# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00088239	· · · · · · · · · · · · · · · · · · ·	2 Total pages filed: 75
3 CANDIDATE /	MS / MRS / MR	FIRST	<u>. I</u>	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr.	John Y.			Date Received  ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024
		Jun			
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	619 Allen Road				Receipt # Amount
Change of Address	Cannell TV 7E010				
Clidilye () Address	Coppell, TX 75019				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mrs.	Judy			
NAME		,			
	NICKNAME	LAST		SUFFIX	
	MONVAINE	Jun		30111/	
		Juli			
6 CAMPAIGN	CTREET ADDRESS (NO	PO BOY DI EASE).	ΛΕ	T / CLUTE #· CITV·	STATE: 7ID CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO 619 Allen Road	PU BUX PLEASE),	AF	T / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	019 Allell Roau				
(Residence or Business)					
	Coppell, TX 75019				
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION		
TREASURER	(469) 877-2923	10112 110122.	L/(TLIVE.S.)		
PHONE	(403) 011 2323				
8 REPORT	+				
TYPE	January 15	X 30th day befor	re election	Runoff	15th day after campaign treasurer
				_	appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Ye		==:.a.,	Month Day	Year .
COVERED	07/01/2024	11	HROUGH	10/06/2024	4
10 ELECTION	ELECTION DATE	<b>I</b>		ELECTION TYPE	_
	1	earF	Primary	Runoff	Other
	11/05/2024	X	General	Special	
		-		<b>—</b>	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	, ,,			State Representa	
				·	
		GO '	TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 75

13 C / OH NAME	Jun, John Y. (Mr.)		<b>14</b> Filer ID (00088239	(Ethics Commission Filer	rs)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.	.00		
	5)	\$ 37,418.	.42				
EXPENDITURE TOTALS		<b>\$</b> 0.	.00				
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 40,019.	.48		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 5,000.	.00		
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		M	r. John Y. Jun				
		Signature of	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath			

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

					3 of 75
	ER NAN	ИЕ Y. (Mr.)	<b>19</b> Filer ID 00088239	(Eth	ics Commission Filers)
		,	00000233		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	37,418.42
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	31,472.50
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	6,200.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	500.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	28.13

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/75	
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$150.00
_		Irving, TX 75039	1			
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75243				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (ID# An, Yunice  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID# Bailey, Clifford & Samsoon  Contributor address; City; State; Zip Code  Rockwall, TX 75087			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID# Chang, Yoon Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$500.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions E Line Dental	5)		
			1			

	MONET	ARY POLITICAL CON	ITRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/75	
2	FILER NAME Jun, John Y.	(Mr.)			3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 07/16/2024	<ul> <li>5 Full name of contributor our Choi, Soon Ae</li> <li>6 Contributor address; City; State; Zip</li> </ul>	t-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$10.00
_	Delicalizat a second	Carrollton, TX 75007		O. Faradaran (Oca hastaratica			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 08/28/2024	Full name of contributor our Choi, Young Hwi Contributor address; City; State; Zip Little Elm, TX 75068	t-of-state PAC (ID#:_ p Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/23/2024	Full name of contributor our chong, Myung  Contributor address; City; State; Zip	t-of-state PAC (ID#:_ p Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Fort Worth, TX 76116 pation / Job title (See Instructions)		Employer (See Instructions	)		
	business ow			hana isul	,		
	Date 07/16/2024	Chong, Sun Cho Contributor address; City; State; Zip	t-of-state PAC (ID#:_ p Code			Amount of Contribution (\$)	\$100.00
	Principal occu	McKinney, TX 75072 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/18/2024	Full name of contributor our Chong, Woo Young  Contributor address; City; State; Zip	t-of-state PAC (ID#:_ p Code			Amount of Contribution (\$)	\$100.00
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/75	
2	FILER NAME Jun, John Y.	(Mr.)			3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 07/16/2024	<ul><li>5 Full name of contributor Chung, Sang Ok</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
_	Delicalis al access	Hurst, TX 76054		2 Faralassa (Caralassa tarati			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	)		
	Date 07/16/2024	Full name of contributor Chung, Suanna Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Garland, TX 75062 pation / Job title (See Instructions	2)	Employer (See Instructions	) 		
	Date 09/25/2024	Full name of contributor  Cook County Republican  Contributor address; City; S				Amount of Contribution (\$)	\$500.00
	Detection	Gainesville, TX 76240		Frankrije (O. a. krativskije ra			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	)		
	Date 08/13/2024	Full name of contributor Cool, Myong Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	Lewisville, TX 75067 pation / Job title (See Instructions	2)	Employer (See Instructions			
	Timelpai occu	pation 7 300 title (See Instituctions	7)	Employer (See Instructions	,		
	Date 07/16/2024	Full name of contributor Curl, Pok Sun Contributor address; City; S		)		Amount of Contribution (\$)	\$10.00
	Principal occu	Irving, TX 75039 pation / Job title (See Instructions	s)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/75	
2	FILER NAME Jun, John Y.	(Mr.)				3	Filer ID (Ethics Commissi 00088239	on Filers)
4	Date 08/16/2024	5 Full name of contributor Deason, Darwin	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$10,000.00
		Dallas, TX 75219						
8	Principal occu retired	pation / Job title (See Instructions	s)	9	Employer (See Instructions retired	s)		
	Date 08/16/2024	Full name of contributor  Deason, Douglas  Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	dallas, TX 75229 pation / Job title (See Instructions	<u>,</u>		Employer (See Instructions	<u>:)</u>		
	Business Ov		"		Deason Capital Solution			
	Date 09/21/2024	Full name of contributor  Don, Joe  Contributor address; City; Si	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$50.00
		Boca Raton, FL 33487						
	Principal occu attorney	pation / Job title (See Instructions	s) 		Employer (See Instructions medicare	s)		
	Date 10/02/2024	Full name of contributor Don, Joe  Contributor address; City; Si  Boca Raton, FL 33487	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu attorney	pation / Job title (See Instructions	5)		Employer (See Instructions medicare	5)		
	Date 08/13/2024	Full name of contributor Hong , Sung Ae Contributor address; City; Si Carrollton, TX 75010	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/75	
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00
		Addison, TX 75001				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 07/15/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$96.80
	Principal occu	Addison, TX 75001 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Realtor					
	Date 08/13/2024	Full name of contributor	)		Amount of Contribution (\$)	\$100.00
		Carrollton, TX 75010				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_ Keefe, Lynn Contributor address; City; State; Zip Code  Coppell, TX 75019			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_Keenan, James  Contributor address; City; State; Zip Code  Flower Mound, TX 75028			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CON	TRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to co	mplete this form.	1	. Total pages Schedule A1: Sch: 6/17 Rpt: 9/75	
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commissio 00088239	n Filers)
4	Date 10/05/2024	<ul> <li>Full name of contributor</li></ul>			Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019				
8	Principal occu retired	pation / Job title (See Instructions)	9 Emplo	oyer (See Instructions)		
	Date 08/13/2024	Kim, Chun Ja  Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occu	Rockwall, TX 75087 pation / Job title (See Instructions)	Emplo	oyer (See Instructions)		
	business ow		,, 6. (66661 46466)			
	Date 08/13/2024	Full name of contributor out- Kim, Ja young  Contributor address; City; State; Zip	of-state PAC (ID#: Code		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75115				
	Principal occu	pation / Job title (See Instructions)	Emplo	oyer (See Instructions)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:)  Kim, Jay and Olivia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu business ow	Irving, TX 75063 pation / Job title (See Instructions) ner		oyer (See Instructions) mployed		
	Date 08/13/2024	Kim, Jong Bok	Of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Emplo	oyer (See Instructions)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/75	
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commissio 00088239	n Filers)
4	Date 07/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	Dringing Loon	Carrollton, TX 75006	6 Employer/Coo Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID Kim, Mi Ran Contributor address; City; State; Zip Code	) #:)		Amount of Contribution (\$)	\$50.00
		Carrollton, TX 75007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (IE Kim, Nam Hui Contributor address; City; State; Zip Code	)#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75243				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID Kim, Stanley  Contributor address; City; State; Zip Code  Dallas, TX 75229	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu business ow	pation / Job title (See Instructions)	Employer (See Instructions family auto	<u>l</u> s)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID Kim, Yun  Contributor address; City; State; Zip Code  Lewisville, TX 75056	)#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	325/1000 OW					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/75	
2	FILER NAME Jun, John Y.	(Mr.)			3	Filer ID (Ethics Commission 00088239	on Filers)
4	Date 07/16/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
_		Irving, TX 75063	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 07/16/2024	Full name of contributor Grant Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Irving, TX 75063	1				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/24/2024	Full name of contributor Grant	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/01/2024	Kwon, Harry		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Kwon CPA	)		
	Date 08/13/2024	Kwon, Il Yeon	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,700.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions HMart	)		
			,				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/75	
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 07/16/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (IE Kwon, Im Ok</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Addison, TX 75001 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
_	- Timeipai occu	pation 7 300 title (See Instructions)	2 Employer (See Instructions	··		
	Date 08/01/2024	Full name of contributor		•	Amount of Contribution (\$)	\$100.00
	Principal occu	Chicago, IL 60659 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	scheduler					
	Date 08/15/2024	Full name of contributor	#:)	•	Amount of Contribution (\$)	\$150.00
		Chicago, IL 60659	1	Ĺ		
	Principal occu scheduler	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (IE Kwon, Jong Ye Contributor address; City; State; Zip Code Irving, TX 75063			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 07/16/2024	Full name of contributor out-of-state PAC (IE Kwon, Kyung Ok  Contributor address; City; State; Zip Code  Addison, TX 75001	] #:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
			<b>1</b>			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/75		
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commission 00088239	on Filers)	
4	Date 08/13/2024	<ul> <li>5 Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00	
_	B	Lewisville, TX 75056					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc							
	Date 08/13/2024				Amount of Contribution (\$)	\$50.00	
	Dringing Lagor	Frisco, TX 75036	Franks von (Cook kostu stiene				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date 08/21/2024				Amount of Contribution (\$)	\$25.00	
		Lewisville, TX 75067					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Lubbock Area Republican  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4,000.00	
Lubbock, TX 79493  Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date 09/10/2024				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL (	SCHEDULE A1				
	The Instru	ction Guide explains hov	orm.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/75		
2	FILER NAME Jun, John Y.				3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 09/26/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$2,500.00
8	Dringing occu	Carrollton, TX 75006	<u></u>	9 Employer (See Instructions			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct							
	Date Full name of contributor out-of-state PAC (ID#:) 07/29/2024 Mariani, Janet  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$48.25
Dallas, TX 75230  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					<u> </u>		
		,	,		,		
	Date Full name of contributor out-of-state PAC (ID#:)  10/02/2024 McFarland, Lee  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
		Addison, TX 75001					
	Principal occu business ow	pation / Job title (See Instruction: rner	5)	Employer (See Instructions Herdon McFarland Plum		ng	
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00		
	Principal occu	Euless, TX 76040 spation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/13/2024	.3/2024 Oh, Jong Soon  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	Flower Mound, TX 75022 pation / Job title (See Instruction		Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL C	NS		SCHEDULE A1		
	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/75		
2	FILER NAME Jun, John Y.	(Mr.)			3	Filer ID (Ethics Commission 00088239	on Filers)
4	Date 08/13/2024	5 Full name of contributor out-of-state PAC (ID#:) 4 Oh, Jung Sook 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
	Daine in all a con-	Carrollton, TX 75007		O Faralance (Octobration			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  O8/02/2024 Oh, Won Sung  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00
	Arlington, TX 76015  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
business owner							
	Date 08/13/2024					Amount of Contribution (\$)	\$100.00
		Little Elm, TX 75068					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/13/2024 Omane-Badu, Chon Hee  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
Irving, TX 75060  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					<u> </u>		
	Date 09/16/2024					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions) ner		Employer (See Instructions Self employed	()		
				E - 22 - 24			

