Instructions) Chairman Chairman Chairman Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City: State; Zip Code Full name of contributor Retired Amount of contribution (\$) Chairman Chairman Employer (See Instructions) Chairman Contributor address; City: State; Zip Code Contributor address: City: State; Zip Code Con			3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) President Principal occupation / Job title (See Instructions) President Principal occupation / Job title (See Instructions) President Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code 5000.00 Principal occupation / Job title (See Instructions) Chairman Principal occupation / Job title (See Instructions) Chairman Employer (See Instructions) Chief Oil and Gas Principal occupation / Job title (See Instructions) Chairman Contributor address: City: State: Zip Code 1000.00 Principal occupation / Job title (See Instructions) Chairman Employer (See Instructions)	Mike Terry		
Principal occupation / Job title (See Instructions) Chairman M. Terry Enterprises Amount of contribution (\$) Amount of contribution (\$) Employer (See Instructions) Retired Amount of contribution (\$) Amount of contribution (\$) Full name of contributor	AND	STATE OF THE STATE	
Second		The state of the s	555 000 VI
Contributor address: City; State; Zip Code 4 Robledo Dr, Dallas, TX 75230 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 7 Trevor Rees-Jones Contributor address; City; State; Zip Code 5000.00 8111 Westchester Dr. Suite 600, Dallas, TX 75225 Principal occupation / Job title (See Instructions) Chairman Chief Oil and Gas Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Ike Brown Contributor address; City; State; Zip Code 1000.00 Frincipal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code 1000.00 Principal occupation / Job title (See Instructions) Courser Employer (See Instructions)	Ken Goldberg		(
Retired Retired Retired Pate Full name of contributor	A STATE OF THE STA	State; Zip Code	300.00
9/2/22 Trevor Rees-Jones Contributor address; City; State; Zip Code 8111 Westchester Dr. Suite 600, Dallas, TX 75225 Principal occupation / Job title (See Instructions) Chairman Employer (See Instructions) Chief Oil and Gas Date Full name of contributor Ike Brown Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Compare Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions)			ions)
Contributor address; City; State; Zip Code 5000.00 8111 Westchester Dr. Suite 600, Dallas, TX 75225 Principal occupation / Job title (See Instructions) Chairman Employer (See Instructions) Chief Oil and Gas Date Full name of contributor Ike Brown Contributor address: City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Amount of contribution (\$)
Chairman Chief Oil and Gas Date Full name of contributor out-of-state PAC (ID#	Contributor address; City;	State; Zip Code	5000.00
9/2/22 Ike Brown Contributor address: City: State; Zip Code 1000.00			
Contributor address: City: State; Zip Code 1000.00 5430 Palomar Lane, Dallas, TX 75229 Principal occupation / Job title (See Instructions) Owner	lke Brown		Amount of contribution (\$)
Owner	Contributor address; City:	ANTAGED NEWS CONTRACTOR AND ANTAGED SHOULD STORE AND ANTAGED STORE	1000.00
	A STATE OF THE STA		ions)
		Justin Jay Koch 5 Full name of contributor	Justin Jay Koch 5 Full name of contributor out-of-state PAC (ID#:

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Revised 8/17/2020

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31
FILER NAM	E Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 9/2/22	Florence Shapiro	State; Zip Code	7 Amount of contribution (\$) 500.00
Principal oc	Consulting	9 Employer (See Instructi Shapiro Linn S	ons) trategic Consulting
Date 9/3/22	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$) 250.00
Principal occ	upation / Job title (See Instructions) Retired	Employer (See Instructi Retired	ons)
Date 9/3/22	Full name of contributor out-of-state PAC John Ligon Contributor address; City; 1119 Sarasota Circle, Dallas, TX 75223	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	Eupation / Job title (See Instructions) Lawyer	Employer (See Instruction City of Dallas	ions)
Date 9/5/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 500.00
Principal occ	cupation / Job title (See Instructions) Executive	Employer (See Instruct TDIndustries	ions)

