FORM DCE COVER SHEET PG 1

The DCE Instruction G	uide explains how to comp	lete this form.	1 Filer ID (Ethics Commission 00066940	n Filers)	2 Total pages file 3:		
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
	NICKNAME	LAST		SUFFIX	Date Received ELECTRONICA	III V EII ED	
		Koch, Inc.			10/28/2024	CELLICE	
4 FILER ADDRESS	ADDRESS / PO BOX; AF		ΓΥ; STATE;	ZIP CODE	1		
 	4111 East 37th Street N	orth			Date Hand-delivered or	Date Postmarked	
Change of Address	Wichita, KS 67220				Receipt #	Amount	
5 FILER PHONE		ONE NUMBER	EXTENSION		Date Processed		
A DEPORT TYPE	(316) 828-5500				- Bate 1 100csseu		
6 REPORT TYPE	January 15	30	Oth day before election	l	Date Imaged		
	July 15		h day before election				
		∐ R	unoff				
7 PERIOD COVERED	Month Day Year 09/27/2024		HROUGH	Month Day 10/26/202	Year		
	09/27/2024	"	IIIOOGII	10/20/202	4		
8 ELECTION	ELECTION DATE			ELECTION T			
	Month Day Year 11/05/2024		Primary	Runoff	Other		
			General	Special			
9 FILER ACTIVITY	Candidates (Identify by page or if	A. Supported T	he Honorable Ch	risti Craddick Rail	road Commission	er	
7.6	(Identify by name or, if applicable, classify by party.)						
(Attach lists on plain paper to		B. Opposed					
complete this report if							
necessary.)	2. Measures	A. Supported					
	(Describe by date and location of election and nature of issue.)						
		B. Opposed					
	3. Officeholders						
	Assisted (Identify by name or, if						
	applicable, classify by party.)						
		GO ⁻	TO PAGE 2				

FORM DCE COVER SHEET PG 2

FILER NAME			11 Filer ID	(Ethics Commission Filers)
Koch, Inc.		00066940		
1. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS			\$	0.00
	2. TOTAL POLIT	FICAL EXPENDITURES	\$	1,934.8
AFFIDAVIT		l swear, or affirm, unde	er penalty of perjury, that the a	ccompanying report is
		true and correct and in under Title 15, Election	cludes all information required	to be reported by me
			Signature of Filer or	
		Signature of ind	dividual with authority to sign on (only if Filer is an entity)	n behalf of entity
AFFIX NOTARY ST	AMP / SEAL ABOVE			
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day
Signature of office	er administering oath	Printed name of officer administering	oath Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 33

10 FILER NAME				11 Filer ID (Ethics Commission Filers)
Koch, Inc.				00066940
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	The Honorable Jimmy Blacklock	Supreme Court Justice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	The Honorable John Devine Su	preme Court Justice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	The Honorable Jane Bland Supi	reme Court Justice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	3. Officeholders			

FORM DCE ADDENDUM

Page 4 of 33

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Koch, Inc.				00066940	
12 COMMITTEE	1. Candidates	A. Supported	Sen. Paul bettencourt State Sei	nator	
ACTIVITY	(identify by name or, if applicable, classify by party)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)		Sen. Phil King State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(describe by date and location of election and nature of issue)				
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Sen. Juan Hinojosa State Sena	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				

FORM DCE ADDENDUM

Page 5 of 33

					1 age e e e
10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Koch, Inc.				00066940	
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported	Sen. Donna Campbell State Se	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Sen. Morgan LaMantia State S	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Rep. Cody Harris State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				

FORM DCE ADDENDUM

Page 6 of 33

					1 ago o o o o
10 FILER NAME Koch, Inc.				11 Filer ID 00066940	(Ethics Commission Filers)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Trent Ashby State Re		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Stan Gerdes State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Ellen Troxclair State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
	Assisted (identify by name or, if	Э. Оррозос			

FORM DCE ADDENDUM

Page 7 of 33

10 FILER NAME Koch, Inc. 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed B. Opposed	11 Filer ID (Ethics Commission Filers) 00066940 centative
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party) (Attach lists on plain 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed	
ACTIVITY (identify by name or, if applicable, classify by party) (Attach lists on plain B. Opposed	sentative
(Attach lists on plain B. Opposed	
paper to complete this report if necessary.)	
Measures (describe by date and location of election and nature of issue) A. Supported	
B. Opposed	
3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party) A. Supported Rep. Ryan Guillen State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)	
Measures (describe by date and location of election and nature of issue) A. Supported	
B. Opposed	
3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party) A. Supported Rep. Todd Hunter State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)	
Measures (describe by date and location of election and nature of issue) A. Supported	
B. Opposed	
3. Officeholders Assisted	
(identify by name or, if applicable, classify by party)	

FORM DCE ADDENDUM

Page 8 of 33

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Koch, Inc.				00066940	
12 COMMITTEE	1. Candidates	A. Supported	Denise Villalobos State Represe	entative	
ACTIVITY	(identify by name or, if applicable, classify by party)		·		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)		Rep. Oscar Longoria State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(describe by date and location of election and nature of issue)				
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Janie Lopez State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				

FORM DCE ADDENDUM

Page 9 of 33

10 FILER NAME Koch, Inc.					11 Filer ID 00066940	(Ethics Commission Filers)
ROCH, IIIC.					00000940	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Rep. Terry Canale	s State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	Officeholders Assisted (identify by name or, if applicable, classify by party)					
	1					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Rep. Bobby Guerr	a State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
	application diagonly by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Rep. JM Lozano S	State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(identify by name or, if applicable, classify by party)					
	•					

FORM DCE ADDENDUM

Page 10 of 33

Koch, Inc.				11 Filer ID (Ethics Commission Filers)
				00066940
ACTIVITY (ide	Candidates entify by name or, if olicable, classify by party)	A. Supported	Rep. Caroline Harris Davila State	e Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(de loca	Measures escribe by date and ation of election and ture of issue)	A. Supported		
		B. Opposed		
(ide	Officeholders Assisted entify by name or, if olicable, classify by party)			
ACTIVITY (ide	Candidates entify by name or, if olicable, classify by party)	A. Supported	Rep. Jeff Leach State Represent	tative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(de loca	Measures escribe by date and ation of election and ture of issue)	A. Supported		
		B. Opposed		
(ide	Officeholders Assisted entify by name or, if olicable, classify by party)			
A OTIV (ITV (Candidates entify by name or, if plicable, classify by party)	A. Supported	Rep. David Spiller State Represe	entative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(de loca	Measures escribe by date and ation of election and ture of issue)	A. Supported		
		B. Opposed		
	Officeholders Assisted			
(ide	entify by name or, if olicable, classify by party)			

FORM DCE ADDENDUM

Page 11 of 33

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Koch, Inc.		_		00066940	
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)		Rep. Stan Lambert St	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Don McLaughlin State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Brooks Landgraf	State Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(identify by name or, if				

FORM DCE ADDENDUM

Page 12 of 33

10 FILER NAME Koch, Inc							
1. Candidates (Altach lists on plain paper to complete this report if necessary.) 2. Measures (execute by date and localized, execute) by particular, executed by executed							(Ethics Commission Filers)
2. Measures discrimination of election and nature of asset) 3. Officeholders Assisted Genety by same or. if applicable. Clearly by partly applicable. Cle	12 COMMITTEE	(identify by name or, if		Rep. Dustin Burrows	State Repre		
Committee Comm	paper to complete this						
3. Officeholders Assisted (don'th' by namo or, if applicable, classify by party) ACTIVITY 1. Candidate 1. Candi		(describe by date and location of election and	A. Supported				
Assisted (detently by name or, if applicable, classify by party) [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.] [Attach lists on plain paper to complete this report if necessary.]			B. Opposed				
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (describe by date and loating of its principle) 3. Officeholders Assisted (dernity by name or, if applicable, classely by party) 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 13. Candidates (defently by name or, if applicable, classely by party) 14. Candidates (defently by name or, if applicable, classely by party) 15. Opposed 16. Opposed 17. Candidates (defently by name or, if applicable, classely by party) 18. Opposed 19. Opposed 19. Opposed 19. Opposed 20. Measures (describe by date and loating of the party of t		Assisted (identify by name or, if					
paper to complete this report if necessary.) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted (destribly by name or, if applicable, classify by parry) 12. COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 13. Officeholders Assisted (describe by date and location of administration of issue) 14. Supported Rep. Charlie Geren State Representative 15. Opposed 16. Opposed 17. A. Supported Rep. Charlie Geren State Representative 18. Opposed 19. Opposed 20. Measures (describe by date and location of election and nature of issue) 21. A. Supported Rep. Charlie Geren State Representative 22. Measures (describe by date and location of election and nature of issue) 23. Officeholders Assisted 44. Supported Rep. Charlie Geren State Representative 45. Opposed 46. Supported Rep. Charlie Geren State Representative 47. Supported Rep. Charlie Geren State Representative		(identify by name or, if		Rep. Candy Noble S	State Represe	entative	
(describe by date and location of election and nature of issue) B. Opposed 3. Officeholders	paper to complete this		B. Opposed				
3. Officeholders Assisted (identify by name or, if applicable, classify by party) 12. COMMITTEE ACTIVITY 13. Candidates (identify by name or, if applicable, classify by party) 14. Supported Rep. Charlie Geren State Representative (identify by name or, if applicable, classify by party) 15. Candidates (identify by name or, if applicable, classify by party) 16. Supported Rep. Charlie Geren State Representative 17. Candidates (identify by name or, if applicable, classify by party) 18. Opposed 19. Opposed 19. Opposed 20. Measures (identify by name or, if applicable, classify by party) 21. Supported (identify by name or, if applicable, classify by party) 22. Measures (identify by name or, if applicable, classify by party) 23. Officeholders Assisted (identify by name or, if applicable, classify by party)		(describe by date and location of election and	A. Supported				
Assisted (identify by name or, if applicable, classify by party) 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed A. Supported A. Supported B. Opposed B. Opposed			B. Opposed				
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (describe by date and location of election and nature of issue) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed		Assisted (identify by name or, if					
paper to complete this report if necessary.) 2. Measures (describe by date and location of election and nature of issue) A. Supported B. Opposed 3. Officeholders Assisted (identify by name or, if		1		Rep. Charlie Geren	State Repres	sentative	
(describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted (identify by name or, if	paper to complete this		B. Opposed				
3. Officeholders Assisted (identify by name or, if		(describe by date and location of election and	A. Supported				
Assisted (identify by name or, if			B. Opposed				
applicable, classify by party)		Assisted (identify by name or, if					
		applicable, classify by party)					

FORM DCE ADDENDUM

Page 13 of 33

10 FILER NAME Koch, Inc.					11 Filer ID 00066940	(Ethics Commission Filers)
Noch, inc.					00000940	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Angie Bhen Butt	ton State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2 Magguros	^ Supported				
	2. Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Rep. Mike Schofield	State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(describe by date and location of election and nature of issue)	T. Supports				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE	1. Candidates	Λ Sunnorted	Don Mana DeAvala	State Denre	contative	
ACTIVITY	(identify by name or, if applicable, classify by party)		Rep. Mano DeAyala	State Repre	Senialive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
	nature or issue,	B. Opposed				
	Officeholders Assisted					
	(identify by name or, if applicable, classify by party)					

FORM DCE ADDENDUM

Page 14 of 33

	1 490 11 01 00
10 FILER NAME Koch, Inc.	11 Filer ID (Ethics Commission Filers) 00066940
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, applicable, classify by	A. Supported Rep. Lacey Hull State Representative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed
2. Measures (describe by date and location of election an nature of issue)	
	B. Opposed
3. Officeholders Assisted (identify by name or, applicable, classify by	f
12 COMMITTEE 1. Candidates ACTIVITY (identify by name or, applicable, classify by	A. Supported Rep. Mike Pusley Nueces County Commissioner District 1
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed
Measures (describe by date and location of election an nature of issue)	
	B. Opposed
Officeholder: Assisted (identify by name or, applicable, classify by	f
12 COMMITTEE 1. Candidates ACTIVITY (identify by name or, applicable, classify by	A. Supported Mark Scott Corpus Christi City Council At-Large
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed
Measures (describe by date and location of election an nature of issue)	A. Supported
	B. Opposed
Officeholder: Assisted (identify by name or, applicable, classify by	r

FORM DCE ADDENDUM

Page 15 of 33

10 FILER NAME Koch, Inc.						11 Filer ID 00066940	(Ethics Commis	ssion Filers)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Roland Barr	era Corpus (<u> </u>	ity Council At-	Large	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	Measures (describe by date and location of election and nature of issue)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)							
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Everett Roy	Corpus Chri	isti City (Council Distric	t 1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (describe by date and location of election and nature of issue)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)							
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Ben Molina	Corpus Chris	sti City C	Council District	2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (describe by date and location of election and nature of issue)	A. Supported						
		B. Opposed						
	Officeholders Assisted (identify by name or, if							
	applicable, classify by party)							

SUBTOTALS - DCE				FORM DCE	
				C	OVER SHEET PG 3 16 of 33
	ER NAM			15 Filer ID 00066940	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		•	SUBTOTAL AMOUNT
1.	Х	SCHEDULE F1: POLITICAL EXPENDITURE	s		\$ 1,934.83
2.		SCHEDULE F2: UNPAID INCURRED OBLIG	GATIONS		\$
3.		SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD		\$
Forms	provid	ed by Texas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

POLITICAL EXPENDITURES

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 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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/17 Rpt: 17/33	Koch, Inc. 00066940
4 Date	5 Payee name
10/15/2024	Koch, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$184.83	4111 East 37th Street North
Expenditure from corporate funds	Wichita, KS 67220
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Electronic Mailing Check if travel outside of Texas. Complete Schedule T.
	Informational notice sent to employees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Craddick, Christi (The Honorable) Railroad Commissioner Railroad Commissioner
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Hacklock, Jimmy (The Honorable) Supreme Court Justice Place 2 Supreme Court Justice Place 2
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y
	, , , , , , , , , , , , , , , , , , , ,

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 2/17 Rpt: 18/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Bland, Jane (The Honorable) Supreme Court Justice Place 6 Supreme Court Justice Place 6 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Bettencourt, Paul (Sen.) State Senator District 7 State Senator District 7 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH Phil King, Phil (Sen.)

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

www.ethics.state.tx.us

Office sought

State Senator District 10

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

State Senator District 10

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 3/17 Rpt: 19/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Hinojosa, Juan (Sen.) State Senator District 20 State Senator District 20 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Campbell, Donna (Sen.) State Senator District 25 State Senator District 25 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

LaMantia, Morgan (Sen.)

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

State Senator District 27

Office held

State Senator District 27

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 4/17 Rpt: 20/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Harris, Cody (Rep.) State Representative District 8 State Representative District 8 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Ashby, Trent (Rep.) State Representative District 9 State Representative District 9 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Gerdes, Stan (Rep.)

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

State Representative District 17 State Representative District 17

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 5/17 Rpt: 21/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Troxclair, Ellen (Rep.) State Representative District 19 State Representative District 19 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Phelan, Dade (Rep.) State Representative District 21 State Representative District 21 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

Guillen, Ryan (Rep.)

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

State Representative District 31 State Representative District 31

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 6/17 Rpt: 22/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Hunter, Todd (Rep.) State Representative District 32 State Representative District 32 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Villalobos, Denise State Representative District 34 Tuloso-Midway Independent Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Candidate/Officeholder name

Longoria, Oscar (Rep.)

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

State Representative District 35 State Representative District 35

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 7/17 Rpt: 23/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lopez, Janie (Rep.) State Representative District 37 State Representative District 37 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Canales, Terry (Rep.) State Representative District 40 State Representative District 40 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

State Representative District 41 State Representative District 41

Office held

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

Guerra, Bobby (Rep.)

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 8/17 Rpt: 24/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lozano, JM (Rep.) State Representative District 43 State Representative District 43 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Harris Davila, Caroline (Rep.) State Representative District 52 State Representative District 52 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Leach, Jeff (Rep.)

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

State Representative District 67 State Representative District 67

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 9/17 Rpt: 25/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Spiller, David (Rep.) State Representative District 68 State Representative District 68 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Lambert, Stan (Rep.) State Representative District 71 State Representative District 71 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

Candidate/Officeholder name

McLaughlin, Don (Rep.)

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

State Representative District 80

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 10/17 Rpt: 26/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Landgraf, Brooks (Rep.) State Representative District 81 State Representative District 81 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Burrows, Dustin (Rep.) State Representative District 83 State Representative District 83 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

State Representative District 89 State Representative District 89

Office held

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

Noble, Candy (Rep.)

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 11/17 Rpt: 27/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Geren, Charlie (Rep.) State Representative District 99 State Representative District 99 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Chen Button, Angie (Rep.) State Representative District 112 State Representative District Date Payee name

(see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Schofield, Mike (Rep.) State Representative District 132 State Representative District

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services 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 Filer ID (Ethics Commission Filers) 00066940 Sch: 12/17 Rpt: 28/33 Koch, Inc. 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds 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. **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office sou	-	Office held 3 State Representative District	
'	H DeAyala, Mano (Rep.)	Sidle Re	presentative District 133	State Representative District	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE			Check if travel outside o	f Texas. Complete Schedule T.	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office held	
expenditure to benefit C/O			-	3 State Representative District	
	rian, Eacey (Rep.)	- Claic Ne	presentative District 100	S State Representative District	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF	(coo categories notes at the top	or and demodally	l <u>—</u> '	f Texas. Complete Schedule T.	
EXPENDITURE			_		
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held	
expenditure to benefit C/O	H Pusley, Mike	Nueces (Nueces County Commissioner Corpus Christi City		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/17 Rpt: 29/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Scott, Mark Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Barrera, Roland Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Roy, Everett

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Office held

Corpus Christi City Council

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 14/17 Rpt: 30/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Molina, Ben Corpus Christi City Council Date Payee name 10/16/2024 Koch, Inc. Amount (\$) Payee address; City; State; Zip Code \$1,750.00 4111 East 37th Street North Expenditure from Wichita, KS 67220 corporate funds

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 15/17 Rpt: 31/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Hunter, Todd (Rep.) State Representative District 32 State Representative District 32 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Villalobos, Denise (Rep.) State Representative District 34 Tuloso-Midway Independent Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

State Representative District 43 State Representative District 43

Office held

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

Lozano, J.M. (Rep.)

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/17 Rpt: 32/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Pusley, Mike **Nueces County Commissioner** Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Scott, Mark Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Candidate/Officeholder name

Barrera, Roland

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Corpus Christi City Council

Check if travel outside of Texas. Complete Schedule T.

Office held

Corpus Christi City Council

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/17 Rpt: 33/33 Koch, Inc. 00066940 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds 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. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Roy, Everett Corpus Christi City Council Corpus Christi City Council Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Molina, Ben Corpus Christi City Council