Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 7	8711-2070 (512)	463-5800 (TDD 1-800-735-2989
	CANDIDATE / N FINANCE R		HOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to com	nplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR. ALGX	IRST AND 572 AST	MI H.	Date Received STA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	STATE; ZIP CODE	Date Hand-delivered of Postmarked
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	IUMBER	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	M.C. TO	irst OM AST LA	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA	ASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	IUMBER	EXTENSION	
9 REPORT TYPE		th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 7.513	THROUGH	Month Da	oy Year (/ 7013
11 ELECTION	ELECTION DATE Month Day Year 63 / ひり / ていり	ELECTION TYPE Pnmary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KN	OUNTY CRIMINAL COURT
		GO TO PAG	GE 2	

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

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME ACEXANDA	sr. Kim	1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	NARA NARA NARA	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	ADMINIST PA
additional pages	L	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,407 31
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ZED \$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,09620 851669
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I REPORTING PERIOD	\$ 8516 68
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	\$ 10,000
18 AFFIDAVIT			
·		· · · · · · · · · · · · · · · · · · ·	perjury, that the accompanying report is formation required to be reported by me
- sulla		- Axl	
Not No	STEPHANIE HESTE ary Public, State of My Commission Exp April 04, 2016	Texas	didate or Officeholder
	scribed before	me, by the said Alexander Kim	, this the
day		to certify which, witness m	y hand and seal of office.
Signature o officer admir	nistering oath	Print name of officer administering oath	Title of officer administering oath

