

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00081652	2 Total pages filed: 20	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Alexander H	MI MI
	NICKNAME Alex	LAST Kim	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023
		Date Received	ELECTRONICALLY FILED 07/16/2023
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	

6 EXPLANATION OF CORRECTION

I failed to report the fees withheld by anedot, an online donation portal. I reported the total amount of individual contributions but did not report the individual transaction fees, the largest individual fee being \$39.30. I reported the fees in aggregate per the advice given by the TEC.

This correction is made prior to the filing deadline for the July Semi-annual report of Monday, July 17, 2023.

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

Semiannual reports: 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: 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.

The Honorable Alexander H Kim

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081652	2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Alexander H	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2023
	NICKNAME Alex	LAST Kim	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1121 Garden Ln. Keller, TX 76262		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Monty	MI MI	
	NICKNAME	LAST Bonnett	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 14185 Dallas Pkwy Dallas, TX 75254		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 490-9600	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Family District Court Judge District 323 Tarrant		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 20

13 C / OH NAME Kim, Alexander H (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00081652

15 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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,410.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,005.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	37,281.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	96,000.00

17 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.

The Honorable Alexander H Kim

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Kim, Alexander H (The Honorable)	19 Filer ID (Ethics Commission Filers) 00081652
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 11,410.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,005.31
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/10 Rpt: 5/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asbury, Leonard	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Haltom City, TX 76137	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Montgomery	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75254	
Contributor's Principal Occupation Hospitality		Contributor's Job Title President
Contributor's employer/law firm Ashford Hospitality Trust, Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill, de Decker	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76012	
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm C&D Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/10 Rpt: 6/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Alice	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Krum, TX 76249	
8 Contributor's Principal Occupation Transportation		9 Contributor's Job Title Bus Driver
10 Contributor's employer/law firm Krum ISD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeOtte, Richard	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Southlake, TX 76092	
Contributor's Principal Occupation Civil Engineer		Contributor's Job Title Civil Engineer
Contributor's employer/law firm DeOtte, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickison, Lisa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Waco, TX 76710	
Contributor's Principal Occupation Senior Support Specialist		Contributor's Job Title Senior Support Specialist
Contributor's employer/law firm American Income Life		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/10 Rpt: 7/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, George	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034	
8 Contributor's Principal Occupation Computer Consultant		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Joshua	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code NRH, TX 76180	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Joshua Graham Trial Lawyers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H.B., Wise	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Arlington, TX 76012	
Contributor's Principal Occupation Mechanic		Contributor's Job Title Manager
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 8/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Phillip	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Phillip Hall, Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ray	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Haltom City, TX 76117	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Ray Hall Jr.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Brenda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063	
Contributor's Principal Occupation President		Contributor's Job Title President
Contributor's employer/law firm Interquest Detection Canines of North Texa		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/10 Rpt: 9/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Francisco <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Francisco Hernandez, Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover, Jeff <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Jeff Hoover		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janiak, Stephanie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Chiropractor		Contributor's Job Title Chiropractor
Contributor's employer/law firm Essential Pain Relief		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/10 Rpt: 10/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Rochelle	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76018	
8 Contributor's Principal Occupation Sonographer		9 Contributor's Job Title Sonographer
10 Contributor's employer/law firm Methodist Health System		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheridan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bedford, TX 76021	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Keller, TX 76248	
Contributor's Principal Occupation Firefighter		Contributor's Job Title Firefighter
Contributor's employer/law firm City of Arlington		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/10 Rpt: 11/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mogged, Chuck	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puente, Vince	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76112	
Contributor's Principal Occupation President		Contributor's Job Title President
Contributor's employer/law firm Southwest Office Systems		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddy, Stacey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richland Hills, TX 76118	
Contributor's Principal Occupation Information Security		Contributor's Job Title Secure Mail Architect
Contributor's employer/law firm MTA Security LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/10 Rpt: 12/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, Dinah <hr/> 6 Contributor address; City; State; Zip Code Hurst, TX 76054	7 Amount of Contribution (\$) \$10.00
8 Contributor's Principal Occupation Student		9 Contributor's Job Title Student
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Robert <hr/> Contributor address; City; State; Zip Code Euless , TX 76039	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Legal Intern		Contributor's Job Title Intern
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Michael <hr/> Contributor address; City; State; Zip Code FW, TX 76102	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Schneider Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/10 Rpt: 13/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Thomas	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Euless, TX 76039	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Jim	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Haltom, TX 76137	
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Software Engineer
Contributor's employer/law firm Lockheed/Martin		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipton, Ty	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Irving, TX 75061	
Contributor's Principal Occupation Sales		Contributor's Job Title Sales
Contributor's employer/law firm Tipton Insurance		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 14/20
2 FILER NAME Kim, Alexander H (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Rowland	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Bedford, TX 76021	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 15/20	2 FILER NAME Kim, Alexander H (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081652
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4 Date 06/30/2023	5 Payee name Anedot
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6 Amount (\$) \$79.99	7 Payee address; City; State; Zip Code 1920 McKinney Ave Dallas, TX 75201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2023	Payee name Rocket Science Group
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Amount (\$) \$255.84	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/23/2023	Payee name Rocket Science Group
--------------------	------------------------------------

Amount (\$) \$255.84	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/5 Rpt: 16/20	2	FILER NAME Kim, Alexander H (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081652	
4	Date 03/23/2023	5	Payee name Rocket Science Group			
6	Amount (\$) \$255.84	7	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail chimp			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 04/24/2023		Payee name Rocket Science Group			
	Amount (\$) \$255.84		Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail chimp			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 05/23/2023		Payee name Rocket Science Group			
	Amount (\$) \$255.84		Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail chimp			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/5 Rpt: 17/20	2	FILER NAME Kim, Alexander H (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081652
4	Date 06/23/2023	5	Payee name Rocket Science Group		
6	Amount (\$) \$255.84	7	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mailchimp		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/03/2023		Payee name Texas Elite Custom Printing		
	Amount (\$) \$266.92		Payee address; City; State; Zip Code 100 Private Rd Covington, TX 76636		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/30/2023		Payee name Wix.com		
	Amount (\$) \$20.56		Payee address; City; State; Zip Code PO 248 Leander, TX 78646		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Webhosting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 18/20	2 FILER NAME Kim, Alexander H (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081652
4 Date 03/01/2023	5 Payee name Wix.com	
6 Amount (\$) \$20.56	7 Payee address; City; State; Zip Code PO 248 Leander, TX 78646	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/28/2023	Payee name Wix.com	
Amount (\$) \$20.56	Payee address; City; State; Zip Code PO 248 Leander, TX 78646	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Wix.com	
Amount (\$) \$20.56	Payee address; City; State; Zip Code PO 248 Leander, TX 78646	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 19/20	2 FILER NAME Kim, Alexander H (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081652
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4 Date 05/30/2023	5 Payee name Wix.com
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6 Amount (\$) \$20.56	7 Payee address; City; State; Zip Code PO 248 Leander, TX 78646
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name Wix.com
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Amount (\$) \$20.56	Payee address; City; State; Zip Code PO 248 Leander, TX 78646
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 20/20

2 FILER NAME

Kim, Alexander H (The Honorable)

3 Filer ID (Ethics Commission Filers)
00081652

LENDER
INFORMATION

4 Name of lender
Kim, Alexander

5 Lender address; City; State; Zip Code

Fort Worth, TX 76111

GUARANTOR
INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code