JUDICIAL CANDIDATE / OFFICEHOLDER

FORM JC/OH COVER SHEET PG 1

CAMPAIG	THANGE REPOR		OOVER OHEEL TO
The JC/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 M.Z. A CSYAND NICKNAME LAST K.M.	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX. APT / SUITE #:	CITY: STATE: ZIP CODE	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed SS TO
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. TJM NICKNAME LAST HA	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT	/SUITE#; CITY, STATE:	ZIP CODE S3
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O(/01/2014 THE	maria.	Day Year 3/2014
11 ELECTION	Month Day Year Primar		General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (IFRI	ARRANT (RIMINAL #3
	GOT	O PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OHNAME	or Kim		15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOVE BEEN MADE WITHOUT THE CANES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	TAR 2014 F ELECTION		
	GENERAL SPECIFIC	COMMITTEE ADDRESS	PINS ASS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME .			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	7Y 20		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4750		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ \(\frac{14}{727} \) \] 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ \(\frac{14}{727} \) \]				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 465730				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20,000				
18 AFFIDAVIT			of perjury, that the accompanying report is information required to be reported by me		
STEPHANIE HESTER Notary Public, State of Texas My Commission Expires April 04, 2016 Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Awander Km , this the					
3rd day of 100 , 20 14 , to certify which, witness my hand and seal of office.					
Signature of officer admir	nistering oath	Print name of officer administering oath	Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	Λ	ANTIGR Kim		,	ŕ	
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
	1/23/14	JUSTH BUTLOR 6 Contributor address; City; State; Zip Code 14 Key West Court		100=		
		Was tow. FL , 33326			of Texas, complete Schedule T)	
9		rincipal occupation	10 Contributor's job			
	SOFTO	NARE CONSULTANT	(02050c7	ANT		
11	Contributor's ei		12 Law firm of contri	butor's spouse (if any	/) 59 m	
13	If contributor is	a child, law firm of parent(s) (if any)		di-dah salah dari barah salah sa	· h a _	
		NA				
				I		
	Date	Full name of contributorput-of-state PAC (ID#)	Amount of contribution (\$)	tre-kirld contribution O de-ściption(if applicable)	
	1/14/14	Contributor address; City; State; Zip Code HUGE MARQUETTE		\$ 1000-	3 PH	
		DALLAS TX 75275		(If travel outside	of Texas, complete Schedule T)	
	Contributor's p	rincipal occupation	Contributor's job	title	g 25 <	
	Vsy con	ATRIST	BYCHIA	てにらて 📑	*	
		mployer/law firm		butor's spouse (if any	<i>(</i>)	
		SERF	210			
	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)	
	1/29/14	Contributor address; City; State; Zip Code 715 CJ. LUASHINGTON # 7	310	\$5000		
***************************************		CHUAGO, IL 260606		(If travel outside	of Texas, complete Schedule T)	
		rincipal occupation SVCにいら Manaack mployer/law firm	Contributor's job MA んん			
		mployer/law firm	Law firm of contri	butor's spouse (if any	<i>y</i>)	
		a child, law firm of parent(s) (if any)				
	***************************************	+15				

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 (JUDICIAL)

SCHEDULE A (J)

		(0021011-	,		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	odule A(J):	
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)	
4 Date	5 Full name of contributor Dout-of-state PAC (ID#: ESTITUR (HOW) 6 Contributor address; City: State; Zip Code 24 MUTUR VALE PROJUDINGE, RIO7906 Fincipal occupation)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
9 Contributor's p	rincipal occupation	10 Contributor's job t			
V	MYSICIAN	rit451c	inn		
11 Contributor's en		12 Law firm of contrit	outor's spouse (if any)	
	a child, law firm of parent(s),(if any)				
13 If contributor is	a child, law firm of parent(s) (If any)				
Date	Full name of contributor Dut-of-state PAC (ID#: UNE) Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)	
1/25/14	PROVIDENCE RI 02906	,	13000 =	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title		
(457	(RED)		was was a second of the second		
Contributor's e	mployer/law firm	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)	
	Contributor address; City; State; Zip Code		(If travel outside _r	of Texasa complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job		5 2 3	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	<u> </u>	
If contributor is	a child, law firm of parent(s) (if any)		2	62 W	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