SCHEDULE A1

I he	Instruction Guide explains how to complete this form	•	Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch	3	Filer ID (Ethics Commission Filers)
9/7/22	5 Full name of contributor ☐ out-of-state PAC (ID#:_ Northwood Republican Women PAC 6 Contributor address: City; State 11617 N US 75 1000, Suite 240 Dallas TX 7	te; Zip Code	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 E	Employer (See Instructions)	
Date 9/12/22	Full name of contributor	ate; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 9/13/22	Full name of contributor out-of-state PAC (ID#:_ Bradley Williams Contributor address; City; State 4716 W Hanover Ave, Dallas, TX 75209		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) CEO	Employer (See Instructions) Elephant Oil &	
Date 9/13/22	Full name of contributor oul-of-state PAC (ID#_Shannon Callewart Contributor address: City; St. 6250 Rex Drive, Dallas, TX 75230	ate; Zip Code	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions) investments	Employer (See Instructions Shannon Wilson Cal	

SCHEDULE A1

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

Jim Frame	
Jim Frame 9/13/22 6 Contributor address; City; State; Zip Code	
	25.00
Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired	ructions)
Pate Full name of contributor out-of-state PAC (ID#: Elizabeth D'Arcy 9/13/22 Contributor address; City; State; Zip Code 6646 E.Lovers Lane, Dallas, TX 75214	, whosh of sommation (¢)
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired	ructions)
9/13/22 Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Principal Employer (See Instructions) John Dodd & A	(C1) (** C1) (** C1) (** C1)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 9/14/22	5 Full name of contributor ☐ out-of-state PAC Marty Forte 6 Contributor address; City; 4309 Alta Vista Lane, Dallas, TX 75229	State; Zip Code	7 Amount of contribution (\$) 100.00
Principal occ	Ipation / Job title (See Instructions) Retired	9 Employer (See Instruction Retired	ons)
Date 9/14/22	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Developer	Employer (See Instruction Cambridge Comp	
Date 9/14/22	Full name of contributor out-of-state PAC Guy Faulkner Contributor address; City; 815 South 9th Street, Garland, TX 7504	State; Zip Code	Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions) Facilities	Employer (See Instruction Dallas County	ons)
Date 9/15/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 28.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

1 no	e Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 9/15/22	Kenny & Lisa Troutt	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 5000.00
Principal occ	rupation / Job title (See Instructions) Founder	9 Employer (See Instruction Excel Communication	
Date 9/15/22	Gwen McAllen	State; Zip Code	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions) Retired	Employer (See Instruction Retired	ons)
Date 9/15/22	Jere Thompson	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	3609 CENTENARY AVE, DALLAS, Tupation / Job title (See Instructions) Retired	Employer (See Instruction Retired	ons)
Date 9/16/22	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Partner	Employer (See Instructi Churchill Capit	

SCHEDULE A1

The Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: 31
FILER NAME Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PA John Brodersen 6 Contributor address; City; 4407 Northcrest Road, Dallas, TX 752	State; Zip Code	7 Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) Owner	9 Employer (See Instruction Brodersen Enter	
Date Full name of contributor Craig & Cheryl Kinney 9/17/22 Contributor address; City: 5214 Palomar Lane, Dallas, TX 75229	State; Zip Code	Amount of contribution (\$) 5000.00
Principal occupation / Job title (See Instructions) investments, physician	Employer (See Instruction Self	ons)
Date Full name of contributor Larry Thacker Jr 9/17/22 Contributor address; City; 2004 Custer Pkwy, Richardson, TX 75	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Programmer	Employer (See Instruction Capital Staffing	ons)
Date Full name of contributor Mary Dunne 9/18/22 Contributor address; City: 4407 Westside Drive, Dallas, TX 75209	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Banker	Employer (See Instruction Benchmark Bank	ons)

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 for	rm.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 9/19/22	5 Full name of contributor out-of-state PAC (IDA Michael Levy 6 Contributor address; City; S 2120 Olive Street, Dallas, TX 75201		7 Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Real Estate	Employer (See Instruction Crow Holdings	ns)
Date 9/19/22	Olivia Hasty	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Retired	Employer (See Instructio	ns)
9/19/22 •	Mary Helen C. Gonzales	#) State; Zip Code	Amount of contribution (\$) 50.00
Principal occu	retired	Employer (See Instruction retired	ens)
Date 9/19/22	Stephen Arata	#) State; Zip Code	Amount of contribution (\$) 500.00
Principal occu	upation / Job title (See Instructions) Executive	Employer (See Instruction Blue Racer Midstre	

