CANDIDA	ATE / OF	FICEHOLDER ICE REPORT	2022 N	OV -3 SOLYS	FORM C/OI
The C/OH Instruction	Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commissi	TITIC.	pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME J.J.	FIRST Justin LAST Koch	C	LLAS COUNTA	FFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO B 11700 Pro Suite 660 Dallas, TX	ox, APT / SUITE #. c eston Rd. 1 #328	CITY; STATE: ZIP C	ODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	PHONE NUMBER 302-9568	EXTENSION	Dale Hand-	delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Hon.	FIRST Maurine	MI	Receipt #	Amount \$
TV UVIL	NICKNAME	LAST Dickey	SUFFI	Date Image	we have a second or second
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU	3 1.1,	ST	FATE. ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 248-9899	EXTENSION		
REPORT TYPE	January 15	30th day before elect		trea (Of	h day after campaign asurer appointment ficeholder Only)
0 PERIOD COVERED	Month 9	Day Year	Reporting Limi		Al Report (Attach C/OH - FR) Year
1 ELECTION	Month Day	Year Primary 22 X General	Runoff Other Descr	N TYPE	
2 OFFICE	OFFICE HELD (if any Dallas County	Commissioner District 2	13 OFFICE SOUGHT (if known) y Commissioner	r District 0
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT. CANDIDATE COMMITTEE TYPE	CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER. THESE EXPENDITURES M S AND OFFICEHOLDERS ARE REQUIRED COMMITTEE NAME	CEPTED OR POLITICAL EXPENDITE	JRES MADE BY POLITIC	AL COMMITTEES TO SUIT
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME		

COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Justin	Jay Koch		16 Filer II	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR CONTRIBUTIONS MADE	DLITICAL CONTRIBUTIONS (OTHER THE GUARANTEES OF LOANS, OR EELECTRONICALLY)	HAN	\$ 0
	2. TOTAL POLITICAL CO		IS)	\$ 74,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL			\$ 0
***************************************	4. TOTAL POLITICAL EX	PENDITURES		\$ 223,892.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT. OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE L	AST DAY	\$ 77,039.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	NT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE	\$ 40,000.00
1) Affidavit	CHR Nota My C	mplete either option belo ISTINA TORRE by ID # 133639179 Commission Expires	w:	
20 <u>22</u> , to certify whic	th, witness my hand and seal of office		31 st c	day of October
ignature of officer administering of	Christ	ina Torre		o La vy
S. E. S. C. C. C. Bullinstering (Printed name of	of officer administering oath	Tit	le of officer administering oat
2) Unsworn Declaration	FOR TOTAL PROPERTY.	OR		2015年10日
y name is		, and my date of birth i		
y address is		, and my date or birth I	5	
	(street)	(city)	(state) (zip	code) (country)
ecuted in	County, State of	, on the day of (moni		20
		Signature of Cand	idate/Officehol	ider (Declarant)

SUBTOTALS - C/OH

FORM C/O附 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	\$ 74,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 223,892.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE AN

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

FILER NAI	AE .	19
	Justin Jay Koch	3 Filer ID (Ethics Commission Filers
9/30/22	5 Full name of contributor	
	6 Contributor address; City; State; 4136 Goodfellow Drive, Dallas, TX 75229	Zip Code 250.00
	scupation / Job title (See Instructions) Architect 9 Em	ployer (See Instructions) HDR Architecture, Inc
Date 0/20/00	Full name of contributor	Amount of contribution (\$)
9/30/22	Contributor address; City; State; 18268 Brighton Green, Dallas, TX 75252	Zip Code 500.00
Principal occ	upation / Job title (See Instructions) Emp	oloyer (See Instructions) BV Capital
Date	Full name of contributor out-of-state_PAC (ID#: Leanne McKinley	(s)
9/30/22	Contributor address; City; State; 4645 Livingston Ave, Dallas, TX 75209	Zip Code 50.00
Principal occ	upation / Job title (See Instructions) Emp	loyer (See Instructions)
Date 9/30/22	Full name of contributor	(0)
	Contributor address; City; State; 10430 Strait Lane, Dallas, TX 75229	Zip Code 5000.00
CALLS CONTRACT OF THE PARTY OF	upation / Job title (See Instructions) Empl	oyer (See Instructions) Ryan LLC