Texas Ethics Commission P.O. Box 12070 Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)			
LOANS (JUDICIAL) SCHEDULE E (J)						
The Instruction Guide explains how to complete this	1 Total pages Sch	nedule E(J):				
2 FILERNAME ALSXANDSTR KIN		3 ACCOUNT#	(Ethics Commission Filers)			
TOTAL OF UNITEMIZED LOANS: ⇒	⇔ ⇔ ⇔	라 라	\$ Ø			
5 Date of loan 7 Name of lender	-state PAC (ID#:)	9 Loan Amount (\$)			
172/14 ALEXANDER KIM			5000 =			
6 Is lender a financial Institution? 8 Lender address; City; State; Zip	Code DR_		10 Interest rate			
Y @ BEDFURD, TX 760:	21		11 Maturity date			
12 Lender's Principal Occupation	13 Lender's Job Tit	onnay				
14 Lender's Employer/Law Firm	15 Law Firm of lend	er's spouse (if any)				
16 If lender is child, law firm of parent(s) (if any)		•				
17 Description of Collateral	18 Check if persons	il funds were depos	sited into political account			
none						
19 GUARANTOR INFORMATION 20 Name of guarantor N			22 Amount Guaranteed (\$)			
21 Guarantor address; City; Stat	e; Zip Code					
			20 ELE			
23 Guarantor's Principal Occupation	24 Guarantor's Job	Title	ARE CTION			
25 Guarantor's Employer/Law Firm	26 Law Firm of gua	rantor's spouse (if a	any) 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
27 If guarantor is child, law firm of parent(s) (if any)			PM 4			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

Texas Ethics Commiss	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
LOANS (JU	JDICIAL)			SCHEDULE E (J)
The Insti	ruction Guide explains how to	complete this form.	1 Total pages Sche	edule E(J):
2 FILER NAME	ANDOR Kim		3 ACCOUNT#	(Ethics Commission Filers)
4	L OF UNITEMIZED LOA	.NS: ⇔ ⇔ ⇔	⇔⇔	\$ %
5 Date of loan 1 2 3 1 4 6 Is lender a financial	7 Name of lender ACSX ASTOR K 8 Lender address; City; 7601 SUMMET	State; Zip Code		9 Loan Amount (\$) 5000 =
Institution?	BEDFURD, TX			11 Maturity date
12 Lender's Principal of Francisco 11 Lender's Employer/	Ney	13 Lender's Job Tit	ANEY ler's spouse (if any)	
17 Description of Colla	iteral	18 Check if persona	il funds were deposi	ted into political account
19 GUARANTOR INFORMATION not applicable	20 Name of guarantor N (K 21 Guarantor address;	City; State; Zip Code		22 Amount Guaranteed (\$)
23 Guarantor's Princip	al Occupation	24 Guarantor's Job	Title	3 2
25 Guarantor's Employ	ver/Law Firm , law firm of parent(s) (if any)	26 Law Firm of gua	rantor's spouse (if a	
ZI II guarantor is child	, iaw iiriii Oi parefii(s) (ii afiy)			20 Y

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

	EXPENDITURE CAT	EGORIES FOR BOX 8	(a)	
Advertising Expense	•	aries/Wages/Contract Labor	Loan Repayment/Re	
Accounting/Banking	•	citation/Fundraising Expense		pment & Related Expense
Consulting Expense Event Expense	•	vel In District vel Out Of District	Contributions/Donat Candidate/Office	ions Made By holder/Political Committee
Fees	• .	ce Overhead/Rental Expense		tegory not listed above)
, 503	The Instruction Guide expl	•	· ·	tegory not nation approx
1 Total pages Schedule F:	2 FILER NAME	<u> </u>	3 ACCOUNT	# (Ethics Commission Filers)
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4 Date	F Payee name			
4 Date	5 Payer liame	111 / -02	لحبيمه	
1/2/14	American Groot	1442 (21ch	MCKT (SI-	
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
8-04		2		
132	CLEVELAND, OH, 4411	411		
8 PURPOSE	(a) Category (See categories listed at the top of this	s schedule) (b) Descript	tion (If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	ATTUCATISTIST to PONS	E GNO	LINE (ARTS	
9 Complete ONLY if direct	Candidate / Officeholder name	Office so	ught	Office held
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Date	Payee name			
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11977				
16.1	HURST, TX 7605			
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1/12/11		1 2		Sign on Sam
117119	Payee address; City; State;	こしげら	1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Amount (\$)	Payee address; City; State;	Zip Code	i	5 0 -Im
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71-	Concorvinos, TX	46034	4	G 3 4 4
	Corcagnities, in			
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	7565	0#:	1	^ * - L - L 4
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36	HURST, TX 760	54		
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A CONTRACTOR OF THE CONTRACTOR	ATTAONABBITIONALOODII			
	ATTACH ADDITIONAL COPIL	ES OF THIS SCHEDULE	AS NEEDED	

