

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY RECEIVED JUL 15 2014 CITY MANAGER'S OFFICE Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year MONTH DAY YEAR 6 / 14 / 14 THROUGH 7 / 15 / 14		
11 ELECTION	ELECTION DATE Month Day Year 6 / 21 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		MAYOR FARMERS BRANCH	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DAVID B. KOCH 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 140
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,930
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,973.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,096.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



David B. Koch
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David B. Koch, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Gene Miller Gene Miller Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME DAVID KOCH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/16/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCH NAUGHTEN	7 Amount of contribution (\$) \$ 30	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3130 DAMASCUS WAY FARMERS BRANCH, TX 75234		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAMMELL CROW	Amount of contribution (\$) \$ 6,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4600 ROCKCREEK DALLAS TX. 75204		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE DEVELOPMENT		Employer (See Instructions) TRAMMELL S. CROW FOUNDATION	
Date 6/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG STAMOND	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1755 W. HINGTON PLACE, STE 200 FARMERS BRANCH, TX. 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) STAMOND & NORMAN	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RALPH MEYER	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4404 MERRITT RD SACHSE TX. 75048		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) PINKWAY REALTORS	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILE MENDIAS	Amount of contribution (\$) \$ 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3105 BROOKHOLLOW FARMERS BRANCH TX 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME David Kucit		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/2/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN MORRISON	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 14608 CHERRY HILLS FARMERS BRANCH TX 75224	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN WOOD BLOWAT	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10475 Dallas Parkway, Ste 360 Addison TX. 75006	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF COUNTWRIGHT	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6758 AVENUE Ave. Dallas TX. 75214	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) LPC	
Date 4/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN TOMPKINS	Amount of contribution (\$) 450.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6707 STEFANI DALLAS TX 75225	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME DAVID KOCH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/26/14	5 Payee name WISH LIST DIRECT
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6 Amount (\$) \$ 3,368.45	7 Payee address; City; State; Zip Code PO BOX 312100 NEW BRAUNSFELS TX. 78131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING - MAILINGS	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name NUOVO LEAD
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Amount (\$) \$ 260	Payee address; City; State; Zip Code 12895 JOLEY LAKE STE 100 FRANNERS BRANCH TX. 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/2/14	Payee name THE KOCH COMPANY
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Amount (\$) \$ 1,000	Payee address; City; State; Zip Code 12254 BRISBANE FRANNERS BRANCH TX. 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING - SIGNS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/26/14	Payee name CLAY RUSSELL
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Amount (\$) 152.68	Payee address; City; State; Zip Code 12427 VERONICA CIR FRANNERS BRANCH TX 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT (AIRFARE & GTP)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME David Koch		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/20/14		5 Payee name NATHAN DIAMOND			
6 Amount (\$) \$40		7 Payee address; City; State; Zip Code 3034 RAMPY FARMERS BRANCH TX 75234			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/20/14		Payee name ERIC DIAMOND			
Amount (\$) \$40		Payee address; City; State; Zip Code 3034 RAMPY FARMERS BRANCH TX 75234			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/20/14		Payee name GRANT RUSSELL			
Amount (\$) \$40		Payee address; City; State; Zip Code 12427 VENOLICA FARMERS BRANCH			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/24/14		Payee name PINNACLE GRAPHICS			
Amount (\$) 2,697.71		Payee address; City; State; Zip Code 4098 LINDBERGH ARADISON TX 75001			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING - Flyers		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME David Koch	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/26/14	5 Payee name BARBARA RUSSELL
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6 Amount (\$) \$ 112.77	7 Payee address; City; State; Zip Code 12427 VERONICA LN FARMERS BRANCH TX 75234
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/30/14	Payee name CHASE BANK
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Amount (\$) 189.61	Payee address; City; State; Zip Code PO BOX 659754 FARMERS BRANCH TX 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME DAVID KOCH	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/16/14	5 Payee name FARMERS BRANCH ROTARY
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6 Amount (\$) \$ 200	7 Payee address; City; State; Zip Code C/O JIM BANNEST 3411 GATWICK FARMERS BRANCH TX. 75234
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) DONATION	(b) Description (See instructions regarding type of information required.) FUND RAISER
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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