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

Revised 8/17/2020

SCHEDULE A1

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

		d Talal access Action 1.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
9/19/22	5 Full name of contributor out-of-state PAC (ID# Halden Tally 6 Contributor address; City; State; 2 4136 Goodfellow Dr, Dallas, TX 75229	100.00
Principal occu		R Architecture
Date 9/20/22	Full name of contributor	50 00
Principal occu	305 St Lukes Dr, Richardson, TX 75080 pation / Job title (See Instructions) RE Self	er (See Instructions)
9/20/22	Full name of contributor	500.00
Principal occu	pation / Job title (See Instructions) Retired Employ Retired	er (See Instructions) red
Date 9/21/22	Full name of contributor	750.00
	CONTROL CONTRO	er (See Instructions) e Suster Law Group

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 9/22/22	Brenda Pejovich	D#:) State; Zip Code	7 Amount of contribution (\$) 250.00
Principal occi	pation / Job title (See Instructions) Retired	Employer (See Instruction Retired	ons)
Date 9/22/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Instruction Wilson Elsner	ons)
9/22/22	John Holden	State; Zip Code	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Instruction Jackson Walker	
Date 9/22/22	Full name of contributor und-of-state PAC (IE Morgan Meyer Contributor address; City; 3838 Oak Lawn Avenue, Dallas, TX 752	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Attorney	Employer (See Instruction Wick Phillips	ons)

SCHEDULE A1

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

In	e Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A1:
FILER NAM	Justin Jay Koch	3	Filer ID (Ethics Commission Filers)
Date 9/22/22		State: Zip Code	Amount of contribution (\$) 92.00
Principal occ	retired 9	Employer (See Instruction retired	is)
Date	Full name of contributor)#)	Amount of contribution (\$)
9/22/22	Contributor address; City; 6322 Northwood Road, Dallas, TX 75225	State; Zip Code	250.00
Principal occ	upation / Job title (See Instructions) Lawyer	Employer (See Instruction Gray Reed	is)
Date	Date Full name of contributor □ out-of-state PAC (ID#:		Amount of contribution (\$)
9/23/22	Contributor address; City; 4001 Maple Ave., Suite 600, Dallas TX 7	State; Zip Code	5000.00
Principal occ	upation / Job title (See Instructions) Chairman	Employer (See Instruction TRT Holdings	is)
Date	Roy W. Bailey	»#)	Amount of contribution (\$)
9/23/22	Contributor address; City; 4001 Maple Ave., Suite 600, Dallas, TX 75	State: Zip Code	500.00
Principal occ	upation / Job title (See Instructions) CEO	Employer (See Instruction Bailey Deason Cap	

SCHEDULE A1

	Instruction Guide explains how to complete this fe	form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
9/23/22	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions) Retired	Employer (See Instruct Retired	ions)
Date	Grant Walsh	D#:)	Amount of contribution (\$)
9/24/22	Contributor address; City; 3434 Westminster Ave, Dallas, TX 7520	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	Attorney	Culhane Meadows	, PLLC
Date 9/26/22	Al Gilani	State; Zip Code	Amount of contribution (\$) 250.00
	ation / Job title (See Instructions) onsultant	Employer (See Instructi Self-Employed	ons)
Date	Clark Richardson	D#	Amount of contribution (\$)
9/26/22	Contributor address: City: 6138 Lupton Drive, Dallas, TX 75225	State; Zip Code	1000.00
Principal occup	ation / Job title (See Instructions) Automotive	Employer (See Instructi Forbes Todd	ons)

SCHEDULE A1

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

FILER NAMI			31 3 Filer ID (Ethics Commission Filers)
	Justin Jay Koch		3 File ID (Euros Commission Filets)
Date 9/26/22	5 Full name of contributor out-of-state of Daniel Gibson 6 Contributor address; City; 4508 San Carlos St, Dallas, TX 7520	State; Zip Code	7 Amount of contribution (\$) 250.00
Principal occ	upation / Job title (See Instructions) Private Advisor	9 Employer (See Instruction Rockefeller Capit	
Date 9/26/22	Bernard Geiger	State; Zip Code	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions) Retired	Employer (See Instruction Retired	ons)
Date 9/26/22	Frank Ciesielski	State; Zip Code	Amount of contribution (\$)
	1	Employer (See Instruction	ons)
	pation / Job title (See Instructions) Founder	myNILpay, Inc.	
	Founder	7.4 TA	Amount of contribution (\$) 250.00

SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ☐ out-of-state PAC (ID# E Paul Bigham	
9/26/22	6 Contributor address; City; State; 4013 Memorial Court, Carrollton, TX 75010	230.00
Principal occ	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions) gham Advisory Group
Date	Full name of contributor	Amount of contribution (\$)
9/26/22	Contributor address; City; State; 6035 Park Lane, Dallas, TX 75225	Zip Code 500.00
Principal occu		yer (See Instructions) TI Ag
Date	Full name of contributor	Amount of Contribution (3)
9/26/22		Zip Code 500.00
Principal occu		yer (See Instructions) effield Corporation
Date 9/26/22	Full name of contributor out-of-state PAC (ID# Nolan Schutze	
		Zip Code 1000.00
Principal occu	pation / Job title (See Instructions) Emplo	yer (See Instructions) Self

SCHEDULE A1

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

1.115	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
Date 9/26/22	Thomas Wynne	State; Zip Code Dallas, TX 75201	7 Amount of contribution (\$) 200.00
Principal occ	upation / Job title (See Instructions) Attorney	9 Employer (See Instructi Self	ions)
Date 9/27/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions) Rancher	Employer (See Instructi Self	ions)
Date	Will C. Beecherl	C (ID#:)	Amount of contribution (\$)
9/27/22	Contributor address; City; 8950 Sherry Ln. Suite 700 Dallas TX 7	State; Zip Code	2500.00
Principal occu	pation / Job title (See Instructions) CEO	Employer (See Instruction Verdad Resource	
Date 9/27/22	Samuel Carter Malouf	C (ID#:) State; Zip Code X 75230	Amount of contribution (\$) 350.00
	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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 for	m.	Total pages Schedule A1:
FILER NAME	Justin Jay Koch	3	Filer ID (Ethics Commission Filers
Date 9/27/22	5 Full name of contributor ☐ out-of-state PAC (ID# David Graves Finto 6 Contributor address; City; S 7209 Baxtershire Dr. Dallas TX 75230		Amount of contribution (\$) 200.00
0.22	pation / Job title (See Instructions) Wher	Employer (See Instruction Eagle Cleaners, Ir	
Date	Ashkan Mehryani		Amount of contribution (\$)
9/27/22	Contributor address; City; 5	State; Zip Code	250.00
Principal occup	Attorney	Employer (See Instruction Self	s)
Date	Full name of contributor		Amount of contribution (\$)
9/27/22	Contributor address; City; s 7415 Caillet St. Dallas, TX 75209	tate; Zip Code	250.00
	ration / Job title (See Instructions)	Employer (See Instruction retired	s)
Date 9/28/22	Jimmy Jackson	State; Zip Code	Amount of contribution (\$)
	PO Box 110247, Carrollton, TX 752011		
Principal occup	retired	Employer (See Instruction retired	s)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1: 31
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
9/28/22 Principal occu	Marchant Good Government Fund 6 Contributor address; City; Si 2125 N Josey Ln, Ste 200, Carrollton, TX 7	tate; Zip Code 75006	7 Amount of contribution (\$)
1 morpai oddi	pation / dob title (dee instructions)	Employer (See Instruction	ns)
Date	Full name of contributor ☐ out-of-state PAC (ID#:_ Robert Gorsky		Amount of contribution (\$)
9/28/22		tate; Zip Code	500.00
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See Instruction Lyon Gorsky & Gi	SOURCE STATE OF THE STATE OF TH
Date	E Paul Bigham		Amount of contribution (\$)
9/28/22	Contributor address; City; St 4013 Memorial Court, Carrollton, TX 75010	ate; Zip Code	100.00
Principal occu	pation / Job title (See Instructions) Founder	Employer (See Instruction Bigham Advisory G	
Date	Full name of contributor) Amount of contribution	
9/28/22	Contributor address; City: St 6138 Lupton Drive, Dallas, TX 75225	tate; Zip Code	1000.00
Bringing!	pation / Job title (See Instructions)	Employer (See Instruction	ns)

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:
FILER NAME	Justin Jay Koch	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
9/29/22	6 Contributor address; City; State; Zip Code 10630 Chesterton, Dallas, TX 75238	250.00
Principal occu	pation / Job title (See Instructions) Executive Director 9 Employer (See Instructions) DCRP	uctions)
Date	Full name of contributor	Amount of contribution (\$)
9/29/22	Contributor address; City; State; Zip Code 25 Highland Vig. #100-840, Dallas, TX 75205	2500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address: City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional contributor.	NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2: 1
FILER NA	AME Justin Jay Koch		3 Filer ID (Ethics C	ommission Filers)
TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2652.88	
Date	6 Full name of contributor uut-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$ 2652.88	9 In-kind contribution description Rental, beverages, labor fees
	occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			ide of Texas. Complete Schedule
Contributo	r's principal occupation (FOR JUDICIAL)			JDICIAL) (See Instructions)
4 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	use (if any) (FOR JUDICIAL)
Date	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#.			
Principal o	Contributor address; City; State;	Zip Code		description
•	The state of the s	Employe	FOR NON-JUDICI	AL)(See Instructions)
Contributo	r's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL
If contribut	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District
Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Justin Jay Koch 4 Date 5 Payee name 7/6/22 Murphy Nasica & Associates 6 Amount (\$) 7 Payee address; City; State; Zip Code 1000.00 919 Congress Ave. Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Consulting Expense monthly consulting fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7/7/22 Murphy Nasica & Associates Amount (\$) Payee address: City; State; Zip Code 8000.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description **PURPOSE** poll taken Polling Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 7/7/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State: Zip Code 5000.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description PURPOSE print media Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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 Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Justin Jay Koch 4 Date 5 Payee name 7/7/22 Murphy Nasica & Associates 6 Amount (\$) 7 Payee address; City; State: Zip Code 3350.00 919 Congress Ave. Austin, TX 78701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract Labor Campaign labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 7/21/22 Metrocrest Chamber of Commerce Amount (\$) Payee address; City; State: Zip Code 14681 Midway Rd Suite 200, Addison, TX 75001 45.00 Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense** Chamber Meeting EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 7/25/22 Fortuna Consulting, LLC Amount (\$) Payee address; City; State; Zip Code 2200 Victory Ave., Unit 807, Dallas, TX 75219 8645.80 Category (See Categories listed at the top of this schedule) Description PURPOSE Fundraising Expense retainer and fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense 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

Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a categ	pory not listed above)
Total pages Schedule F1:	2 FILER NAME Justin Jay Koch		3 Filer ID (Ethio	cs Commission Filers
4 Date	5 Payee name		Thousand the second	
7/26/22	U-Haul Moving			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
58.44	7043 Greenville Ave, Dallas, TX 75	231		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Equipment	moving sign	ıs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/27/22	Carbones Fine Food			
Amount (\$)	Payee address;	City;	State;	Zip Code
123.38	. 4208 Oak Lawn Ave, Dallas, TX 75.	219		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	lunch meetir	ng	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	- Control of the Cont		
7/27/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
6029.53	919 Congress Ave. Austin, TX 78701			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	signs		
	Chaple if traval as staids of Tayers Consulate Cale of La	Chack if Austin	n, TX, officeholder livin	g expense
	Check if travel outside of Texas. Complete Schedule T.	CHOCK II Additi	i, ix, omeended nen	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard 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 (epice a extension and listed above)

	al Committee Legal Services Salaries/v The Instruction Guide explains how to o	xpense Nages/Contract Labor complete this form.	Travel Out Of District Other (enter a category)	ory not listed above)
Total pages Schedule F1	Spring and the second section of the section of the second section of the section of the second section of the section of		3 Filer ID (Ethic	s Commission Filers
Date 7/29/22	5 Payee name Mail Chimp			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
201.47	675 Ponce De Leon Ave NE #500	00 Atlanta, GA 3031	8	
Meaning and the second	(a) Category (See Categories listed at the top of this schedule)	(b) Description		With the second
PURPOSE OF EXPENDITURE	Advertising Expense	email marke	eting	
CELLINOWE SANCE VARABLESSON AND ADMINISTRATION OF THE SANCE OF T	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	900 - 100 -		
7/29/22	Best Buy			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Second Property Control of Contro			
108.24	4255 Lyndon B Johnson Fwy, Fan	mers Branch, TX 75	5244	
108.24	4255 Lyndon B Johnson Fwy, Fari	mers Branch, TX 75	5244	
108.24 PURPOSE OF EXPENDITURE			5244	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description equipment	5244 n. TX, officeholder livin	g expense
PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description equipment		g expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description equipment Check if Austin		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description equipment Check if Austin		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Description equipment Check if Austin		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oi Date 8/1/22	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name Murphy Nasica & Associates	Description equipment Check if Austir Office sought	n, TX, officeholder livin	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oi Date 8/1/22 Amount (\$)	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name Murphy Nasica & Associates Payee address;	Description equipment Check if Austir Office sought	n, TX, officeholder livin	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oi Date 8/1/22 Amount (\$)	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name Murphy Nasica & Associates Payee address; 919 Congress Ave. Austin, TX 78701	Description equipment Check if Austir Office sought City;	n, TX, officeholder livin	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 8/1/22 Amount (\$) 413.63 PURPOSE OF	Category (See Categories listed at the top of this schedule) Office Overhead Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name Murphy Nasica & Associates Payee address; 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule)	Description equipment Check if Austir Office sought City; Description Pushcards	n, TX, officeholder livin	Office held Zip Code

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (replace extension and Expense)

Total pages Schedule F1:	2 FILER NAME Justin Jay Koch		3 Filer ID (Ethi	cs Commission Filers)
Date 8/2/22	5 Payee name Murphy Nasica & Associates			H 4-5
Amount (5)	7 Payee address;	City;	State;	Zip Code
2500.00	919 Congress Ave. Austin, TX 7870			Zip Gode
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description		
EXPENDITURE	3 - 4 - 10 - 1	monthly fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	W	1 3000 N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8/8/22	Tom Thumb			
Amount (\$)	Payee address;	City;	State;	Zip Code
14.87	7117 Inwood Rd, Dallas, TX 75209			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	water for b	lock walk	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n. TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/11/22	Cafe Danielle			
Amount (\$)	Payee address;	City;	State;	Zip Code
1200.00	4516 Lovers Lane, Dallas TX 75225			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	fundraise	er	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
	Candidate / Officeholder name			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \(\) The Instruction Guide explains how to	Wages/Contract Labor Other ((enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Justin Jay Koch		er ID (Ethics Commission Filers
Date	5 Payee name		
8/12/22	Murphy Nasica & Associates		
Amount (\$)	7 Payee address;	City;	State; Zip Code
22500.00	919 Congress Ave. Austin, TX 787	7 01	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Digital ads	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, offi	iceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and the same of th	
8/12/22	Murphy Nasica & Associates		
Amount (\$)	Payee address;	City;	State; Zip Code
7500.00	919 Congress Ave. Austin, TX 7	'8701	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Digital ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder пате	Office sought	Office held
Date	Payee name	J. Shitti	
8/12/22	Murphy Nasica & Associates		
Amount (\$)	Payee address;	City:	State; Zip Code
6600.00	919 Congress Ave. Austin, TX 78	701	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Research	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
	Candidate / Officeholder name	Office sought	Office held

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Justin Jay Koch 13 4 Date 5 Payee name 8/12/22 Murphy Nasica & Associates 6 Amount (\$) 7 Payee address; City: Zip Code State: 4500.00 919 Congress Ave. Austin, TX 78701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract Labor campaign labor OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 8/12/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State: Zip Code 919 Congress Ave. Austin, TX 78701 3850.00 Category (See Categories listed at the top of this schedule) Description PURPOSE campaign labor Contract Labor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 8/1-2/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code 1000.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Consulting Expense fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memonals 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: 2 FILER NAME

13 Justin Jay Koch

3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name		
8/15/22	Ace Parking		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
8.00	200 Crescent Ct, Dallas, TX 75201		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	11 SUI
PURPOSE OF EXPENDITURE	Transportation Expense	parking	
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		The same of the sa
8/16/22	Murphy Nasica & Associates		
Amount (\$)	Payee address:	City; State;	Zip Code
413.86	919 Congress Ave. Austin, TX 7870)1	
	Category (See Categories listed at the top of this schedule)	Description	YEARSHY
PURPOSE OF EXPENDITURE	Advertising Expense	pushcards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/17/22	Peggy Lundy		
Amount (\$)	Payee address;	City; State;	Zìp Code
246.70	535 Parkhurst Dr.		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	block walk refreshments	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX officeholder livit	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