### **POLITICAL EXPENDITURES**

P.O. Box 12070

### SCHEDULE F

	EXPENDITURE CA	ATEGORIES F	OR BOX 8(a)			I
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1 Total pages Schedule F:	2 FILER NAME	/		3 ACCOUNT#	(Ethics Commission	n Filers)
	ALOXANDER	Lim				l
4 Date	5 Payee name			<del></del>	<u></u>	
1/14/14	7 Payee address; City; State					
6 Amount (\$)	7 Payee address; City; State	; Zip Code				
\$ 6.99	1601 million KD					
, D. 1	MONLE PARK, CA	-94024	5			
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description (If tra	avel outside of Texas.	, complete Schedule T)	
OF EXPENDITURE	ADVERTISING E	VALUES	ONLINE	BEOST	• -	
9 Complete ONLY if direct	Candidate / Officeholder name	11070 23	Office sought		Office held	
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toney	P.O. 14317			2		
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### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CAT	EGORIES FOR BO	X 8(a)				
Advertising Expense	·	ries/Wages/Contract Labo		Repayment/Re	imbursement		l
Accounting/Banking	-	itation/Fundraising Exper		sportation Equip			ise
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Event Expense Fees		e Overhead/Rental Expe		ER (enter a cate			- 1
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4 Date	5 Payee name						
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6 Amount (\$)		Zip Code	······································				
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19000 -	FW, TX 7615						
8 PURPOSE	(a) Category (See categories listed at the top of this	**************************************	cription (If trav	rel outside of Texas	, complete Sche	dule T)	
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9 Complete ONLY if direct	Candidate / Officeholder name	Offic	e sought	MARIE MA	Office I	neld	
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	Candidate / Officeholder name		シ <b>くて</b> 5 e sought	· · · · · · · · · · · · · · · · · · ·	Office I	ald	
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Date	Payee name			•			İ
1/24/14	AMERICAN FIREETIN	465				***************************************	
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( )	CLOVELAND OH HE	1144					
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OUTSTAN	DING LOANS	schedule <b>L</b>		
The Ir	estruction Guide explains how to complete this form.	1 Total pages Schedule L:		
2 FILER NAME	NOSTR KIM	3 ACCOUNT # (Ethics Commission Filers)		
LENDER INFORMATION	4 Name of lender  ALSKANTSR KIM			
	5 Lender address; City; State; Zip Code  760 (SUMMIT VEW)  BOFFERD, TX 76021			
GUARANTOR INFORMATION	6 Name of guarantor			
not applicable	7 Guarantor address; City; State; Zip Code			
LENDER INFORMATION	Name of lender			
	Lender address; City; State; Zip Code	7011 2011 8Y:		
GUARANTOR INFORMATION	Name of quarantor	TARRANT  2014 FEB -3  2014 FEB -3  ELECTIONS AD  RY:		
not applicable	Guarantor address; City; State; Zip Code			
LENDER INFORMATION	Name of lender	#: 20		
	Lender address; City; State; Zip Code	,		
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address; City; State; Zip Code			
LENDER INFORMATION	Name of lender			
	Lender address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
GUARANTOR INFORMATION	Name of guarantor			
not applicable	Guarantor address; City; State; Zip Code			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME ALSTANDER KIM	3 ACCOUNT # (Ethics Commission Filers)
4 Description of Asset  T= Post 5	
Description of Asset	ZANH FEB - STEY
Description of Asset	D PH CO
Description of Asset	513MT0R
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED