

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME David Koch 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

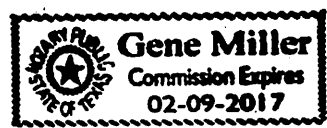
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ 10
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,325
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 60
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,898.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,201.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 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 04 day of April, 2014, to certify which, witness my hand and seal of office.

Gene Miller Signature of officer administering oath
Gene Miller Printed name of officer administering oath
Notary 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 FILER NAME DAVID KOCIT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS BOHMEIN	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2941 MAYSOUL FARMERS BRANCH TX 75234	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIANNA & DAVID HONNELL	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3022 ERIC FARMERS BRANCH TX 75234	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY LYNNE	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 13215 GEORGE FARMERS BRANCH TX 75234	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHUCK DARTON	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 14242 RAWHIDE FARMERS BRANCH TX 75234	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK & MARY PARKER	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3323 WOODCREEK FARMERS BRANCH TX 75234	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS		SCHEDULE B	
1 Total pages Schedule B: _____			
The instruction guide explains how to complete this form.			
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
TOTAL OF UNITEMIZED PLEDGES:		\$	
4	5 Date	6 Full name of pledgor	7 Pledgor address: City: State: Zip Code
	3/6/14	Gene Miller	1975 Eastwood Rd Dallas TX 75257
8 Amount of pledge (\$)	9 In-kind description (if applicable)	10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
25			
100		Garrett Trevin	3033 The Highlands Farmers Branch TX 75237
100		Terry & Kelly Ruffin	3453 Country and Farmers Branch TX 75237
160		Michael McMoris	3105 Brookhollow Farmers Branch TX 75237
50		James Blake Luster	3003 Lavin Farmers Branch TX 75237
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 Koch		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Palet	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12707 Webb Chapel Farmers Branch TX 75234		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEAGINA KING	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3725 Clubway Farmers Branch TX 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID STARK / Mary Koch Stark	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4949 Gulfstream Denton TX 75244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill & Mary Sladek	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10920 Russwood Dallas TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL KING	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13526 Braemar Farmers Branch TX 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy & Patricia Smurge</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>4/5/14</i>	6 Contributor address; City; State; Zip Code <i>5135 Royal Lane Dallas, TX. 75229</i>	<i>1000</i>	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jan & Dave Blain</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>3/20/14</i>	Contributor address; City; State; Zip Code <i>3214 S. Lost Oak Farmers Branch</i>		
Principal occupation / Job title (See Instructions)		(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#: _____) <i>Paul Morrison</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>3/3/14</i>	Contributor address; City; State; Zip Code <i>2909 BERGON Farmers Branch TX 75237</i>		
Principal occupation / Job title (See Instructions)		(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		
Principal occupation / Job title (See Instructions)		(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		
Principal occupation / Job title (See Instructions)		(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.

1 Total pages Schedule F: 2	2 FILER NAME David Koch	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	--

4 Date 3/27/14	5 Payee name Morgan McComb
--------------------------	--------------------------------------

6 Amount (\$) \$ 25	7 Payee address; City; State; Zip Code
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Committee 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 3/28/14	Payee name Promos Ink, Inc
------------------------	--------------------------------------

Amount (\$) 301.50	Payee address; City; State; Zip Code 2520 Timpney Camarillo TX 75006
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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 3/22/14	Payee name Clay Russell
------------------------	-----------------------------------

Amount (\$) \$ 165.00	Payee address; City; State; Zip Code 12427 Veronica Farmers Branch TX 75237
---------------------------------	---

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 3/25/14	Payee name Clay Russell
------------------------	-----------------------------------

Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 12427 Veronica Farmers Branch TX 75237
---------------------------------	---

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

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: 1		2 FILER NAME DAVID KOCH		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/17/14		5 Payee name BELINDA BOYDSTON			
6 Amount (\$) \$ 200		7 Payee address; City; State; Zip Code 625 HAMILTON ST #53 UTAHOLA, AZ 85225			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) web design - ADVERTISING		(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 3/20/14		Payee name Pinnacle Graphics			
Amount (\$) \$ 375		Payee address; City; State; Zip Code 4098 Lindbergh Addicks TX 75001			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		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 3/23/14		Payee name Clay Russell			
Amount (\$)		Payee address; City; State; Zip Code 12427 Venoma Farmers Branch TX 75234			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Transportation		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 3/27/14		Payee name THE KOCH SIGN COMPANY			
Amount (\$) 1,594		Payee address; City; State; Zip Code 12254 BRISBANE FARMERS BRANCH TX 75234			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising - Signs		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: 3	2 FILER NAME DAVID KOCH	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/18/14	5 Payee name THE KOCH SIGN COMPANY	
6 Amount (\$) \$ 1,000	7 Payee address; City; State; Zip Code 12254 BRISBANE FARMERS BRANCH TX 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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	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