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

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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 (paters a category not Fetal a press)

Credit Card Payment	by Gift/Awards/Memonals Expense Printing E al Committee Legal Services Salaries/N	expense Wages/Contract Labor complete this form.	Travel Out Of Distr Other (enter a categ	gory not listed above)
Total pages Schedule F1: 13	2 FILER NAME Justin Jay Koch		3 Filer ID (Ethio	cs Commission Filers
Date 8/18/22	5 Payee name Murphy Nasica & Associates	1		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
6750.00	919 Congress Ave. Austin, TX 78	3701		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertising Evpense	road signs		
EXPENDITURE	Advertising Expense	road signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	***	Office held
Date	Payee name	100		
8/29/22	Mail Chimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
201.47	675 Dongo Do Loop Ave NE #5000 All			
110-3000 (30-0,007-0)	675 Ponce De Leon Ave NE #5000 Atla	nta, GA 30318		
733 - Alia (Alia (Alia))	Category (See Categories listed at the top of this schedule)	nta, GA 30318 Description	Warman and a second	
PURPOSE OF EXPENDITURE		T	keting	
OF	Category (See Categories listed at the top of this schedule)	Description email mark		g expense
OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description email mark	Keting , TX, officeholder livin	g expense Office held
OF	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description email mark		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description email mark		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 8/31/22	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description email mark		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 8/31/22	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Murphy Nasica & Associates	Description email mark Check if Austin Office sought	, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 8/31/22 Amount (\$)	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Murphy Nasica & Associates Payee address;	Description email mark Check if Austin Office sought	, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 8/31/22 Amount (\$)	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Murphy Nasica & Associates Payee address: 919 Congress Ave. Austin, TX 7870	Description email mark Check if Austin Office sought City;	, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 8/31/22 Amount (\$) 2500.00 PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Murphy Nasica & Associates Payee address: 919 Congress Ave. Austin, TX 7870 Category (See Categories listed at the top of this schedule)	Description email mark Check if Austin Office sought City; D1 Description monthly fee	, TX, officeholder livin	Office held Zip Code

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memonals 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 (aging expenses and linear lands)

PURPOSE OF EXPENDITURE Fundraising Expense retianer and fees (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense		The Instruction Guide explains how to o	complete this form.		
Fortuna Consulting Fortuna Consulting Fortuna Consulting Fortuna Consulting Fortuna Consulting Favore address;		2 FILER NAME Justin Jay Koch		3 Filer ID (Ethic	s Commission Filers
Amount (\$) 7 Payse address; City: State; Zip Code 2200 Victory Ave., Unit 807, Dallas, TX 75219 (a) Category (See Categories listed at the top of this schedule) EXPENDITURE (b) Category (See Categories listed at the top of this schedule) Fundraising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Valentine Direct Marketing, LLC Amount (\$) Payse address: Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Date Purpose OF Category (See Categories listed at the top of this schedule) Date Plurpose OF Category (See Categories listed at the top of this schedule) Date Plurpose OF Candidate / Office holder name Office sought Office held Office held Office held Candidate / Office held Candidate / Office held Date Payse name Murphy Nasica & Associates Amount (\$) Payse address: Category (See Categories listed at the top of this schedule) Date OF Office held Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office scught Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories li		5 Payee name			
State 2200 Victory Ave., Unit 807, Dallas, TX 75219	9/6/22	Fortuna Consulting			
Section Sect	Amount (\$)		City;	State;	Zip Code
Fundraising Expense retianer and fees Fundraising Expense Fundraising Expense Fundraising Expense	5000.00	2200 Victory Ave., Unit 807, Dallas,	TX 75219		
Fundraising Expense	3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Complete ONLY if direct expenditure to benefit C/OH	OF	Fundraising Expense		nd fees	
Payee name 9/6/22 Amount (\$) Payee address: City: State: Zip Code 595.38 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Date Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Date Payee name Murphy Nasica & Associates Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Date Payee name Murphy Nasica & Associates City: State: Zip Code Category (See Categories listed at the top of this schedule) Date Payee name Murphy Nasica & Associates Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNLY if direct Candidate / Officeholder name Office sought Office hold		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	g expense
Amount (\$) Payee address: City: State: Zip Code 595.38 2344 Farrington St, Dallas, TX 75207 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OH Date Payee name Murphy Nasica & Associates Amount (\$) Payee address: City: State: Zip Code Payee name Murphy Nasica & Associates Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Date Payee name Murphy Nasica & Associates Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office held Office sought Office held			Office sought		Office held
Amount (\$) Payee address: City; State: Zip Code 595.38 2344 Farrington St, Dallas, TX 75207 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/12/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State: Zip Code 16500.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description Office sought Office held Date Payee address; City; State: Zip Code Advertising Expense digital ads Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Office sought Office held	Date	Payee name			
2344 Farrington St, Dallas, TX 75207 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	9/6/22	Valentine Direct Marketing, LLC			
PURPOSE OF EXPENDITURE Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name Murphy Nasica & Associates Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Payee Advertising Expense Candidate / Office holder name Office sought Office hold Description Office sought Office hold	Amount (\$)	Payee address;	City;	State;	Zip Code
Advertising Expense	595.38	2344 Farrington St, Dallas, TX 75207			
Advertising Expense letter head and envelopes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/12/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code 16500.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if ravel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	Advertising Expense	letter head	and envelopes	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/12/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code 16500.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Camplete ONLY if direct Candidate / Office hold Office sought Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living] expense
9/12/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code 16500.00 919 Congress Ave. Austin, TX 78701 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Expense digital ads Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
Amount (\$) Payee address; City; State; Zip Code 16500.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description Advertising Expense digital ads Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Date	Payee name			The same of the sa
16500.00 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	9/12/22	Murphy Nasica & Associates			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	16500.00	919 Congress Ave. Austin, TX 78701			
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY If direct Candidate / Officeholder name Office sought Office held	OF	Advertising Expense	digital ads		
		Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living	expense
	Complete ONLY if direct	Candidate / Officeholder name			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	ages/Contract Labor	Travel Out Of Distri Other (enter a cate)	gory not listed above)
Total pages Schedule F1:	2 FILER NAME Justin Jay Koch		3 Filer ID (Ethic	cs Commission Filers
9/13/22	5 Payee name Halal Guys	<u> </u>		. New Manness
Amount (\$) 32.88	7 Payee address;746 S Central Expy #120, Richardson,	City;	State;	Zip Code
	The state of the s			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description	ng	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	10/25		
9/15/22	Murphy Nasica & Associates			
Amount (\$)	Payee address:	City;	State;	Zip Code
79.30	919 Congress Ave. Austin, TX 78701			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	digital ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/20/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
7000.00	919 Congress Ave. Austin, TX 78701			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	photography	and editing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1000	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Int Expense Loan Repayment/Reimbursem

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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

Total pages Schedule F1:	2 FILER NAME	3	Filer ID /Ethi	cs Commission Filers
13	Justin Jay Koch	,	riter ID (Cuil	es Commission Filers
Date 0/00/00	5 Payee name			
9/20/22	Murphy Nasica & Associates			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
5000.00	919 Congress Ave. Austin, TX 787	701		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	0 111 -			
OF EXPENDITURE	Consulting Expense	campaign labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/20/22	M 1 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2			
	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
1500.00	919 Congress Ave. Austin, TX 7870	01		
	Category (See Categories listed at the top of this schedule)	Description	and Service Was	*
PURPOSE OF	Consulting Expense	Website		
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T	Check if Austin, TX,	, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	0 		
9/22/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
30000.00	919 Congress Ave. Austin, TX 7870	1		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Polling Expense	poll taken		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder livin	g expense

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Justin Jay Koch 13 4 Date 5 Payee name 9/27/22 Murphy Nasica & Associates 6 Amount (\$) 7 Payee address; City: State: Zip Code 367.81 919 Congress Ave. Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Advertising Expense OF shirts EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 9/29/22 Mail Chimp Amount (\$) Payee address; City: State; Zip Code 201.47 675 Ponce De Leon Ave NE #5000 Atlanta, GA 30318 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense OF email marketing **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 7/1-9/29/22 Anedot Amount (\$) Payee address; City: State: Zip Code 340 Poydras Street, Suite 1770 New Orleans LA 70112 2140.58 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees transaction fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH