

# 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:

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

DAVID

B

NICKNAME

LAST

SUFFIX

KOCH

OFFICE USE ONLY

Date Received

MAY 02 2014

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3243 BRENCREST

FARMERS BRANCH TX 75234

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

732 - 3934

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR.

PHILIP

C.

NICKNAME

LAST

SUFFIX

CLAY RUSSELL

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

12427 VERONICA CIRCLE

FARMERS BRANCH, TEXAS 75234

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

345 - 3821

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 \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

04 / 10 / 2014

05 / 02 / 2014

11 ELECTION

Month ELECTION DATE Day Year

ELECTION TYPE

05 / 10 / 2014

Primary

Runoff

General

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

*DAVIN 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *ϕ*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *10,375.00*

EXPENDITURE  
TOTALS

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

\$ *ϕ*

4. TOTAL POLITICAL EXPENDITURES

\$ *1447.67*

CONTRIBUTION  
BALANCE

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

\$ *13,128.79*

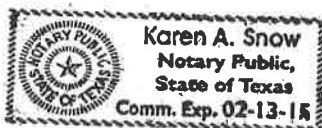
OUTSTANDING  
LOAN TOTALS

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

\$ *ϕ*

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.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the *2nd* day of *MAY*, 20 *14* to certify which, witness my hand and seal of office.

*[Signature]* KAREN A. SNOW

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: **5**

2 FILER NAME

**DAVID KOCH**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**4/11/14**

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

**ERMA MOONEY**

6 Contributor address; City; State; Zip Code

**13214 BRIDGE ST.  
FARMERS BRANCH 75234**

7 Amount of contribution (\$)

**100.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**4/11/14**

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

**STEVEN MORRIS**

Contributor address; City; State; Zip Code

**14608 CHERRY HILLS  
FARMERS BRANCH 75234**

Amount of contribution (\$)

**160.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/16/14**

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

**SCOTT HAYES**

Contributor address; City; State; Zip Code

**4314 CEDAR BRUSH  
DALLAS TX 75229**

Amount of contribution (\$)

**50**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/16/14**

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

**BETTY SUPINSKI**

Contributor address; City; State; Zip Code

**13232 KENNA TR.  
FARMERS BRANCH 75234**

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/20/14**

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

**CÉCILE WYNN**

Contributor address; City; State; Zip Code

**1603 CAS Fwy Ste 300  
FARMERS BRANCH TX 75234**

Amount of contribution (\$)

**2000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**REAL ESTATE ADMINISTRATION**

Employer (See Instructions)

**PILLAR INCORPORATED**

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:

5

2 FILER NAME

Dawn Koch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/20/14

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

Pat Williams

6 Contributor address; City; State; Zip Code

3131 BERRYMEADE  
FARMERS BRANCH 75234

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/20/14

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

ROBERT BOXER

Contributor address; City; State; Zip Code

3265 GOLFING GREEN  
FARMERS BRANCH 75234

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/14

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

NEIL CROUCH

Contributor address; City; State; Zip Code

1603 LBS FWY, 300  
FARMERS BRANCH TX 75234

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Minerals & Energy

Employer (See Instructions)

BALIKAL ENERGY

Date

4/21/14

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

BLAKE HOLMES

Contributor address; City; State; Zip Code

4013 SIGMA RD  
FARMERS BRANCH 75234

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/14

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

Tom Koch

Contributor address; City; State; Zip Code

12254 BRISBANE  
FARMERS BRANCH 75234

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(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:

5

2 FILER NAME

DAVID KOCH

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/22/14

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

Robin Benwick

6 Contributor address; City; State; Zip Code

13830 HEMTSIDE PL  
ANNERS BRANCH 75234

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/21/14

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

RL LEMICE

Contributor address; City; State; Zip Code

1603 E 13th Ave STE 800  
ANNERS BRANCH TX 75234

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

MENLEN CROSSING Prop. Owners Assoc

Date

4/21/14

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

DANNY MOOS

Contributor address; City; State; Zip Code

1580 MIRA LAGO  
ANNERS BRANCH 75234

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE MGMT

Employer (See Instructions)

PILLAR Income

Date

4/23/14

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

FLOYD PRATHER

Contributor address; City; State; Zip Code

3065 AMBER LANE  
ANNERS BRANCH 75234

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

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

CARMEN DELVALLE

Contributor address; City; State; Zip Code

14343 Southern Pines  
ANNERS BRANCH

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(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: <b>5</b>	
2 FILER NAME <b>David Koch</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/25/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dave Blain</b>	7 Amount of contribution (\$) <b>500</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3214 Silent Oak Farmers</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Retired</b>		10 Employer (See Instructions)	
Date <b>4/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bonny LaPlone</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2965 Sunbelt Cir Farmers Branch TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tom Bortner</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2949 Maydelle Farmers Branch</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Nancy Wankle</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2731 Bay Meadows Farmers TX 75234</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/1/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TERRY &amp; JULIE FORD</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13521 Braeman Farmers Branch</b>		(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 <i>David Kout</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEVIN STEGA</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1505A KELLY BLVD CANNON RUN TX 75006</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		10 Employer (See Instructions) <i>SUN FARM COMPANY</i>	
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)	
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)	
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)	
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)	

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

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



**POLITICAL EXPENDITURES**

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME DAVID KOCH	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/11/14	<b>5</b> Payee name U.S. POSTAL SERVICE.
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<b>6</b> Amount (\$) 98.00	<b>7</b> Payee address; City; State; Zip Code 13904 JOSEY LANE, FARMERS BRANCH TX 75234
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/14	Payee name PHILIP C. RUSSELL
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Amount (\$) 134.57	Payee address; City; State; Zip Code 12427 VERONICA CIL FARMERS BRANCH TX 75234
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) FOOD FOR VOLUNTEERS	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 4/30/14	Payee name CHASE BANK
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Amount (\$) 12.00	Payee address; City; State; Zip Code 12875 JOSEY LN FARMERS BRANCH TX 75234
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) FEE: RETURNED CHECK	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 4/27/14	Payee name THE KOCH COMPANY
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Amount (\$) 400.00	Payee address; City; State; Zip Code 12254 BRISBANE AVE FARMERS BRANCH TX 75234
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<b>PURPOSE OF EXPENDITURE</b>	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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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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME DAVID KOCH	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/27/14	<b>5</b> Payee name COMMERCIAL PRINTING INC
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<b>6</b> Amount (\$) 303.10	<b>7</b> Payee address; City; State; Zip Code 2835 VIRGO LN DALLAS, TX 75229
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME DAVID KOCH	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/10/14	<b>5</b> Payee name SALT GRASS STEAK HOUSE
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 4101 LBJ Fwy FARMERS BRANCH TX 75234
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) DONATION	<b>(b)</b> Description (See instructions regarding type of information required.) GIFT CARDS FOR JAINEE STARK
---------------------------------	--	--

Date	Payee name ELEMENTARY FUND RAISER
------	--------------------------------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
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Date 4/27/14	Payee name METROCAST MAYORS PRAYER BREAKFAST
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Amount (\$) \$200	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) DONATION	<b>(b)</b> Description (See instructions regarding type of information required.)
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Date 4/27/14	Payee name Farmers Branch Rotary
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Amount (\$) \$200	Payee address; City; State; Zip Code c/o James Barnett 3411 GATWICK FARMERS BRANCH TX
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) DONATION	<b>(b)</b> Description (See instructions regarding type of information required.) Country Golf Tournament
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED