

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>3</u>		<b>OFFICE USE ONLY</b> <b>RECEIVED</b> MAY 02 2014 CITY MANAGER'S OFFICE Date Received Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr</u> NICKNAME	FIRST <u>DAVID</u> LAST <u>KOCH</u>	MI <u>B</u> SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month      Day      Year	Month      Day      Year			
	<u>1 / 1 / 14</u>	THROUGH <u>4 / 9 / 14</u>			

6 EXPLANATION OF CORRECTION THE REPORT INADVERTENTLY FAILED TO INCLUDE TWO CONTRIBUTION AMOUNTS ON THE LAST PAGE OF SCHEDULE "A" (\$250 and \$300), BUT THE AMOUNTS WERE INCLUDED IN THE CONTRIBUTION TOTAL ON PAGE 2 OF C/OH REPORT. ALSO THE PROFESSION/OCCUPATION INFORMATION WAS INADVERTENTLY OMITTED ON THE 4 DONATIONS OF \$500 OR GREATER. ALSO, THE DOLLAR AMOUNT OF ONE EXPENDITURE (\$38.16) WAS OMITTED AND THE DESCRIPTION OF OTHER WAS LEFT OFF (ADVERTISING / SIGN) (LAWSON)

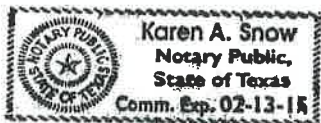
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[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 [Signature] 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME David Koch		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/2/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara & David Harold 6 Contributor address; City; State; Zip Code 3022 ENC FARMERS BRANCH TX 75234	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate Agent / Retiree		10 Employer (See Instructions) Ebbby / Retired	
Date 2/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY LYNN Contributor address; City; State; Zip Code 13215 George FARMERS BRANCH TX 75234	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF EMPLOYED	
Date 4/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy & Patricia Smerge Contributor address; City; State; Zip Code 5135 Royal Lane Dallas TX 75229	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 3/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Dave Blom Contributor address; City; State; Zip Code 3214 Silent Oak FARMERS BRANCH TX 75234	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 3/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Morrison Contributor address; City; State; Zip Code 2909 BERGEN FARMERS BRANCH, TX. 75234	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		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 FILER NAME <i>David Koch</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/23/14</i>	5 Payee name <i>Clay Russell</i>	
6 Amount (\$) <i>\$ 38.16</i>	7 Payee address; City; State; Zip Code <i>12427 Veronica FARMERS BRANCH TX 75230</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Transportation/Travel-in</i>	(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 <i>3/22/14</i>	Payee name <i>Clay Russell</i>	
Amount (\$) <i>\$ 165.00</i>	Payee address; City; State; Zip Code <i>12427 VERONICA FARMERS BRANCH TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	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 <i>3/29/14</i>	Payee name <i>Clay Russell</i>	
Amount (\$) <i>\$ 200</i>	Payee address; City; State; Zip Code <i>12427 Veronica FARMERS BRANCH TX 75234</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contract Labor</i>	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 <i>4/8/14</i>	Payee name <i>THE KOCH SIGN COMPANY</i>	
Amount (\$) <i>\$ 1,000</i>	Payee address; City; State; Zip Code <i>12254 BLISSBANK FARMERS BRANCH TX 75234</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE-Signs</i>	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