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME	Acoxamina Kin		3 ACCOUNT#(E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	In-find contribution description(if a policable)
81713	JEFF (TRIFFIN 6 Contributor address; City State: Zip Code 1315 AUTUMN TRAIL		5000	STOKE STOKE
	(82000000 7X 7 3087			of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job	title SS MANAG	ar III
11 Contributor's e	mployer/law firm ルエペ Ś	12 Law firm of contri	butor's spouse (if an	y) 🚉 📆 🕇
13 If contributor is	a child, law firm of parent(s) (if any)	1		
Date	Full name of contributorbut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		5000	
	ARLINGTON, TX 76012		(If travel outside	of Texas, complete Schedule T)
RETIRET		Contributor's job)	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor [but-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8/24/13	Edward DIKSON Contributor address; City: State: Zip Code 5009 Roundtree Court	,	1000	
	Haltom City TX 76137		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	ver	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)		-	
l				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME	•		3 ACCOUNT # (E	thics Commission Filers)
ALEX	ANDER KIM			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kipd contribution description(if applicable)
, ,	1 ANTHONY E		contribution (\$)	description(if applicable)
9/24/2013	9/24/2013 6 Contributor address; City; State; Zip Code 6813 PENHURST DR.		გ ა	9, 5 5
	6 Contributor address; City; State; Zip Code		50 -	2H = 2
	6813 PENHURST DR.			
	FW, TX 76133		(If travel outside	of Texas, complete Schedule T)
•	rincipal occupation	10 Contributor's job	~	
	-WINSTAR CASINO		K DEALER	
11 Contributor's e		12 Law firm of contrib	butor's spouse (if any	/)
	AR CASINU			
13 If contributor is	a child, law firm of parent(s) (if any)			
Data			Amount of	In-kind contribution
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	description(if applicable)
8/22/13	CHARLES EDWARD ANDREWS			
8/22/13	CHARLES EDWARD ANDREWS Contributor address; City; State; Zip Code 6705 WATERMIL DR.		e	
	6705 WATERMILL IZZ.		1-1.25	
	Fw X 76132		471-	6T
Contributor's p	rincipal occupation	Contributor's job t		of Texas, complete Schedule T)
() 1		Physica		
	mployer/law firm		outor's spouse (if any	()
	is Associates		, ,	,
	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
,	Correy MARIO ANDROWS		Commodition (4)	docomplian(ii approactic)
10/15/13	Contributor address: City: State: Zip Code			
10(1.5(1.5)	CORREY MARIE ANDROWS Contributor address; City; State; Zip Code 5404 LANSDOWNE AVE		50=	
	FORT WORTH, TX 76135		(If travel outside	of Texas, complete Schedule T)
Contributor's pr	rincipal occupation	Çontributor's job t	itle	
Δ .	nney	ATTURNEY		
Contributor's er	aployer/law firm		outor's spouse (if any	r)
Kim 3	ANDROWS, ATTORNEYS AT LAW, LLP			
If contributor is	a child, law firm of parent(s) (if any)			
				į.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A(J):	
2 FILER NAME	UDER Kom		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorbut-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
THOMAS BURNETT Ja 10 (17/2013 6 Contributor address; City; State; Zip Code 1000 ATLANTA Da. BEDFORD, TX 76022		(If travel outside	of Texas complete schedule 1		
9 Contributor's p	rincipal occupation	10 Contributor's job		63 7 30	
TECHNICA	Surport	RESIDE	5	1 32 5 01	
11 Contributor's en	mployer/law firm	12 Law firm of contri	butor's spouse (if an	v) - 경설 💊 연	
TECH SU	pport Now				
13 If contributor is	a child, law firm of parent(s) (if any)			99,	
Date	Full name of contributorbut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
10/17/13	Contributor address; City; State; Zip Code 3005 E - TSELKMAP		205	\ 	
	FWITX 7611		(If travel outside	of Texas, complete Schedule T)	
4	rincipal occupation	Contributor's job			
ATTO	245 ey	ATTOR			
	TBURGORNE, ATTORNEY AT LAW	Law firm of contri	butor's spouse (if any	y)	
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; State; Zip Code 1459-C Springrand La. Houston, TX	47055	10,000		
			(If travel outside	of Texas, complete Schedule T)	
Contributor's pr	rincipal occupation	Contributor's job	title Tust		
Contributor's en	mployer/law firm	Law firm of contril	butor's spouse (if any	у)	
If contributor is	a child, law firm of parent(s) (if any)				
			·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A(J):			
2 FILER NAME	examore Kin		3 ACCOUNT# (E	thics Commission Filers)			
4 Date	Date of determined to		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)			
4(1711)	6 Contributor address; City; State; Zip Code (COIH FM 3396 KIMP, TX 75143		500 =				
	Rentrick 451.5		(If travel outside	of Texas, complete Schedule T)			
9 Contributor's p FARM	rincipal occupation	10 Contributor's job FA R M ເ		TA! ZOII			
11 Contributor's e	2 * *	12 Law firm of contri	butor's spouse (if any	JAN RA			
13 If contributor is	a child, law firm of parent(s) (if any)			AL ALL			
Date	Full name of contributor Dut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
11/20/13	Contributor address; City; State; Zip Code		25000	ATOR AT			
	FW, TX7610Z		(If travel outside	of Texas, complete Schedule T)			
Contributor's p	rincipal occupation	Contributor's job	title				
AT.	TURNEY	Ason .					
Contributor's e	mployer/law firm CITAZL SCHNEIDOR LAW FIRM	Law firm of contri	butor's spouse (if any	y)			
If contributor is	a child, law firm of parent(s) (if any)						
Date	Full name of contributor Dut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)			
	Los VHAM		500:0	description (in applicable)			
12/12/13	Contributor address; City; State; Zip Code 710 いいってになに TRAIL			! 			
	Houston, TX 77079		(If travel outside	of Texas, complete Schedule T)			
Contributor's p	rincipal occupation	Contributor's job	title				
ATTORI	Ney	ATTORN.	- Y				
	mployer/law firm		butor's spouse (if an	у)			
10, 3, 1	ASSOCIATES	MA					
	a child, law firm of parent(s) (if any)						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule A(J):
2	FILER NAME	eans or Kim		3 ACCOUNT # (Eth	ics Commission Filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	10/6/13	6 Contributor address; City; State; Zip Code 400を MたにQUミナナご らて		9425	TAS 2014 ELEC BY:
		DALLAS, TX 75225		(If travel outside of	
9	Contributor's p	rincipal occupation	10 Contributor's job	title	S
	1/340	U.ATRIST	Psychin	ATRIST	35 F 71
11		mployer/law firm		butor's spouse (if any)	
13	If contributor is	a child, law firm of parent(s) (if any)			3 -
	Date	Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	11/7/13	ESTEBAN BLANCO Contributor address; City: State; Zip Code 7800 ENCHANTED ISLE DR. ARLINGTON, TX 76016		\$ 7 3 <u>56</u>	
				(If travel outside of	f Texas, complete Schedule T)
	Contributor's p	rincipal occupation 2NET SYSTEMS ENGINEER	Contributor's job	title	
	Contributor's e	mployer/law firm (YC FLCC+ROやiCS	Law firm of contril	butor's spouse (if any)	
	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributorbut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	III ZUIZ	BRAD LOY (ASE Contributor address; City; State; Zip Code 1928 KNOWILLEDR		40	
		BEDFORD 76022		L	f Texas, complete Schedule T)
		rincipal occupation	Contributor's job t	title 	
***********	Contributor's e	mployer/law firm	Law firm of contrib	butor's spouse (if any)	
	If contributor is	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

	PLEDGI	ED CONTRIBUTIONS (JUDI	CIAL)		SCHEDULE B (J)
	The	Instruction Guide explains how to complete this	form.	1 Total pages So	chedule B(J):
2	FILER NAME	ANDSYR Kim		3 ACCOUNT#	(Ethics Commission Filers)
4	TOTAL	OF UNITEMIZED PLEDGES:	⇒ ⇔ ⇔	⇔ ⇔	\$ Ø
5	Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code			
				(If travel outsic	te of Texas-topmplete Scheduter)
10	Pledgor's princ	cipal occupation	11 Pledgor's job title		ONS AN
12	Pledgor's emp	loyer/law firm	13 Law firm of pledg	or's spouse (if any	THE FOR
14	If pledgor is a	child, law firm of parent(s) (if any)	1		Sign 2
	Date	Full name of pledgor)	Amount of pledge (\$)	In kind description (ff applicable)
		Pledgor address; City; State; Zip Code			
	Pledgor's princ	ipal occupation	Pledgor's job title	1	de of Texas, complete Schedule T)
	Pledgor's emp	loyer/law firm	Law firm of pledg	gor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)			
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		. (if travel outsi	l
	Pledgor's princ	cipal occupation	Pledgor's job title		or rocket
	Pledgor's emp	loyer/law firm	Law firm of pleds	gor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)			
	If con	ATTACH ADDITIONAL COPIES (tributor is out-of-state PAC, please see instr			ting requirements.

LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE E (J)

The Instruction Guide explains how to com	plete this form.	Total pages Schedule E(J): Z		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
ALOXANDER KIM				
TOTAL OF UNITEMIZED LOANS:	\$ \$ \$ \$	TARF 2014 J ELECT SS SY		
5 Date of loan 7 Name of lender 12/27/13 Acexanose Kim	9 Logan Amount (\$)			
a financial Institution? 2601 Summit View in		10 Interestrate o		
Y (N) BETSTORD, TX 760	11 Maturity date			
12 Lender's Principal Occupation	13 Lender's Job T	¥		
ATTORNEY	ATTOR	ATTORNEY		
14 Lender's Employer/Law Firm Kim & ANDROWS, ATTORNEYS AT L		15 Law Firm of lender's spouse (if any)		
16 If lender is child, law firm of parent(s) (if any)				
17 Description of Collateral	18 Check if person	nal funds were deposited into political account		
none				
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)		
21 Guarantor address; City	; State; Zip Code			
23 Guarantor's Principal Occupation	24 Guarantor's Jo	b Title		
25 Guarantor's Employer/Law Firm	26 Law Firm of gu	uarantor's spouse (if any)		
27 If guarantor is child, law firm of parent(s) (if any)				
	101000000000000000000000000000000000000			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. P.O. Box 12070

LOANS (JUDICIAL)			SCHEDULE E (J)		
The Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule E(J):		
2 FILER NAME ALGRANDER KIM	A COXANDOR KIM				
TOTAL OF UNITEMIZED LOANS: ⇒					
5 Date of loan 12/2x (13) A CEXA SIDER (ID) 6 Is lender a financial Institution? Y D RETHERD, TX 7607 (10 Interestrate 11 Maturity date		
12 Lender's Principal Occupation	13 Lender's Job Title		3: 15		
14 Lender's Employer/Law Firm	ATTORNO		\ Z 2		
Kim & ANDROWS ATTURNETIAL LAW	15 Law Firm of lende	er's spouse (if any)	ì		
16 If lender is child, law firm of parent(s) (if any)					
17 Description of Collateral 18 Check if personal funds were deposited into political account					
none					
19 GUARANTOR INFORMATION 20 Name of guarantor 21 Guarantor address; City; State			22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation	24 Guarantor's Job	Title			
25 Guarantor's Employer/Law Firm	26 Law Firm of guar	antor's spouse (if a	nny)		
27 If guarantor is child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	aising Expense Transportation Eq Contributions/Don	uipment & Related Expense
Event Expense	Polling Expense . Travel Out Of Dis		iceholder/Political Committee
Fees	Printing Expense Office Overhead/I		category not listed above)
	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUN	IT # (Ethics Commission Filers)
+	ALEXANDOR KIM		
4 Date	5 Payee name		
8/27/13	CHASE BANK		
6 Amount (\$)	7 Payee address; City; State; Zip Code		9 日 日
34 GD	P.O. BOX 36520	1) EC = 5
	LOUISVILLE KU WD233-1	1520	To S
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Te.	xas, complete Schedule T)
OF EXPENDITURE	BANKING	FEE	5 F 5
	Candidate / Officeholder name	Office sought	Office held C
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		Office Sough	0750
Date 10/23/13	Payee name		15 ATOR
	Capy HQ		73
Amount (\$)	Payee address; City; State; Zip Code		į
541-	14150 TRINGY BLUD # 750		
	FORT WARTH ITX 76155		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	xas, complete Schedule T)
OF EXPENDITURE	PIZINTING EXPOUSE	lons	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date / /	Payee name		
12/23/13	FACEBOOK.COM		
Amount (\$)	Payee address; City; State; Zip Code	,	
47_	160 Willow RJ		
21	MENLU PARK, CA 94025		
	Light Living		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	xas, complete Schedule T)
EXPENDITURE	ADVERTISING EXPONSE	ONLINE EXPONSE	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	н		
Date ,	Payee name		
12/16/13	FACEBOOK. COM		
Amount (\$)	Payee address; City; State; Zip Code		
-16	1601 William RD		
3170	HONE PARK, CA 94025		
BUBBOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Te	The Color of the Things
PURPOSE OF		Description (If travel outside of Tex	(as, complete Schedule 1)
EXPENDITURE	ADVORTISING EXPENSE	ONLINE ADVOT	2715.26
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	н 🐧		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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	EXPENDITURE	CATEGORIES FOR BO	X 8(a)	***************************************		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Laboration	or Loan	Repayment/Reim	bursement	
Accounting/Banking	m um m			sportation Equipm		Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense		contributions/Donations Made By Candidate/Officeholder/Political Committee			
Fees	Printing Expense	Travel Out Of District Office Overhead/Rental Expe		ER (enter a categ		- 1
	The Instruction Guide	explains how to complete				1
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commis	sion Filers)
7	ALEXANDER KIM					
4 Date	E Boyco nome	·				
8/26/3	/	NNTY REPUBLIC	ككمية	B X	E E	를 달!
6 Amount (\$)	7 Payee address; City; Sta 2517 New Hwe	ate; Zip Code		*** \}	9 6	곡
200	2517 New Have	1Ct.		į	<u> </u>	3 5
45	Bedford, TX 7002			j	\$ 2 ·	TARRAN
8 PURPOSE OF	(a) Category (See categories listed at the top		cription (If trav	vel outside of Texas, c	omplete Schedule	P. 3
EXPENDITURE	CONTRIBUTIONS BY C	ANDIDATE MO	MT3272 1) U25 \	3	#
9 Complete ONLY if direct	Candidate / Officeholder name	Office	e sought	1	Office held	**
expenditure to benefit C/O	Н			į	3	J
Date /	Payee name					
8/30/13	1 ,				•	
Amount (\$)	SEAN TYSON Payee address; City; St.	ate; Zip Code				
10000	2426 Velly Fire					
2	Richardson TX	75080				
PURPOSE	Category (See categories listed at the top	·		el outside of Texas, co	omplete Schedule	T)
OF EXPENDITURE	CONTRACT LABOR	Ge	APHIC	Diskui		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	e sought		Office held	
Date	Payee name					
9.9.13	Criequicie Lions	Cors				
Amount (\$)		ite; Zip Code	·····			
	PO BOX 1382	, , -				
1065	ColleunileTX 760	24				1
PURPOSE	Category (See categories listed at the top		cription (If trav	vel outside of Texas, or	omplete Schedule	T)
OF EXPENDITURE	CONTRIBUTION BY GOW		usore D	. est V		
Complete ONLY if direct	Candidate / Officeholder name		e sought	ر دی	Office held	
expenditure to benefit C/O		Cilia	o dodgin		Omoc noto	1
Date / ;	Payon pama		4.4			**************
9/12/12	Payee name					l
1,61,7	ARUNATIN COPUTSU	CACHS (LUB)			***************************************	
Amount (\$)	Payee address; City; Sta P.O. BOX 14065	ite; Zip Code				
100	Avlination TX 710	094				
PURPOSE	Category (See categories listed at the top	of this schedule) Desc	cription (If trav	el outside of Texas, co	omplete Schedule	T)
OF	Aprentisessa Co	0 - 5 - 4	~		A_{-}	·′
EXPENDITURE		10000 100	(BORZ ()	MECTERY	HD	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	e sought		Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDU	LE AS NEE	DED	***************************************	

Texas Ethics Commission

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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries	s/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitat	tion/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel I	Contributions/Donations Made By	
Event Expense	5 ,	Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Office C	Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explain	s how to complete this for	rm,
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
7	- LOXANDOR HIM		
4 Date	5 Payee name		
		- 1	
9/16/13	COREAN (LTITLY ASS	SOCIATION	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
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8 PURPOSE	(a) Category (See categories listed at the top of this sch		(If travel outside of Texas, complete Schedule T)
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BO Salaries/Wages/Contract Labo Solicitation/Fundraising Exper Travel In District Travel Out Of District Office Overhead/Rental Expensional Expensions Travelins how to complete	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME ALEXANDER KIM	TO THE PROPERTY OF THE PROPERT	3	ACCOUNT # (Ethics Commission Filers)	
4 Date 8/20/2013	5 Payee name				
6 Amount (\$) 78	7 Payee address; City; Stat 400 N. Retta Street Fort worth TX 70111			B E 2	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Des	cription (If travel or	itside of Texas, complete Schedule T) 🔀	
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Offic	e sought	Waffice held	
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OF EXPENDITURE	PRINTING EXPONS	L:	CARES		
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Date 8/24/13	Payee name RETHICK CON Strong	کود			
Amount (\$)	Payee address; City; State P.O. PSOX 3A22A Fort WOXTH TX 74	e; Zip Code			
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OF EXPENDITURE	EVENT EXPONSE		SLE AT h	ons stimul	
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	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDU	LE AS NEEDE	D	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S: Food/Beverage Expense Ti Polling Expense Ti Printing Expense O	alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel in District ravel Out Of District office Overhead/Rental Expense oplains how to complete this fo	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Dense OTHER (enter a category not listed above)		
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6 Amount (\$) \$779 ⁴⁹	7 Payee address: City: State 3925 Care Rive Keller TX 7624	rkua			
8 PURPOSE	(a) Category (See categories listed at the top of		n (If travel outside of Tex	as, complete Schadule T)	
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9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou		Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

(512) 463-5800

POLITICAL EXPENDITURES

Texas Ethics Commission

	EXPENDITURE CATEGORIES		- Dana a mark/Daimhuraamant				
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra		n Repayment/Reimbursement nsportation Equipment & Related Expense				
Consulting Expense	Food/Beverage Expense Travel In District	atributions/Donations Made By Candidate/Officeholder/Political Committee					
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1 663	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F:	2 FILER NAME / 3 ACCOUNT # (Ethics Commission Fi						
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4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·					
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6 Amount (\$)	7 Payee address; City; State; Zip Code		oo m				
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schamule T)				
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
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Amount (\$)	Payee address; City; State; Zip Code		1				
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12-19.13	TARRANT (OVINTY						
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40-	Fort worth TX 76196						
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Tres	GIS MI	APS FROM ELECTIONS				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense		Fundraising Expense Transportation istrict Contributions/I	ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee
Fees	• '	· · · · · · · · · · · · · · · · · · ·	a category not listed above)
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1 Total pages Schedule F:	2 FILER NAME ACEX ANDERE KIN	3 ACCO	PUNT # (Ethics Commission Filers)
4 Date 12.26.13	S Payee name Cory 3 Print HD		
6 Amount (\$) 604 50	7 Payee address; City; State; Zip Co HISO Thinuty Blvd :# FOX WYTH TX 76155		
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	le) (b) Description (If travel outside o	f Texas, complete Schedule T)
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\$ 31.78	Mont willow Road	94025	
PURPOSE	Category (See categories listed at the top of this schedul	le) Description (If travel outside of	f Texas, complete Schedule T)
OF EXPENDITURE	ADVORTISING EXPONSE	Post Boost	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EVDENDITUD	E CATEGODIES E	OP BOY 9/~\	
Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking			Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District Cont		Contributions/Donations Made By	
Event Expense	Total Car S. Sisting		Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/Rer	•	OTHER (enter a category not listed above)
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1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/26/2013	5 Payee name TAPRAUST Cov.	um 40P		
6 Amount (\$)	7 Payee address; City:	State; Zip Code		
Reimbursement from political contributions intended	FOR WOAH TX	76118		
8 PURPOSE OF	(a) Category (See categories listed at the	top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
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Reimbursement from political contributions intended				PH OUT
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Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Descriptio	n (If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Event Expense

PAYMENT FROM POLITICAL **CONTRIBUTIONS TO A BUSINESS OF C/OH**

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Gift/Awards/Memorials Expense Advertising Expense Legal Services Accounting/Banking Consulting Expense

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512) 463-5800

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule H:	2 FILER NAME A COXALSIDER KIM	3 AC	CCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outs	ide of Texas, complete Schedule T}
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	ELEC Office Bild
Date	Business name		1055
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME ACOXANDOR KIN	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name NA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name	TARRAM 14 2014 JAN 14 BY:			
Amount (\$)	Payee address; City; State; Zip Code	14 PM			
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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Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
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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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:	
2 FILER NAME	COXANDOR KIM	3 ACCOUNT # (Ett	thics Commission Filers)	
4 Date	5 Name of person from whom amount is received CA 6 Address of person from whom amount is received; City; State; Zip Code		8 Amount (\$)	
	7 Purpose for which amount is received	· .	E 2	-
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code		ASTEVE RABORN ASTEVE RABORN ASTEVE RABORN	MRRANT COUNTY
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SCHEDULE L **OUTSTANDING LOANS** 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME ALOXANDOR LENDER INFORMATION ALOXANDOR 5 Lender address; Zip Code DR. BEDFORD TX 76021 6 Name of guarantor **GUARANTOR** INFORMATION not applicable Zip Code 7 Guarantor address; City; State: Name of lender LENDER INFORMATION Lender address; City; State; Zip Code Name of guarantor **GUARANTOR INFORMATION** not applicable Guarantor address; City; Zip Code State; Name of lender LENDER INFORMATION Lender address; City; State; Zip Code Name of guarantor **GUARANTOR** INFORMATION not applicable City; Guarantor address; State; Zip Code LENDER Name of lender INFORMATION City; Lender address; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

P.O. Box 12070

ASSETS VALUED AT \$500 OR MORE SCHEDULE M 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) AUXANDRE KIM 4 Description of Asset NA Description of Asset ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	X4~>57				3 ACCOUNT # (Ethics	Commission Filers)
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5 Contribution / Expend	diture reporte	d on:				
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6 Dates of travel	hedule H 7 Name of	Schedule N person(s) traveling	COH-UC	сон-т	PAC-C	PAC-E
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	9 Destination	on city or name of d	estination location	4.000 //400	. X	TAR 2014
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