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

SCHEDULE AT

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

A	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAM	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
10/1/22	Marty Forte	C (ID#:)	7 Amount of contribution (\$)
10/1/22	6 Contributor address; City; 4309 Alta Vista Lane, Dallas, TX 75229	State; Zip Code	100.00
Principal oc	cupation / Job title (See Instructions) Retired	9 Employer (See Instruct Retired	ions)
Date	Mark Howell	C (ID#:)	Amount of contribution (\$)
10/2/22	Contributor address: City; 7125 Meadowcreek Dr, Dallas, TX 75254	State; Zip Code	100.00
	upation / Job title (See Instructions) Insurance Broker	Employer (See Instructi Howell Financial	
Date	Jonathan Filgo	(1D#:)	Amount of contribution (\$)
10/3/22 Contributor address; City 4312 Windsor Pkwy, Dallas, TX		State; Zip Code	500.00
Principal occi	upation / Job title (See Instructions) Banker	Employer (See Instruction	
Date	Full name of contributor		Amount of contribution (\$)
10/3/22	Contributor address; City; 3225 Turtle Creek Boulevard, Dallas, TX	State; Zip Code	100.00
	pation / Job title (See Instructions) Sales & merchandiser	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



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! FILER NAM	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19
Company were	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
4 Date 5 Full name of contributor out-of-state PAC (ID#:		(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 1231 Dragon Street, Dallas, TX 75207	State; Zip Code	500.00
Principal oc	Principal	9 Employer (See Instructi GlenMartin	ons)
Date	Clark Richardson	(ID#:)	Amount of contribution (\$)
10/4/22	Contributor address: City; 6138 Lupton Drive, Dallas, TX 75225	State; Zip Code	1000.00
Principal occu	pation / Job title (See Instructions) Automotive	Employer (See Instruction Forbes Todd	ons)
Date 10/4/22	Mike Terry	(ID#:)	Amount of contribution (\$)
10/4/22	Contributor address; City: 12240 Inwood Road, Dallas, TX 75244	State; Zip Code	1500.00
Principal occu	pation / Job title (See Instructions) President	Employer (See Instruction M Terry Enterp	
Date	Full name of contributor	ID#:	Amount of contribution (\$)
10/4/22	Contributor address; City; 4212 Belclaire Ave, Dallas, TX 75205	State; Zip Code	1000.00
Principal acqui	oation / Job title (See Instructions)	Employer (See Instruction	ns)

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2 FILER N	The Instruction Guide explains how to complete the		1 Total pages Schedule A1:
7.410 No	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
4 Date 10/4/2	William Miller	AC (ID#:)	7 Amount of contribution (\$)
Three .	6 Contributor address; City; 4709 Northaven Rd., Dallas, TX 752;	State; Zip Code 29	50.00
3 Principal	occupation / Job title (See Instructions) Retired	9 Employer (See Instruct Retired	ions)
Date	Wontgomery Bennett	AC (ID#:)	Amount of contribution (\$)
10/5/2	Contributor address; City; 14185 Dallas Parkway, Suite 1100, Dall	State; Zip Code	5000.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/5/22	Joseph O'Brien	C (ID#:)	Amount of contribution (\$)
10/5/22	Contributor address; City; 2706 Turtle Creek Circle, Dallas, TX 752	State; Zip Code	100.00
Principal o	ccupation / Job title (See Instructions) President	Employer (See Instruction A.G. Hill Partners	ons)
Date 10/5/22	Kendra Madison	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 8650 Southwestern Boulevard, Dallas,	State; Zip Code	25.00
	cupation / Job title (See Instructions)	Employer (See Instruction	ns)

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SCHEDUL	E A

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FILER NAM	E		19
	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 10/5/22	Talmage Boston	State; Zip Code	7 Amount of contribution (\$) 500.00
Principal oc	cupation / Job title (See Instructions) Lawyer	9 Employer (See Instruction Shackelford La	
Date 10/5/22	Richard Neely	e PAC (ID#) State; Zip Code	Amount of contribution (\$)
	upation / Job title (See Instructions) Private Trustee	Employer (See Instruct	ions)
Date Full name of contributor out-of-state Kimberly Thomas		PAC (ID#:)	Amount of contribution (\$)
10/5/22	Contributor address; City; 5930 Royal Lane, Dallas, TX 7523	State; Zip Code	100.00
Principal occu	ipation / Job title (See Instructions) Managing Partner	Employer (See Instruct TL Capital Group	ACACO CONTRACTOR
Date 10/5/22	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
10/3/22	Contributor address; City; 5930 Royal Lane, Dallas, TX 75230	State; Zip Code	100.00
		Employer (See Instructi	ons)

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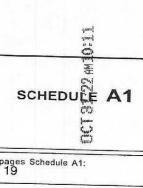
Т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:	
2 FILER NAM	ME		3 Filer ID (Ethics Commission Filers)	
	Justin Jay Koch		(=====================================	
1 Date 10/6/22	Will Harnett	PAC (ID#:)	7 Amount of contribution (\$) 250.00	
	6 Contributor address; City; 2920 N. Pearl Street, Dallas, TX 752	State; Zip Code		
Principal oc	ccupation / Job title (See Instructions) Attorney	9 Employer (See Instruc Harnett Firm	tions)	
Date	Full name of contributor out-of-state Gregg Hamill	PAC (ID#)	Amount of contribution (\$)	
10/6/22	Contributor address; City; 6147 Desco Dr. Dallas, TX 75225	State; Zip Code	300.00	
Principal occ	cupation / Job title (See Instructions) Principal	Employer (See Instruct Hamill Commer		
Date	Full name of contributor		Amount of contribution (\$)	
10/6/22	Contributor address; City; 10100 N. Central Expressway, STE 2	State; Zip Code 230, Dallas, TX 75231	500.00	
Principal occ	upation / Job title (See Instructions) Attorney	Employer (See Instruct Wyde & Associa		
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
10/6/22	Contributor address; City; 4332 Taos Rd. Dallas, TX 7529	State; Zip Code	1000.00	
Principal occu	upation / Job title (See Instructions) President	Employer (See Instructi Forbes Todd Auto		

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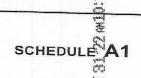
Revised 8/17/2020



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	he Instruction Guide explains how to complete thi	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 Total pages Schedule A1: 19
FILER NA	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
Date	George Lewis	C (ID#:)	7 Amount of contribution (\$)
10/6/22	6 Contributor address; City; 3604 Princeton Ave. Dallas, TX 7520	State; Zip Code	2500.00
Principal of	ccupation / Job title (See Instructions) President	9 Employer (See Instruct George Lewis (
Date 10/0/00	Henry Billingsley	C (ID#:)	Amount of contribution (\$)
10/6/22	Contributor address; City; 1722 Routh St. STE 770, Dallas, TX 7	State; Zip Code	5000.00
	rupation / Job title (See Instructions)	Employer (See Instructi Billingsley Compa	
Date	Full name of contributor		Amount of contribution (\$)
10/6/22	David Tice Contributor address; City; 3140 Harvard Avenue, Dallas, TX 7520	State; Zip Code	1000.00
	Contributor address; City; 3140 Harvard Avenue, Dallas, TX 75209 upation / Job title (See Instructions)	State: Zip Code 5 Employer (See Instruction	
	Contributor address; City; 3140 Harvard Avenue, Dallas, TX 7520	State; Zip Code	
Principal occ	Contributor address; City; 3140 Harvard Avenue, Dallas, TX 75200 upation / Job title (See Instructions) Investor Full name of contributor ut-of-state PAC Ken Goldberg	State; Zip Code 5 Employer (See Instruction Self (ID#:)	
Principal occ	Contributor address; City; 3140 Harvard Avenue, Dallas, TX 75209 upation / Job title (See Instructions) Investor Full name of contributor	State; Zip Code 5 Employer (See Instruction Self (ID#:)	ons)

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FILER NAM			19
	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
10/6/22	5 Full name of contributor ☐ out-of-state PAC (IE Sarah Lamb		7 Amount of contribution (\$) 250.00
	6 Contributor address; City; 5630 Willis, Dallas, TX 75206	State; Zip Code	250.00
Principal occ	upation / Job title (See Instructions) Broker	Employer (See Instruction The retail connections	
Date 10/6/22	Judith Graham	0#:)	Amount of contribution (\$)
. 0. 0. 22	Contributor address; City; 3225 Turtle Creek Boulevard, Dallas, TX	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions) Sales	Employer (See Instruction Forget Me Not	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
10/6/22	Contributor address; City; s 8600 Thackery Street, Dallas, TX 75225	State; Zip Code	250.00
Principal occu	vertion / Job title (See Instructions) VP of Ops	Employer (See Instruction Venture First	ons)
Date 10/6/22	Full name of contributor out-of-state_PAC_{ID#	*	Amount of contribution (\$)
10/0/22	Contributor address; City; s 4712 Stonehearth Place, Dallas, TX 752	State; Zip Code	1000.00
	Physician	Employer (See Instruction Self	ns)

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

	Sted information is not applicable, DO NOT		SCHEDULE A1
The	Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
Date 10/6/22	5 Full name of contributor out-of-state Kenn George 6 Contributor address; City;	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) 1000.00
	PO Box 601239, Dallas, TX 75360	Said, Zip Obde	
	upation / Job title (See Instructions) Investments	9 Employer (See Instruction Self	ons)
Date	Craig Callewart	PAC (ID#)	Amount of contribution (\$)
10/7/22	Contributor address; City; 6306 Deloache Ave, Dallas, TX 7522	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions) Surgeon	Employer (See Instruction CCCMDPA	ons)
Date	Chris Parvin	PAC (ID#:)	Amount of contribution (\$)
10/7/22	Contributor address; City; 500 North Akard Street, Dallas, TX 7	State; Zip Code	5000.00
Principal occup	Deation / Job title (See Instructions) Attorney	Employer (See Instruction Parvin Law Group	ons)
Date 10/7/22	Full name of contributor		Amount of contribution (\$)
	Contributor address; City: 148 Red Oak Ln., Flower Mound,, T)	State; Zip Code X 75028	
Principal occup	pation / Job title (See Instructions) Retired	Employer (See Instruction Retired	ons)

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	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	E	3 Filer ID (Ethics Commission Filers
	Justin Jay Koch	The ID (Eulies Commission Filers
Date 10/7/22	5 Full name of contributor	7 Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Retired 9 Employer (See Instru Retired	ctions)
Date 10/8/22	Full name of contributor out-of-state PAC (ID#) Shawn Parker Contributor address; City; State; Zip Code 1408, Kingsmill Court, Coppell, TX 75019	Amount of contribution (\$) 250.00
Principal occu	Business Development Employer (See Instructions) SiFi Netwo	
10/11/22	Full name of contributor	Amount of contribution (\$) 25.00
Principal occu	Pest Control Employer (See Instructions) Employer (See Instructions) Arrow Exter	00-100-000 BB0
Date 10/11/22	Full name of contributor out-of-state PAC (ID#) Ray L. Hunt Contributor address; City; State; Zip Code 1900 North Akard St. Dallas, TX 75201	Amount of contribution (\$) 5000.00
	pation / Job title (See Instructions) Employer (See Instructions) xecutive Chairman Hunt Consolidate	tions)

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	e Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1
FILER NAM			3 Filer ID (Ethics Commission Filers
	Justin Jay Koch		
Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/11/22	George Ceverha		
		City; State; Zip Code	500.00
	3401 Lee Parkway Apt. 908,	Dallas, TX 75219	
Principal occ	rupation / Job title (See Instructions) Retired	9 Employer (See Instru Retired	ctions)
Date	Full name of contributor	ut-of-state PAC (ID#:)	
	Stephen Winn		Amount of contribution (\$)
10/12/22	C	City; State; Zip Code	5000.00
	10201 Inwood Rd. Dallas, T	X 75229	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
1100	CEO	Mirasol Capital	
Date	Full name of contributor	ut-of-state PAC (ID#:)	Amount of contribution (\$)
10/12/22	James Gibbs		
	Contributor address;	City; State; Zip Code	100.00
	4925 Greenville Ave. Ste. 12	20, Dallas, TX 75206	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Chairman		Energy Company
Date	Full name of contributor	ut-of-state PAC (ID#:)	Amount of contribution (\$)
10/10/00	Republican Party of Texas		
10/12/22	Commence of the commence of th	ity; State; Zip Code	1500.00
	807 Brazos St. Suite 701, Au	and the code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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	e Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
FILER NAM	Justin Jay Koch	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	
10/12/22	6 Contributor address; City; Sta 9016 Maguire's Bridge Dr. Dallas, TX 75231	tte; Zip Code 250.00
Principal occ	upation / Job title (See Instructions) GC	Employer (See Instructions) Priority Contractor and Roofing
Date	Full name of contributor	
10/12/22	Contributor address; City; Sta 5405 Falls Rd, Dallas, TX 75220-2109	te; Zip Code 500.00
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions) Self
Date 10/13/22	Full name of contributor □ out-of-state PAC (ID#:_	Amount of contribution (5)
10/13/22	Contributor address; City; Sta 5151 Belt Line Rd Ste 700, Dallas, TX 7525	e; Zip Code
Principal occu F	pation / Job title (See Instructions) E resident	mployer (See Instructions) GTN Technical Staffing
Date 10/14/22	Full name of contributor	Amount of contribution (\$)
TOTTALL	Contributor address; City; Sta 485 Whiskey Hill Road, Woodside, CA 9406	1000.00 2
	pation / Job title (See Instructions)	mployer (See Instructions)

			1.00
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	e 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 out-of-state PAC (ID#:) 10/15/22 6 Contributor address; City; State; Zip Code 4684 Edmondson Avenue, Dallas, TX 75209		1000.00
Principal occ	upation / Job title (See Instructions) 9 Emplo	oyer (See Instructions)
Date 10/16/22	Full name of contributor	400.00
	pation / Job title (See Instructions) Emplo	oyer (See Instructions) ista Bank
Date 10/16/22	Full name of contributor out-of-state PAC (ID#:	
Principal occu		oyer (See Instructions) Retired
Date 10/17/22	Full name of contributor out-of-state PAC (ID#	
Principal occup		yer (See Instructions) mber's Building Maintence, LLC

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FILER NAME			19
	Justin Jay Koch		3 Filer ID (Ethics Commission Filers
Date 10/17/22	5 Full name of contributor out-of-state PAC Barbara Fallon 6 Contributor address; City; 12271 Coit Rd. Apt 2304	(ID#:) State; Zip Code	7 Amount of contribution (\$) 300.00
	red	9 Employer (See Instructi retired	ions)
Date 10/18/22	Tim Gehan	State; Zip Code	Amount of contribution (\$)
Principal occu	Principal	Employer (See Instruction TEG Capital,LLC	
Date 10/19/22	Scott Hall	(ID#:) State; Zip Code	Amount of contribution (\$) 5000.00
Principal occuj	pation / Job title (See Instructions) Chairman	Employer (See Instruction H&Co.	ons)
Date 10/19/22	Full name of contributor out-of-state PAC (Lewis Sessions Contributor address; City; 6001Stoneshire Ct, Dallas TX 75282	iD#:) State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions) prney	Employer (See Instruction Moore, Gansk	e, Murr, Sessions, PLLC

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Th	e Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
10/19/22	5 Full name of contributor out-of-state PAC (III Al Cercone		7 Amount of contribution (\$) 500.00
Principal occi	upation / Job title (See Instructions) Judge	Employer (See Instructi Dallas County	ons)
Date 10/19/22	Ryan Erfourth	State; Zip Code	Amount of contribution (\$)
Principal occup	oation / Job title (See Instructions) IT Security	Employer (See Instruction Bank of America	
Date 10/20/22	The Real Estate Council PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ins)
Date 10/21/22	Full name of contributor out-of-state PAC (IDA Susan Shannon Contributor address; City; 5 4511 Westside Dr, Dallas, TX 75209	#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Realtor	Employer (See Instruction Self	ns)

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

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		1 Total pages Schedule A1:
stin Jay Koch		3 Filer ID (Ethics Commission Filers
Joshua Northam		7 Amount of contribution (\$)
Contailenter et l		250.00
ion / Job title (See Instructions) Attorney		ns) en, McKinley & Norton
Joe Popolo Contributor address; City;	State; Zip Code	Amount of contribution (\$) 2500.00
on / Job title (See Instructions)	Employer (See Instruction	ns)
Edward Moore		Amount of contribution (\$)
Contributor address; City;	State; Zip Code	1000.00
on / Job title (See Instructions)	Employer (See Instruction Frost Brown Todd	ns) LLC
Grafton Howland		Amount of contribution (\$) 200.00
3632 Haynie Ave, Dallas, TX 75205	State; Zip Code	
n / Job title (See Instructions)	Employer (See Instruction	is)
t -	Joshua Northam Contributor address; City; 9430 Dartridge Dr., Dallas, TX 75238 tion / Job title (See Instructions) Attorney Full name of contributor	Joshua Northam Contributor address; City: State: Zip Code 9430 Dartridge Dr., Dallas, TX 75238 Ition / Job title (See Instructions) Attorney Pull name of contributor Joe Popolo Contributor address; City: State: Zip Code 9002 Douglas Ave, Dallas, TX 75225-3009 In / Job title (See Instructions) Full name of contributor Edward Moore Contributor address; City: State: Zip Code 3601 University Boulevard, Dallas, TX 75205 Imployer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Grafton Howland Contributor address; City: State: Zip Code Grafton Howland Contributor address; City: State: Zip Code

SCHEDULE A1

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

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAMI	Justin Jay Koch	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (ID#: Jerry Wilson	7 Amount of contribution (\$)
10/24/22	6 Contributor address; City; State; Zip Code 9962 Rockbrook Dr. Dallas, TX 75220	1000.00
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
10/24/22	Contributor address; City; State; Zip Code 5636 Bent Tree Dr. Dallas, TX 75248	1000.00
Principal occu	pation / Job title (See Instructions) President Employer (See Instructions) AER Sales	ctions)
Date 10/25/22	Full name of contributor	Amount of contribution (\$)
10/23/22	Contributor address; City; State; Zip Code 3938 Vinecrest Dr., Dallas, TX 75229	100.00
Principal occur reti	pation / Job title (See Instructions) red Employer (See Instructions) retired	btions)
Date	Full name of contributor	Amount of contribution (\$)
10/26/22	Carl McCaslin, Jr. Contributor address; City; State; Zip Code 5310 Harvest Hill, RD Suite 250, Dallas TX, 75230	1000.00
Principal occup	Owner Employer (See Instructions) Employer (See Instructions) McCaslin-Hill C	utions)
	Owner McCaslin-Hill C	Construction

	Sted information is not applicable, DO NOT inc		SCHEDULE A1
Th	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Justin Jay Koch		3 Filer ID (Ethics Commission Filers)
10/26/22	/26/22 Mary H MacRae Contributor address; City; State; Zip Code 2525 N Pearl St, DALLAS, TX 75201		7 Amount of contribution (\$) 1000.00
Principal occ	pation / Job title (See Instructions) Retired	9 Employer (See Instruct Retired	ions)
Date 10/26/22	Full name of contributor out-of-state PAC (Marchant Good Government Fund Contributor address; City; 2125 N Josey Ln, Ste 200, Carrollton, TX	State; Zip Code 75006	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10/26/22	Full name of contributor	D#:	Amount of contribution (\$) 50.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruction Self	ons)
Date 10/28/22	Full name of contributor out-of-state PAC (III Ken Goldberg Contributor address; City; 4 Robledo, Dallas, TX 75230	D#:) State; Zip Code	Amount of contribution (\$) 500.00
	ation / Job title (See Instructions)	Employer (See Instruction	

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

SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. ("S") 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 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Joseph Malick -----10/28/22 6 Contributor address; City; State; Zip Code 500.00 3140 Harvard Avenue, Dallas, TX 75205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired 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) 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

Santal Santal 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
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to d	complete this form.		
Total pages Schedule F1:			3 Filer ID (Ethic	cs Commission Filers)
1 Date 10/4/22	5 Payee name Murphy Nasica & Associates			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
43500.00	919 Congress Ave. Austin, TX 7870	- DR02		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Digitial		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin. TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	A second		
10/4/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
2500.00	919 Congress Ave. Austin, TX 7870	i		The state of the s
	Category (See Categories listed at the top of this schedule)	Description		- the same
PURPOSE OF EXPENDITURE	Consulting Expense	Fee		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	lin. TX, officeholder living	a expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	e constitution the second of	Office held
Date	Payee name		Management of the Control of the Con	-19
10/5/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
10000.00	919 Congress Ave. Austin, TX 787	01		
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE OF EXPENDITURE	Advertising Expense	Digital		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	M-12-0-20-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Office held

	of sector of
SCHEDI	ULE 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and light h. h. f.

Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) 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 10/5/22 Murphy Nasica & Associates 6 Amount (\$) 7 Payee address; City; State: Zip Code 1500.00 919 Congress Ave. Austin, TX 78701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Text 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 expenditure to benefit C/OH Office held Date Pavee name 10/11/22 Tom Thumb Amount (\$) Pavee address: City; State; Zip Code 22.70 3757 Forest Lane, Dallas TX 75244 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense refreshments for walk **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 expenditure to benefit C/OH Office held Date Pavee name 10/14/22 Murphy Nasica & Associates Amount (\$) Payee address; City; State: Zip Code 38666.59 919 Congress Ave. Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense OF Mailer 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 expenditure to benefit C/OH 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.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

1 Total pages Schedule F1: 8	The Instruction Guide explains how to 2 FILER NAME Justin Jay Koch		3 Filer ID (Ethi	cs Commission Filers
4 Date 10/17/22	5 Payee name Macy's			
Amount (\$)	7 Payee address;	City:	State;	Zip Code
53.90	8687 N Central Expy Ste 800, Dallas,	TX 75225		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Apparel		
And the second	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder livin	O expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/17/22	Dillards			
Amount (\$)	Payee address;	City;	State;	Zio Code
53.58	8687 N Central Expy Ste 800, Dallas, 1	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign	Apparel	
	Check if travel outside of Texas. Complete Schedule T,	Check If Austin.	TX, officeholder living	exnense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			100 W 100
10/19/22	Fortuna Consulting			
Amount (\$)	Payee address;	City;	05-1-	
5765.70	2200 Victory Ave., Unit 807, Dallas, TX	10.000	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	200	
PURPOSE	Fundraising Expense	retainer and	d fees	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	PYDPASA

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
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a rate content to the con

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) 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 10/19/22 Murphy Nasica & Associates 6 Amount (\$) 7 Payee address; City; State: Zip Code 33026.68 919 Congress Ave. Austin, TX 78701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense OF mailer EXPENDITURE (c) 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 expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE 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 Date Рауее пате Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

[1, 1, 1] [1, 1, 1]

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 8	2 FILER NAME Justin Jay Koch		3 Filer ID (Ethic	cs Commission Filers
10/20/22	5 Payee name Dallas Police Officers PAC	1		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
4100.00	1412 Griffin Street East, Dallas, Tex	\$200 m	State,	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contribution	donation		
	(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/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	1000		-
10/21/22	Hometown Threads			
Amount (\$)	Payee address;	City;	State;	Zip Code
190.24	1700 Dallas Pkwy, Plano, TX 75093			Zip Code
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE OF EXPENDITURE	Advertising Expense	campaign ap	parel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living	1 Ovnossa
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	The second second	Office held
Date	Payee name		A TOTAL	
10/21/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
910.00	919 Congress Ave. Austin, TX 78701			Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	sign install		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX. officeholder living	AYDERCO

SCHEDULE F

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 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		gory not listed above)
Total pages Schedule F1:	Justin Jay Koch		3 Filer ID (Ethio	cs Commission Filers
Date 10/25/22	5 Payee name Hometown Threads			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
298.77	1700 Dallas Pkwy, Plano, TX 75093			
PURDOCE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	campaign a	apparel	
	(c) Check if travel outside of Texas. Complete Schedule T,	Check if Aust	tin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	- 100	- W	
10/25/22	Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
3651.31	919 Congress Ave. Austin, TX 78701			300 € T
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign insta	ıllation	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/26/22	Protect & Serve Texas PAC			
Amount (\$)	Payee address;	City;	State;	Zip Code
39000.00	Protect & Serve Texas PAC, PO Box 62	500	90.0000000000000	Zip Oode
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution	donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	1 AVNODER
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

(Carl

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 Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category as third.)

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor	Other (either a can	egory not listed above)
1 Total pages Schedule F1	2 FILER NAME Justin Jay Koch		3 Filer ID (Eth	ics Commission Filers
4 Date 10/26/22	5 Payee name Murphy Nasica & Associates			-
38,666.59	7 Payee address; 919 Congress Ave. Austin, TX 7870	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule). Advertising Expense	(b) Description mailer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livi	O expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/28/22	Payee name Murphy Nasica & Associates			
Amount (\$)	Payee address;	City;	State:	Zip Code
368.92	919 Congress Ave. Austin, TX 78701			2,5 3349
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description poll cards		í
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder livin	C expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
10/28/22	Payee name Mailchimp		- 10	
Amount (\$) 201.47	Payee address; 675 Ponce De Leon Ave NE #5000 Atl	City; anta, GA 30318	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description email marketin	9	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX	. officeholder living	Avnence
complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

SCREDULE 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
Gift/Awards/Memonals 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
Other (enters achieve)

1 Total pages Schedule F1:		W. (1)	3 Filer ID (Ett	nics Commission Filer
Date	Justin Jay Koch	22.46/16		
9/30/22-10/28/22	5 Payee name Anedot			
Amount (\$)	7 Payee address;	City;	State;	7'- 6 .
1415.60	340 Poydras Street, Suite 1770 New C		olate,	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	transaction t	fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		, 10. VI	
Amount (\$)	Payee address;	City;	2/	
		Oity,	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	7111	Office held

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE/ MI **OFFICEHOLDER** MICHAEL OFFICE USE ONLY NAME NICKNAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX, STATE: ZIP CODE OFFICEHOLDER 5707 VANDERBILT AV MAILING **ADDRESS** DALLASITX 75206 Change of Address 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (214) 236-0463 PHONE 6 CAMPAIGN Receipt # Amount \$ **TREASURER** MICHAEL NAME Date Processed NICKNAME SUFFIX Date Imaged MONTOYA STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #, 7 CAMPAIGN CITY; STATE: ZIP CODE TREASURER WESTLAKE DR **ADDRESS** (Residence or Business) 8 CAMPAIGN EXTENSION TREASURER PHONE (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** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 30/2022 THROUGH 11 ELECTION ELECTION TYPE Primary Month Day Other Description Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

13 C/OH NAME			
15 C/OH NAME	THEL GROZEO		16 Filer ID (Ethics Commission Filer
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ONTRIBUTIONS (OTHER THAN EES OF LOANS, OR ONICALLY)	\$ 0
EVDENE	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS, C	IONS OR GUARANTEES OF LOANS)	\$ 625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ 0.110 61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LAST	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER	OUTSTANDING LOANS AS OF T	THE \$ 46,500.00
TW77 TO inn			
OCT 31,22 HT			
Deatring F	~~~~~~	Signature of Cand either option below:	idate or Officeholder
NOTARY STAMP/SEAL to certify with the certific with the cert	Kirk sion Expires 53794	either option below: OZCO this the	31 day of October MINISTRATION MEN
NOTARY STAMP/SEAL NOTARY STAMP/SEAL NOTARY STAMP/SEAL To certify with the certific with t	Kirk ston Expires 83794 Affore me by MICHBEL ORI Aich, witness my hand and seal of office. But DEATRICE C	either option below: OZCO this the	
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	MICHXEC OROZEO 20 Filer ID (Ethics C.	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 625 . w
2.		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		s 4986. 95
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 3123.11
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
1. 2.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S
د. 	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

Th	e Instruction Guido ovaleiro la		Indian.
	e Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1: 2
2 FILER NAMI			3 Filer ID (Ethics Commission Filers)
MICH	WEL OROZCO		(Ames definitional Filets)
4 Date		PAC (ID#)	
	MONIQUE HUFF	AC (ID#)	7 Amount of contribution (\$)
10-20-22	6 Contributor add		75. w
10 04)-00	6 Contributor address; City;	State; Zip Code	
	2833 COLLETN DR GARLAN	D TO 75042	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
LAWYI	R		
Date	Full agents of	SELF-EMPL	-0911)
	Full name of contributor uut-of-state P	AC (ID#)	Amount of contribution (\$)
100000	JOHN LOZANO		(a)
100000	Contributor address; City;	State; Zip Code	100. W
	139 MEADUWBRUIK 100 DR	Julio, Zip Code	(00,
	Contributor address; City: 134 MEADUWBRUUK DR DEST	TOIR	
Principal occup	eductions)	Employer (See Instruct	ions)
POLICE	CFFICER	CITY OF CEDI	MR 14111 D
Date	Full name of contributor		THE PITCE, TY
		C (ID#)	Amount of contribution (\$)
14-24-22	ADAM BAZALDUA		
14 4 1 9 4	City;	State: Zin Code	50. ω
	6926 BEITEMILAID	75200	
Principal occup	0926 BECTEAU LN DAMS pation / Job title (See Instructions)	N 12991	
Councie		Employer (See Instruct	
- WOCTE	- 100/100	CITY OF DAV	48, 1X
Date	Full name of contributor	C (ID#)	0
	PAULA BLACKMON	,	Amount of contribution (\$)
10-24-02	Contributor address:	Chata. 7' 6	260 4
	21,53 HEADISON	State; Zip Code	250. w
	2653 HEATHERWOOD DR D	AU48 75226	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
COUNCIL	WOMAN	CITY OF T	Name of the state
		L OP I	PROOF IN

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

SCHEDULE A If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: 2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MICHIEL OROZEO 5 Full name of contributor | out-of-state PAC (ID#) 7 Amount of contribution (\$)

RUDRIGO FRAGOSO

6 Contributor address: City; State; Zip Code 50. W

2424 KINKS COUNTIN DR. TRUIM TR 75036

Ipation / Job title (See Instructions)

9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

DM TRAFF

SELF- EMPLOYED JERRY PATTERSON

Contributor address; City; State; Zip Code 100. W

130 AUTUMN LN FLOWER MUMN TO 75026

Principal occupation / Job title (See Instructions)

PRO TECT MANNER

EMPLOYER MUMN ERSTLUN Amount of contribution (\$) Date 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.

SCHEDULE	F常
	SE.

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Committee Printing	g Expense g Expense ss/Wages/Contract Labor	Travel Out Of Dis	quipment & Related Expensions strict legory not listed above)
1 Total pages Schedule F1	2 FILER NAME MICHAEL OROZIO	· ·	3 Filer ID (Et	nics Commission Filers
4 Date 10-17 - 2022	MAIL HUUSE			
4986.95	7 Payee address; 2276 VANTAGE DAWS TX 75207	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVECTISING FXPWSE	(b) Description MAILER/Pa	STNE	
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder liv	ing pyggan
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.			T. 100
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder livir	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.			
	Candidate / Officeholder name	Uneck if Austin,	TX, officeholder living	expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule G:	The Instruction Guide explains how	to complete this form.	
	MCHXEL CROZED	3 Filer ID (E	thics Commission Filers
10-17-22	5 Payee name MAIL House		
Amount (\$) 295. 73	7 Payee address;	City; Sta	te; Zip Code
Reimbursement from political contributions intended	DAMS TR 75207		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	ADVERTISING EXPENSE	MAILER /PISTICE	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder liv	ing expense
omplete ONLY if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0-21-22	WALLS PRIMING CO		
Amount (\$)	WALLS PRINTING CO Payee address; 9171 KING ARTHUR DR	City; Stat	e; Zip Code
Rèimbursement from political contributions intended	DAWKS 1TX 75247		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	PRINTING EXPENSE	MAILER	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder live	NO expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)			
	Payee address;	City; State;	Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texes Complete Schedule T.	Check if August TV	
nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder livin	Office held