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/75	
2	FILER NAME Jun, John Y.	(Mr.)			3	Filer ID (Ethics Commission 00088239	on Filers)
4	Date 07/16/2024	16/2024 Pak, Young Suk  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
_	Deinsinal	Irving, TX 75038	Faralasas (Osas kastaustisas				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  07/23/2024 Park, Kil Ja  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$300.00
	Irving, TX 75039						
				Employer (See Instructions kil ja line dance studio	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00	
	Dringinal occu	McKinney, TX 75069 pation / Job title (See Instructions)		Employer (See Instructions			
	Pilicipai occu	pation / Job title (See Instructions)		Employer (See Instructions	')		
	Date 08/06/2024	Full name of contributor  Pink Elephant Republican Clu  Contributor address; City; State;  Midland, TX 79707				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 07/16/2024	Full name of contributor Pringle, Sun Contributor address; City; State; Dallas, TX 75243	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/75	
2	FILER NAME Jun, John Y.	(Mr.)		3	Filer ID (Ethics Commissio 00088239	n Filers)
4	Date 07/16/2024	Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Carrollton, TX 75010 pation / Job title (See Instructions)	Employer (See Instructions	·, 		
•	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID Shannon, Roberta  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Irving, TX 75063 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		p.o,o. (000o	,		
	Date 08/23/2024				Amount of Contribution (\$)	\$100.00
		Dallas, TX 75287				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
Hurst, TX 76053  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date 08/13/2024				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	SCHEDULE A1				
	The Instru	ction Guide explains how to co	orm.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/75		
	FILER NAME Jun, John Y.	(Mr.)			3	Filer ID (Ethics Commission 00088239	n Filers)
	Date 07/16/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:)</li> <li>Song, Benjamin</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Aubrey, TX 76227 pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	car salesma Date 07/16/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-			Amount of Contribution (\$)	\$100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date 07/16/2024			)		Amount of Contribution (\$)	\$100.00
	Driveigal	Irving, TX 75063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date Full name of contributor out-of-state PAC (ID#:  08/13/2024 Thrhngo, Myung  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00		
Carrollton, TX 75007  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					)		
	Date  O7/16/2024  Full name of contributor out-of-state PAC (ID#:)  Tratte, Kim Yun  Contributor address; City; State; Zip Code  Duncanville, TX 75116			)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL (	SCHEDULE A1				
	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/75		
2	FILER NAME Jun, John Y.				3	Filer ID (Ethics Commissio 00088239	n Filers)
4	Date 09/16/2024	5 Full name of contributor out-of-state PAC (ID#:)  Valenski, Kathleen  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$96.80	
_		Coppell, TX 75019					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/22/2024 Varela, Israel Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$330.00
Dallas, TX 75206  Principal occupation / Job title (See Instructions)  Employer (See Instructions)					·/		
Principal occupation / Job title (See Instructions)  Realtor  Employer (See Instruct Open door brokerag					·)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/22/2024 Varela, Israel  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$331.57	
	Principal occu	Dallas, TX 75206  pation / Job title (See Instructions	1	Employer (See Instructions	·/_		
	Realtor	pation 7 oob tide (See matractions	)	Opendoor Brokerage	,		
Date Full name of contributor out-of-state PAC (ID#:_07/16/2024 Yang, Kil  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00		
Brownwood, TX 75062  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				Employer (See Instructions	<u> </u> 5)		
	Date 07/16/2024					Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	<b>TIONS</b>		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/75	
2	FILER NAME Jun, John Y.			3	Filer ID (Ethics Commission 00088239	n Filers)
4	Date 07/16/2024  5 Full name of contributor out-of-state PAC (ID#:) Yi, Myong  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	Garland, TX 75042	9 Employer (See Instruction	  s)		
	·			,		
	Date 07/16/2024	Full name of contributor out-of-state PAC ( Yi, Wol Ae  Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$100.00
		North Richland Hills, TX 76162				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Date 07/16/2024	Full name of contributor out-of-state PAC ( You, Hyun Sook  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Rockwall, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/52 Rpt: 21/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		•
	09/08/2024	24 seven mart 6		
6	Amount (\$) \$5.41	7 Payee address; City; State; Zip Co 6110 DALLAS PARKWAY	ode	
		dallas, TX 75248		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  drink
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ight	Office held
	Date	Payee name		
	08/04/2024	7-Eleven		
	Amount (\$) \$6.50	Payee address; City; State; Zip Co 2145 N Josey Lane Suite 100 Carrollton, TX 75006	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	Date 08/05/2024	Payee name 7-Eleven		
	Amount (\$) \$2.99	Payee address; City; State; Zip Co 2145 N Josey Lane Suite 100 Carrollton, TX 75006	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense drinks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/52 Rpt: 22/75		Jun, John Y. (Mr.)		00088239
4	Date	5	Payee name		·
	08/15/2024		7-Eleven		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$7.61		2145 N Josey Lane		
			Suite 100		
			Carrollton, TX 75006		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense drink
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held
	expenditure to benefit C/OI	Н		Ū	
H	Date		Payee name		
	08/20/2024		7-Eleven		
	Amount (\$)	$\vdash$	Payee address; City; State; Zip Co	ode	
	\$2.79		2145 N Josey Lane		
			Suite 100		
			Carrollton, TX 75006		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	<u> </u> `´	Food/Beverage Expense	, ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		•		Check if Austin, TX, officeholder living expense
					drink
L	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		Sandidate/Officeriolder Harrie Office soci	igiit	Office field
-	Date	Т	Davis name		
	08/24/2024		Payee name 7-Eleven		
	Amount (\$)		Payee address; City; State; Zip Co	ndo	
	\$11.50		2145 N Josey Lane	Jue	
	Ψ11.00		Suite 100		
			Carrollton, TX 75006		
	DUDDOCE	(0)		(b)	Providetion
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 ood/Deverage Expense		Check if Austin, TX, officeholder living expense
					drinks
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
	experientare to benefit 6/01				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/52 Rpt: 23/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	08/25/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.79	2145 N Josey Lane
		Suite 100
		Carrollton, TX 75006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		drinks
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	08/28/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.70	2145 N Josey Lane
		Suite 100
		Carrollton, TX 75006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		drinks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	08/29/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.52	2145 N Josey Lane
		Suite 100
		Carrollton, TX 75006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense drinks
		GIIIING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

Fees O
Food/Beverage Expense P
Git/Awards/Memorials Expense P
Legal Services S

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/52 Rpt: 24/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	09/01/2024	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.70	2145 N Josey Lane
		Suite 100
		Carrollton, TX 75006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  drink
		UTITIK
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/OI	
	Date	Payee name
	09/02/2024	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2145 N Josey Lane
		Suite 100
		Carrollton, TX 75006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		drink
L	0 1: 01:17.7	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/04/2024	7-Eleven
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2145 N Josey Lane
	Ψ5.00	
		Suite 100
		Carrollton, TX 75006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		drink
l		Milit.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/52 Rpt: 25/75	Jun, John Y. (Mr.)  00088239
4 Date	5 Payee name
09/11/2024	7-Eleven
( ' '	7 Payee address; City; State; Zip Code
\$70.28	2145 N Josey Lane
	Suite 100
	Carrollton, TX 75006
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment And Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/22/2024	7-Eleven
Amount (\$)	Payee address; City; State; Zip Code
\$80.98	2145 N Josey Lane
	Suite 100
	Carrollton, TX 75006
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Complete Schedule T
EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Data	
Date 00/11/2024	Payee name
09/11/2024	AFC Dallas
Amount (\$)	Payee address; City; State; Zip Code
\$21.00	5321 E Mockingbird Ln #230
	Dallas, TX 75206
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	campaign meeting
	campaignmeeting
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
p	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/52 Rpt: 26/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	07/23/2024	Adpop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,035.50	2625 Old Denton Rd #454
		Carrollton, TX 75007
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign material
		Campaign material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	08/05/2024	Adpop
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,493.00	2625 Old Denton Rd #454
	•	
		Carrollton, TX 75007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign material
		Campaign material
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/18/2024	Ajumma Deli
H	Amount (\$)	Payee address; City; State; Zip Code
	\$38.97	2240 Royal Lane
	Ψ00.31	2240 Noyal Edite
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		campaign meeting
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment		The Instruction	on Guide explains	how to comp	olete this form.		
1	Total pages Schedule F1:	2 FILE	R NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 7/52 Rpt: 27/75	Jun	, John Y. (Mr.)				00088239	
4	Date	<b>5</b> Pay	ee name				•	
	09/13/2024	Aju	mma Deli					
6	Amount (\$)	<b>7</b> Pay	ee address; City;	State	; Zip Code	;		
	\$111.50	224	0 Royal Lane					
		Dal	las, TX 75229					
8	PURPOSE	(a) Cate	egory (See Categories liste	ed at the top of this sch	nedule) (b	) Description		
	OF EXPENDITURE		d/Beverage Expens				outside of Texas. Com	
						campaign me	n, TX, officeholder living eeting	g expense
						oampaign m	coung	
9	Complete ONLY if direct	Cand	idate/Officeholder nam	ne (	I Office sough	t	Office he	eld
	expenditure to benefit C/O							
_	Date	Pav	ee name					
	09/17/2024		mma Deli					
	Amount (\$)		ee address; City;	State	; Zip Code	<u> </u>		
	\$27.06		0 Royal Lane		, ,			
	, , ,		,					
		Dal	las, TX 75229					
	PURPOSE		egory (See Categories liste	ad at the ten of this seh	nodulo) (k	) Description		
	OF EXPENDITURE		d/Beverage Expens		icuaic)	·	outside of Texas. Com	plete Schedule T.
	EXPENDITURE						n, TX, officeholder living	g expense
						volunteer me	eal	
	Complete ONL V if direct	Cond	idate/Officeholder nam		Office could	+	Office he	ald
	Complete ONLY if direct expenditure to benefit C/OH		idate/Officeriolder flaff	ie (	Office sough	ı	Office the	alu
_	Data							
	Date 09/22/2024		ee name mma Deli					
				Ctoto	· Zin Code			
	Amount (\$) \$28.14	-	ee address; City; O Royal Lane	Siale	; Zip Code	<del>}</del>		
	Ψ20.14	224	o Noyai Lane					
		Dal	las, TX 75229					
	PURPOSE				l (t	N December		
	OF		egory (See Categories liste nd/Beverage Expens		nedule)	<ul><li>Description</li><li>Check if travel</li></ul>	outside of Texas. Com	plete Schedule T.
	EXPENDITURE	1 00	dibeverage Expens			Check if Austir	n, TX, officeholder living	g expense
						volunteer me	eal	
	Complete ONLY if direct expenditure to benefit C/OH		idate/Officeholder nam	ne (	Office sough	t	Office he	eld
		•						

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/52 Rpt: 28/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	09/25/2024	Ajumma Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.46	2240 Royal Lane
		Dallas, TX 75229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meeting
		campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
	07/20/2024	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.97	940 W Bethel Road
		Coppell, TX 75019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign material
		campaign material
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	08/02/2024	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.46	940 E Bethel Road
		Coppell, TX 75019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign material
		campaign material
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/52 Rpt: 29/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		
	09/25/2024	Bros bbq		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$37.19	2625 Old Denton Rd # 700		
		O # TV 77007		
_		Carrollton, TX 75007		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				volunteer meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	· 			
	Date	Payee name		
	07/19/2024	Cafe Mozart		
	Amount (\$) \$11.37	Payee address; City; State; Zip Code 1420 Emerald St	е	
	Φ11.57	1420 Emeraiu St		
		Dallas, TX 75229		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	ω,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if Austin, TX, officeholder living expense
				campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI	3	111	Office field
	Date	Payee name		
	10/02/2024	Cafe Mozart		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$49.00	1420 Emerald St		
		Dallas, TX 75229		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign meeting
				oampaign mooning
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI			
_				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comp	olet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/52 Rpt: 30/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		•
	07/03/2024	Castaneda, Roland (Mr.)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<del>)</del>	
	\$500.00	1610 E. Peters Colony		
		Carrollton, TX 75006		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) I	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	[	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		[	Check if Austin, TX, officeholder living expense
			,	social media management
_	Operation ONLY if dispose	Open listed (Office helder record		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	IT	Office held
_	· 			
	Date	Payee name		
	08/05/2024	Castaneda, Rolando		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$500.00	1610 E Peters Colony		
		Carrollton, TX 75007		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b	) (	Description
	EXPENDITURE	social media management	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			L S	social media management
				ů .
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/06/2024	Castaneda, Rolando		
	Amount (\$)	Payee address; City; State; Zip Code	<del>.</del>	
	\$1,000.00	1610 E Peters Colony		
		·		
		Carrollton, TX 75007		
	PURPOSE		<u>, (</u>	Description
	OF	Salaries/Wages/Contract Labor	, [	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		į	Check if Austin, TX, officeholder living expense
			;	social medial management
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ıt	Office held
	pondition to bonom 0/01			

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to co	mpl	lete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)
	Sch: 11/52 Rpt: 31/75	Jun, John Y. (Mr.)		00088239	
4	Date	5 Payee name		-	
	08/18/2024	Chevron			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$11.39	1901 E Belt Line Rd			
		Carrollton, TX 75006			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description	
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
	LAPENDITORE			Check if Austin, TX, officeholder living expense	
				drinks	
_	Complete ONLY if direct	Condidate/Officeholder source		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	t Office held	
_					
	Date	Payee name			
	07/10/2024	Costco Warehouse			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$203.25	851 State Hwy 121			
		Lewisville, TX 75067			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense campaign meeting	
				campaign meeting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	l laht	t Office held	
	expenditure to benefit C/O		· 5···		
	Date	Payee name			
	10/05/2024	Costco Warehouse			
	Amount (\$)	Payee address; City; State; Zip Co	nde		
	\$101.19	851 State Hwy 121	Juc		
	Ψ101.13	ool otate my 121			
		Lewisville, TX 75067			
	DUDD005		<i>a</i> >		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense	
				campaign meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	t Office held	
	expenditure to benefit C/O	1			
_					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/52 Rpt: 32/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	08/09/2024	Damasita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.50	2564 Royal Ln
		Dallas, TX 75229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meeting
		Campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/17/2024	Damasita
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	2564 Royal Ln
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Volunteer meal
		volunteer mear
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	08/20/2024	Damasita
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.99	2564 Royal Ln
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  volunteer meal
		volunteer mear
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/52 Rpt: 33/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	08/24/2024	Damasita
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.49	2564 Royal Ln
		Dallas, TX 75229
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		volunteer meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	08/30/2024	Damasita
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$20.49	2564 Royal Ln
	Ψ20.40	2004 Noyai Eii
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  volunteer meal
		Volunteer mean
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	08/31/2024	Damasita
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.38	2564 Royal Ln
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  volunteer meal
		volunteer mear
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 14/52 Rpt: 34/75	Jun, John Y. (Mr.) 00088239	
4	Date	5 Payee name	_
	09/03/2024	Damasita	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.18	2564 Royal Ln	
		Dallas, TX 75229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense  volunteer meal	
		volunteer mear	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	09/05/2024	Damasita	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.56	2564 Royal Ln	
	420.00	200 1 10941 211	
		Dallas, TX 75229	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		volunteer meal	
L			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	experience to benefit of or		_
	Date	Payee name	
	09/06/2024	Damasita	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.56	2564 Royal Ln	
		Dallas, TX 75229	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		volunteer meal	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г			

#### 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: 15/52 Rpt: 35/75	2 FILER NAME Jun, John Y. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088239
4	Date 08/23/2024	5 Payee name Ecclesia Bakery		
6	Amount (\$) \$68.39	7 Payee address; City; State; Zip Cod 804 S MacArthur Blvd Coppell, TX 75019	le	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date 09/17/2024	Payee name Ecclesia Bakery		
	Amount (\$) \$48.80	Payee address; City; State; Zip Cod 804 S MacArthur Blvd Coppell, TX 75019	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 09/19/2024	Payee name Ecclesia Bakery		
	Amount (\$) \$23.57	Payee address; City; State; Zip Cod 804 S MacArthur Blvd Coppell, TX 75019	le	
	PURPOSE OF EXPENDITURE			Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
ĺ				

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 16/52 Rpt: 36/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		-
	09/27/2024	Ecclesia Bakery		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$33.03	804 S MacArthur Blvd		
		Coppell, TX 75019		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	-		Check if Austin, TX, officeholder living expense
				campaign meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office souç H	ght	Office held
	Date	Payee name		
	09/12/2024	Fedex		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$9.18	2141 N Josey Ln		
		Carrollton, TX 75006		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				campaign material
	Complete ONLY if direct	Candidate/Officeholder name Office sour	abt	Office held
	expenditure to benefit C/O	•	ynı	Office field
	Date	Payee name		
	07/31/2024	Geico		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$300.92	P.O. Box 9506		
		Fredericksburg, VA 22403		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Van insurance
				· an modification
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/Ol		ອາເເ	Office Held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services  The Instruction Guide expla		ages	s/Contract Labor OTHER (enter a category not listed above)
1	Total pages Cahadula F1:	12	FILER NAME			3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1:					
	Sch: 17/52 Rpt: 37/75		Jun, John Y. (Mr.)			00088239
4	Date	5	Payee name			
	07/06/2024		Han Bat shul lung tang			
6	Amount (\$)	7	Payee address; City; St	tate; Zip Cod	de	
•	\$118.44	ľ	2257 Royal Ln #101	,р оо		
	Ψ110.44		2237 Noyai Eii #101			
			Dallas, TX 75229			
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description
	OF		Event Expense			Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		·			Check if Austin, TX, officeholder living expense
						campaing meeting
9	Complete ONLY if direct	(	Candidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/OI	Н		·		
	Date		Payee name			
	10/02/2024		Han Bat shul lung tang			
	Amount (\$)	┝		tate; Zip Cod	do	
	` ,			iale, Zip Col	ue	
	\$39.55		2257 Royal Ln #101			
			Dallas, TX 75229			
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description
	OF		Food/Beverage Expense	o concauto,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		, in the state of			Check if Austin, TX, officeholder living expense
						volunteer meal
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/OF	Н				
	Data	Η	Device name			
	Date		Payee name			
	07/29/2024		Home Depot			
	Amount (\$)		Payee address; City; St	tate; Zip Co	de	
	\$152.85		8555 Home Depot Dr			
			Irving, TX 75063			
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description
	OF		Advertising Expense	,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		3			Check if Austin, TX, officeholder living expense
						campaign material
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/O				٠.	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/52 Rpt: 38/75	Jun, John Y. (Mr.)	00088239
4	Date	5 Payee name	
	08/25/2024	Home Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$461.84	8555 Home Depot Dr	
		Irving, TX 75063	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Advertising Expense	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense gn material
		Campai	gii material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office Held
_	Date	Payee name	
	09/09/2024	Home Depot	
_		Payee address; City; State; Zip Code	
	Amount (\$) \$440.51	8555 Home Depot Dr	
	Ψ440.31	6333 Home Depot Di	
		In line TV 75062	
		Irving, TX 75063	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense   III	if Austin, TX, officeholder living expense
		l — l —	gn material
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/04/2024	Home Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$104.89	8555 Home Depot Dr	
		Irving, TX 75063	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Advertising Expense	if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		if Austin, TX, officeholder living expense
		campai	gn material
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	•	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 19/52 Rpt: 39/75	2 FILER NAME Jun, John Y. (Mr.) 3 Filer ID (Ethics Commission Filers) 00088239
<b>4</b> Date 07/25/2024	5 Payee name Hot Stone
6 Amount (\$) \$67.62	7 Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/02/2024	Payee name Hot Stone
Amount (\$) \$22.97	Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/07/2024	Payee name Hot Stone
Amount (\$) \$22.97	Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 20/52 Rpt: 40/75	2 FILER NAME Jun, John Y. (Mr.) 3 Filer ID (Ethics Commission Filers) 00088239
4	Date 08/22/2024	5 Payee name Hot Stone
6	Amount (\$) \$29.97	7 Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  volunteer meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/26/2024	Payee name Hot Stone
	Amount (\$) \$22.97	Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  volunteer meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/09/2024	Payee name Hot Stone
	Amount (\$) \$29.77	Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense volunteer meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/52 Rpt: 41/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	09/11/2024	Hot Stone
6	Amount (\$) \$31.94	7 Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense volunteer meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2024	Hot Stone
	Amount (\$) \$15.97	Payee address; City; State; Zip Code  2330 Royal Lane  #300  Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense volunteer meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/13/2024	Payee name Hot Stone
	Amount (\$) \$36.77	Payee address; City; State; Zip Code 2330 Royal Lane #300 Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense volunteer meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/52 Rpt: 42/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		<b>'</b>
	09/19/2024	Hot Stone		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$22.97	2330 Royal Lane		
		#300		
		Dallas, TX 75229		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  volunteer meal
				volunteer meai
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	thr	Office held
	expenditure to benefit C/OI		J	Since held
-	Date	Payee name		
	08/12/2024	Hwang, Joyce		
_	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$1,000.00	8348 Trinity Vista Trl		
		•		
		Hurst, TX 76053		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				sign install
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		J C	Office field
-	Date	Payee name		
	07/30/2024	Komone		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$22.00	11407 Emerald St		
		Dallas, TX 75229		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				campaing meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		JIIL	Office field
-				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/52 Rpt: 43/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	08/02/2024	Komone
6	Amount (\$) \$22.00	7 Payee address; City; State; Zip Code 11407 Emerald St  Dallas, TX 75229
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/06/2024	Komone
	Amount (\$) \$27.00	Payee address; City; State; Zip Code 11407 Emerald St  Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/07/2024	Payee name Komone
	Amount (\$) \$37.88	Payee address; City; State; Zip Code 11407 Emerald St
		Dallas, TX 75229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/52 Rpt: 44/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	08/08/2024	Komone
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	11407 Emerald St
		Dallas, TX 75229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meeting
		campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	Davis same
	Date	Payee name
	08/10/2024	Komone
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.00	11407 Emerald St
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 08/11/2024	Payee name
		Komone
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.00	11407 Emerald St
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  volunteer
		volunteer
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Condit Contributions

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/52 Rpt: 45/75 Jun, John Y. (Mr.) 00088239 4 Date Payee name 08/14/2024 Komone 6 Amount (\$) Payee address; State; Zip Code \$27.00 11407 Emerald St Dallas, TX 75229 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense volunteer meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/15/2024 Komone Amount (\$) Payee address; City; State; Zip Code \$22.00 11407 Emerald St Dallas, TX 75229 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense volunteer meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/17/2024 Komone Payee address; Amount (\$) City; State; Zip Code \$20.00 11407 Emerald St Dallas, TX 75229 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense volunteer meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/52 Rpt: 46/75	Jun, John Y. (Mr.)	00088239
4	Date	5 Payee name	
	09/13/2024	Komone	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	11407 Emerald St	
		Dallas, TX 75229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 coa/Beverage Expense	vel outside of Texas. Complete Schedule T.
		volunteer n	stin, TX, officeholder living expense
		Volunteer	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	09/20/2024	Komone	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.00	11407 Emerald St	
		Dallas, TX 75229	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	vel outside of Texas. Complete Schedule T.
	EXI ENDITORE		stin, TX, officeholder living expense
		volunteer n	ileai
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<b>9</b>	Office field
-	Date	Payee name	
	09/21/2024	Komone	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.00	11407 Emerald St	
	421.00		
		Dallas, TX 75229	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		volunteer n	neal
	Commiste ONE V. C.	Condidate/Officeholder no Tra	Office keld
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		

### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimburgense Loan Reimburgense Loan

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office O
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/52 Rpt: 47/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	09/24/2024	Komone
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.80	11407 Emerald St
		Dallas, TX 75229
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		volunteer meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	10/04/2024	Komone
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.80	11407 Emerald St
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		volunteer meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/01/2024	Korea House
	Amount (\$)	Payee address; City; State; Zip Code
	\$584.27	2598 Royal Ln
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Campaign meeting
		Campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/52 Rpt: 48/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		·
	08/02/2024	Korea House		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$33.54	2598 Royal Ln		
		Dallas, TX 75229		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign meeting
				Campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
	expenditure to benefit C/OI		,	Since held
_	Date	Payee name		
	09/23/2024	Korea House		
	Amount (\$)	Payee address; City; State; Zip Cod	de.	
	\$23.80	2598 Royal Ln		
	Ψ20.00	2000 (10)41 211		
		Dallas, TX 75229		
_	PURPOSE	T	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	r courseverage Expense		Check if Austin, TX, officeholder living expense
				volunteer meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	<u>'</u>			
	Date	Payee name		
	08/13/2024	Kulsum Speedy Shop		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$5.41	2525 N Josey Ln		
		Carrollton, TX 75006		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				drink
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
_				

### 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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/52 Rpt: 49/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		-
	08/14/2024	Kulsum Speedy Shop		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$9.40	2525 N Josey Ln		
		Carrollton, TX 75006		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	( - ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	5		Check if Austin, TX, officeholder living expense
				drinks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	07/29/2024	Lowe's		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$137.37	1253 E Trinity MIs Rd		
		Carrollton, TX 75006		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign material
				campaign material
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Office field
	Data			
	Date 08/13/2024	Payee name		
		Lowe's		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$302.43	1253 E Trinity MIs Rd		
		_		
		Carrollton, TX 75006		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				campaign material
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		J	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/52 Rpt: 50/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	09/24/2024	Luggage Unlimited
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$159.00	1453 Harry Hines Blvd
		Dallas, TX 75229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign material
		ouripaign material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
		Payee name McDonald's
	09/22/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.72	2475 royal lane
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  volunteer meal
		volunteer mean
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name McDonald's
	10/04/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.23	2475 royal lane
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  volunteer meal
		volunteer mear
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 31/52 Rpt: 51/75	Jun, John Y. (Mr.)		00088239				
4	Date	5 Payee name		-				
	08/04/2024	Midway Car Care						
6	Amount (\$)	7 Payee address; City; State; Zip Code	le					
	\$4.99	4020 Midway Rd						
		Carrollton, TX 75007						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE			Check if Austin, TX, officeholder living expense				
				drinks				
_	0 1: 0 1: 0			000				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	ht	Office held				
	Date	Payee name						
	09/11/2024	Murphy Nasica						
	Amount (\$)	Payee address; City; State; Zip Code	le					
	\$3,500.00	919 Congress Ave.						
		Austin, TX 78701						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense consulting fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held				
	expenditure to benefit C/OI							
	Date	Payee name						
	07/21/2024	Naju Myeonok						
	Amount (\$)	Payee address; City; State; Zip Code	او					
	\$74.91	2625 Old Denton Road						
	Ψ1 1101	#320						
		Carrollton, TX 75007						
	DUDDOOF		1-1					
	PURPOSE OF	, -	(D)	Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense				
				campaign meeting				
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI	1						

### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 32/52 Rpt: 52/75	2 FILER NAME Jun, John Y. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088239
4	Date 08/12/2024	5 Payee name Naju Myeonok	
	Amount (\$) \$101.70	7 Payee address; City; State; Zip Code 2625 Old Denton Road #320 Carrollton, TX 75007	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/13/2024	Payee name Naju Myeonok	
	Amount (\$) \$73.76	Payee address; City; State; Zip Code 2625 Old Denton Road #320 Carrollton, TX 75007	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/27/2024	Payee name Naju Myeonok	
	Amount (\$) \$36.38	Payee address; City; State; Zip Code 2625 Old Denton Road #320 Carrollton, TX 75007	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense volunteer meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
•	Sch: 33/52 Rpt: 53/75	Jun, John Y. (Mr.)  00088239					
4	Date	5 Payee name					
	09/08/2024	Naju Myeonok					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$56.69	2625 Old Denton Road					
		#320					
		Carrollton, TX 75007					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Food/Beverage Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		campaign meeting					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/22/2024	Naju Myeonok					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$163.75	2625 Old Denton Road					
		#320					
		Carrollton, TX 75007					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		campaign meeting					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/25/2024	Orangewood Inn & Suite					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$83.73	9121 N interstate hwy 35					
		,					
		Austin, TX 78753					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  campaign meeting					
		- Campaign meeting					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	orponancio di zononi orom						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 34/52 Rpt: 54/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		•
l	08/06/2024	Osaka Sushi		
6	Amount (\$) \$45.96	7 Payee address; City; State; Zip Cod 4350 Belt Line Rd Irving, TX 75001	de	
8	PURPOSE OF EXPENDITURE		(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	08/21/2024	Pan Acean		
	Amount (\$) \$33.54	Payee address; City; State; Zip Cod 777 S MacArthur Blvd	de	
		Coppell, TX 75019		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 08/22/2024	Payee name Pan Acean		
	Amount (\$) \$32.46	Payee address; City; State; Zip Cod 777 S MacArthur Blvd	de	
		Coppell, TX 75019		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/52 Rpt: 55/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	10/06/2024	Pho Empire
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.50	3591 N Belt Line Rd
		irving, TX 75062
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		volunteer meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/03/2024	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.64	1225 W Trinity Mills Road
		Carrollton, TX 75006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		storage fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/03/2024	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.23	1225 W Trinity Mills Road
		Carrollton, TX 75006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Storage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/52 Rpt: 56/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	09/03/2024	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.00	1225 W Trinity Mills Road
		Carrollton, TX 75006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		storage
Ļ	Operation ONLY if dispert	Occasional Office health and a second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	10/03/2024	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	1225 W Trinity Mills Road
		Carrollton, TX 75006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Storage
		Storage
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	09/03/2024	RS Auto Care
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	11579 Harry Hines Blvd
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		flat tire fix
L	Commission ON II V 15 allians	Condidate/Officeholder name
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		
L		

### 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

Great Cara r ayment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 37/52 Rpt: 57/75	Jun, John Y. (Mr.)	00088239
4 Date 08/13/2024	5 Payee name Racetrac	
6 Amount (\$) \$70.81	<b>7</b> Payee address; City; State; Zip C 15196 Marsh Ln	ode
	Addison, TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gas
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
07/16/2024	Rogers, Brett	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,000.00	4514 Edinburgh Drive	
	Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) website	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense website
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
09/17/2024	Royal Wok	
Amount (\$) \$45.80	Payee address; City; State; Zip C 2560 Royal Lane	ode
	Dallas, TX 75229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense volunteer meal
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/52 Rpt: 58/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	07/03/2024	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.50	1213 Market PI Blvd
		Irving, TX 75063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meeting
		Campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Programme
		Payee name Shell Oil
	08/06/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	9975 N. MacArthur Blvd
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  drink
		ullik
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	08/09/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.07	9975 N. MacArthur Blvd
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		gad
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
1		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 39/52 Rpt: 59/75	Jun, John Y. (Mr.)	00088239
4 Date	5 Payee name	
08/13/2024	Shell Oil	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$2.69	9975 N. MacArthur Blvd	
	Irving, TX 75063	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		drink
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		-
Date	Payee name	
08/19/2024	Shell Oil	
Amount (\$)	Payee address; City; State; Zip	Code
\$6.31	9975 N. MacArthur Blvd	
Ψ0.01	ST. O TH. IMAG. WING. BIVA	
	Irving, TX 75063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense drink
		GITIK
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		one nou
Date	Payoo namo	
08/24/2024	Payee name Shell Oil	
Amount (\$)	Payee address; City; State; Zip	Code
\$69.12	9975 N. MacArthur Blvd	Couc
Ψ09.12	3373 IV. IVIQUALITIAL DIVU	
	Irving, TX 75063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
EAFEINDITURE	Expense	Check if Austin, TX, officeholder living expense
		gas
Commission ONU V. C.	Considerate (Office Included and Included an	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services  The Instruction Guide				OTHER (enter a	category not listed abo	ove)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
L	Sch: 40/52 Rpt: 60/75	Jun, John						00088239		
4	Date	5 Payee name	9							
	09/03/2024	Shell Oil								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip 0	Code					
	\$21.11	9975 N. Ma	acArthur Blvd							
		Irving, TX	75063							
8	PURPOSE OF		See Categories listed at the t		(b)	Description				
	EXPENDITURE		tion Equipment And	d Related		=		ide of Texas. Com , officeholder living	plete Schedule T.	
		Expense				gas	, 1,	, onicendider living	g expense	
						guo				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	l ought			Office he	eld	
	experiorare to benefit C/O	П								
Г	Date	Payee name	9							
	10/05/2024	Sign Expre	ess ess							
H	Amount (\$)	Payee addre	ess; City;	State; Zip (	Code					
	\$335.03	11131 Der	iton Dr							
		Dallas, TX	75229							
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	j Expense			<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						campaign ma			у схрепас	
						oupa.g				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	l ought			Office he	eld	
L										
	Date	Payee name	9							
	07/30/2024	Sunny's Ma	art							
	Amount (\$)	Payee addre	ess; City;	State; Zip 0	Code					
	\$9.41	3900 Jose	y Ln							
		Farmers B	ranch, TX 75234		_					
	PURPOSE	(a) Category (S	See Categories listed at the t	op of this schedule)	(b)	Description	_			
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.	
						drinks	, TX	, officeholder living	g expense	
						UTITING				
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	llapt			Office he	ald	
	expenditure to benefit C/O		ncentiuei name	Office SC	Jugiii			Onice H	ziu –	
L	•									
L										
_										

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
l	Sch: 41/52 Rpt: 61/75	Jun, John Y. (Mr.)		00088239			
4	Date	5 Payee name					
l	08/05/2024	Texaco Gas Station					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
l	\$3.24	9401 N. MacArthur Blvd.					
l							
l		Irving, TX 75063					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITORE			Check if Austin, TX, officeholder living expense			
l				drinks			
Ļ	Complete ONLY if direct	Condidate/Officeholder name	, au la t	Office held			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugni	Office field			
⊨							
l	Date	Payee name					
L	08/06/2024	Texaco Gas Station					
l	Amount (\$)	Payee address; City; State; Zip Co	ode				
l	\$32.55	9401 N. MacArthur Blvd.					
l							
L		Irving, TX 75063					
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
l	EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
l		Expense		gas			
l							
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held			
l	expenditure to benefit C/OI	1					
	Date	Payee name					
l	08/07/2024	Texaco Gas Station					
┢	Amount (\$)	Payee address; City; State; Zip Co	ode				
l	\$9.73	9401 N. MacArthur Blvd.					
l							
l		Irving, TX 75063					
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF	Food/Beverage Expense	` ´	Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	·		Check if Austin, TX, officeholder living expense			
l				drinks			
dash	Operation ONE VIII I	Outdidate/Officeholders		Office I I I			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ught	Office held			

### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food//
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 42/52 Rpt: 62/75	Jun, John Y. (Mr.) 00088239				
4	Date	5 Payee name				
	09/14/2024	The Jinkook				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$36.37	1012 Mac Arthur Dr #144				
		Carrollton, TX 75007				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	LXI ENDITORE	Check if Austin, TX, officeholder living expense				
		volunteer meal				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/Ol					
	Date	Payee name				
	08/28/2024	United Express Gas Station				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.96	700 N Denton Tap				
		Coppell, TX 75019				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		drink				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	Date	Payee name				
	10/03/2024	Viscusi, Alex (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7,349.63	1112 Lopo Road				
		Flower Mound, TX 75028				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		campaign material				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	experientare to benefit 6/01	•				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 43/52 Rpt: 63/75	2 FILER NAME Jun, John Y. (Mr.)  3 Filer ID (Ethics Commission Filers) 00088239
4	Date	5 Payee name
6	08/20/2024 Amount (\$)	Walmart  7 Payee address; City; State; Zip Code
	\$6.04	4025 Old Denton Rd
		Carrollton, TX 75007
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense drink
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/22/2024	Payee name Walmart
	Amount (\$) \$3.19	Payee address; City; State; Zip Code 4025 Old Denton Rd
		Carrollton, TX 75007
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  drink
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/20/2024	Payee name Yun Design
	Amount (\$) \$52.50	Payee address; City; State; Zip Code 2625 Old Denton Road
		Carrollton, TX 75007
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign material
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 44/52 Rpt: 64/75	Jun, John Y. (Mr.) 00088239	
4	Date	5 Payee name	
	09/30/2024	Yun Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$122.50	2625 Old Denton Road	
		Carrollton, TX 75007	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		campaign material	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
F	Date	Payee name	
	08/12/2024	Yun, Rex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	1600 Village Dr	
		#1328	
		Euless, TX 76039	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		sign install help	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	•	
_	Date	Payes name	
	09/12/2024	Payee name Yun, Rex	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1600 Village Dr	
	Ψ1,000.00	#1328	
		Euless, TX 76039	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		sign install help	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
l			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/52 Rpt: 65/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	10/05/2024	Zion Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.76	2405 S Stemmons Fwy
		Lewisvile, TX 75067
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign meeting
		ounipalign modulig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
	09/26/2024	Payee name bucee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.79	165 US-77
		Hillsboro, TX 76645
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		gas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/16/2024	car spa
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	3690 Belt Line Rd
		farmers branch, TX 75234
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense oil change
		Oil Change
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 46/52 Rpt: 66/75	Jun, John Y. (Mr.)	00088239				
4	Date	5 Payee name					
	08/17/2024	car spa					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$4.10	3690 Belt Line Rd					
		farmers branch, TX 75234					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	rintion				
ľ	OF	· · · · · · · · · · · · · · · · · · ·	neck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	l □ ch	neck if Austin, TX, officeholder living expense				
		drink	3				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	- cxportations to bottom Grou	'					
	Date	Payee name					
	08/29/2024	cho dang village					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$36.38	2625 Old Denton Rd #404					
		Carrollton, TX 75007					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desci	ription				
	OF EXPENDITURE	Food/Beverage Expense	neck if travel outside of Texas. Complete Schedule T.				
		I — I —	neck if Austin, TX, officeholder living expense  nteer meal				
		Volui	nteer mear				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI		Office field				
-	Data						
	Date 09/14/2024	Payee name cho dang village					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$48.19	2625 Old Denton Rd #404					
		Compliant TV 75007					
		Carrollton, TX 75007					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription neck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	1 000/Develage Expense	neck if Austin, TX, officeholder living expense				
			paign meeting				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	1					
l							

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 47/52 Rpt: 67/75	2 FILER NAME Jun, John Y. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088239
4	Date 09/25/2024	5 Payee name daldongnae	·
6	Amount (\$) \$81.16	7 Payee address; City; State; Zip Code 11445 Emerald St	
		dallas, TX 75229	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/29/2024	Payee name daldongnae	
	Amount (\$) \$19.47	Payee address; City; State; Zip Code 11445 Emerald St dallas, TX 75229	
	PURPOSE OF EXPENDITURE	T	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  volunteer meal
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought	Office held
	Date 09/30/2024	Payee name daldongnae	
	Amount (\$) \$145.14	Payee address; City; State; Zip Code 11445 Emerald St	
		dallas, TX 75229	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 48/52 Rpt: 68/75	Jun, John Y. (Mr.)		00088239
4	Date	5 Payee name		<u>'</u>
l	10/05/2024	daldongnae		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$31.37	11445 Emerald St		
l				
l		dallas, TX 75229		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  Volunteer meal
l				volunteer meta
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ıaht	Office held
	expenditure to benefit C/OI		5	
F	Date	Payee name		
l	08/19/2024	maht gaek		
┝	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$43.28	2625 Old Denton Rd #540		
l				
l		Carrollton, TX 75007		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORE			Check if Austin, TX, officeholder living expense
l				volunteer meal
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
l	expenditure to benefit C/OI		.g	C.IISC IISC
H	Date	Payee name		
l	08/19/2024	maple mart		
┝	Amount (\$)	Payee address; City; State; Zip Co	nde	
l	\$13.07	1301 E Belt Line Rd		
l				
l		Coppell, TX 75019		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	( )	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	-		Check if Austin, TX, officeholder living expense
				drink
$\vdash$	Complete ONLY if direct	Condidate/Officeholder name	labt	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgrıt	Office held
-				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	<u> </u>	-
	· · ·		
L	Sch: 49/52 Rpt: 69/75	Jun, John Y. (Mr.) 00088239	_
4	Date	5 Payee name	
	08/20/2024	maple mart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.80	1301 E Belt Line Rd	
		Coppell, TX 75019	
8	PURPOSE		_
o	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		drinks	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
١	expenditure to benefit C/O		
$\vdash$	Data		=
	Date	Payee name	
	09/16/2024	maple mart	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.69	1301 E Belt Line Rd	
		Coppell, TX 75019	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense	
		gas	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	expenditure to beliefft C/Of		
	Date	Payee name	
	09/28/2024	maple mart	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$60.45	1301 E Belt Line Rd	
		Coppell, TX 75019	
_	DUDDOCE		4
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
			-

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)
l	Sch: 50/52 Rpt: 70/75	Jun, John Y. (Mr.)	00088239
4	Date	5 Payee name	
	10/04/2024	maple mart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$82.68	1301 E Belt Line Rd	
l			
l		Coppell, TX 75019	
8	PURPOSE	<u> </u>	
ľ	OF	1	of Texas. Complete Schedule T.
l	EXPENDITURE		fficeholder living expense
l		gas	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialiture to beriefit C/Oi	/П	
	Date	Payee name	
	09/10/2024	musiro	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$42.79	625 Old Denton Rd Apt 310	
l			
		carrollton, TX 75007	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense	of Texas. Complete Schedule T.
l	EXPENDITORE	—	fficeholder living expense
		campaign meeting	9
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	•	Office field
⊨	<u> </u>	T -	
l	Date	Payee name	
L	09/24/2024	musiro	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$194.34	625 Old Denton Rd Apt 310	
l			
L		carrollton, TX 75007	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	1 000/Develage Expense	of Texas. Complete Schedule T.  fficeholder living expense
l		campaign meeting	
			•
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
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### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/52 Rpt: 71/75	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	10/01/2024	musiro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$211.99	625 Old Denton Rd Apt 310
		carrollton, TX 75007
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meeting
		Campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
	08/21/2024	Payee name
		office depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.78	2660 Old Denton Road
		Carrollton, TX 75007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign material
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/23/2024	Payee name
		office depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$721.15	2660 Old Denton Road
		Carrollton, TX 75007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign material
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Polition Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 52/52 Rpt: 72/75	Jun, John Y. (Mr.) 00088239
4 Date	5 Payee name
09/20/2024	one don
6 Amount (\$) \$32.45	7 Payee address; City; State; Zip Code 11434 Emerald St #108  dallas, TX 75229
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense volunteer meal
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/31/2024	quiktrip
Amount (\$) \$72.96	Payee address; City; State; Zip Code  1484 S Belt Line Rd  Coppell, TX 75019
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gas
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

# **PURCHASE OF INVESTMENTS FROM POLITICAL** SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 73/75 (Ethics Commission Filers) 2 FILER NAME 3 Filer ID Jun, John Y. (Mr.) 00088239 Date 5 Name of person from whom investment is purchased 07/13/2024 Las Vegas Motors 6 Address of person from whom investment is purchased; City; State; Zip Code 3949 Elm Grove Road Rowlett, TX 75089 Description of investment cargo van 8 Amount of investment (\$) 6,200.00

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 74/75 Jun, John Y. (Mr.) 00088239 Date Payee name 07/13/2024 Jun, John (Mr.) 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 619 Allen Road Reimbursement from political contributions intended Coppell, TX 75019 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense 500 deposit for cargo van purchase Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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	The Instruction Guide explains how to complete this form.				pages Schedule K: 1/1 Rpt: 75/75	
2	FILER NAME		3 F	iler ID	(Ethics Commission	Filers)
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┝	Date	5 Name of person from whom amount is received			8 Amount (\$)	
*					<b>δ</b> Amount (φ)	<sub>ው</sub> ን ንስ
l	07/31/2024	Capitall One				\$2.29
l		6 Address of person from whom amount is received; City; State; Zip Code				
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l		Coppell, TX 75019				
l		7 Purpose for which amount is received	olitica	d contr	ibution returned to filer	
l		interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	08/31/2024	Capitall One			<b>(</b> ',	\$1.85
l		Address of person from whom amount is received; City; State; Zip Code				,
l		Address of person from whom amount is received, City, State, 2ip Code				
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l		Coppell, TX 75019				
l			olition	l contr	ibution returned to filer	
l	Purpose for which amount is received				ibution returned to liler	
L						
l	Date	Name of person from whom amount is received			Amount (\$)	
l	09/30/2024	Capitall One				\$2.35
l		Address of person from whom amount is received; City; State; Zip Code				
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l		Coppell, TX 75019				
l		Purpose for which amount is received	olitica	ıl contr	ibution returned to filer	
l	interest					
F	Date Name of person from whom amount is received				Amount (\$)	
l	07/03/2024 Public Storage				γο α (ψ)	\$21.64
l						Ψ21.01
l	Address of person from whom amount is received; City; State; Zip Code					
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l		Carrollton, TX 75006				
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