CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	nplete this form.	1 Filer ID (Ethics Comm 00088239	,	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST	.1	MI	OFFICE U	ISF ONLY
OFFICEHOLDER NAME	Mr.	John Y.			Date Received ELECTRONICA	
					J	LLIFILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Jun				
4 CANDIDATE /	ADDRESS / PO BOX; AI	PT / SUITE #; CIT	<u>-</u> ΓΥ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	619 Allen Road				Receipt #	Amount
Change of Address	Coppell, TX 75019				Data Praggand	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Judy				
	NICKNAME	LAST		SUFFIX		
		Jun				
				_ · · · · · · · · · · · · · · ·		:> 0005
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO F 619 Allen Road	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA ⁻	TE; ZIP CODE
(Residence or Business)	Coppell, TX 75019					
7 CAMPAIGN TREASURER PHONE	AREA CODE PH	ONE NUMBER	EXTENSION			
8 REPORT TYPE	X January 15 July 15	30th day before		Runoff Exceeded modified	15th day after cam appointment (office Final Report (Attac	eholder only)
	-	_	_	reporting limit	-	
9 PERIOD COVERED	Month Day Yea 10/30/2024		HROUGH	Month Day 12/31/2024	Year 4	
10 ELECTION	ELECTION DATE	I		ELECTION TYPE		
	Month Day Yea	ır 📗 F	Primary	Runoff	Other	
	11/05/2024	X	General	Special		
44 OFFICE	OFFICE LIFL D (if any)			Tag OFFICE SOLICHT	(if Impum)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT State Representa		
	.1					
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Jun, John Y. (Mr.)		14 Filer ID 00088239	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	olitical expenditures made by political c n made without the candidate's or office this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTIONS	S (OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS L'LEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$ 1,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8,937.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINE RIOD	O AS OF THE LAST DAY OF THE	\$ 30,975.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$ 5,000.00
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required t Election Code.	
			Mr. John Y. Jun	
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and s		
Signature of office	cer administering	Printed name of officer admin	istering Title of office	r administering oath

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 17 FILER NAME Jun, John Y. (Mr.) (Ethics Commission Filers) 00088239

18 FILI	ER NAN	(Ethics	Commission Filers)		
Jur	ı, John	Y. (Mr.)	00088239		
		E SUBTOTALS SCHEDULE		SU	IBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,600.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	8,937.42
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
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	\$	8.18

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/17		
2	FILER NAME Jun, John Y.		3	Filer ID (Ethics Commissi 00088239	on Filers)	
4	Date 10/31/2024	5 Full name of contributor out-of-state PAC (ID#:_ Kim, Hyun 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75229				
8	Principal occu business ow	ipation / Job title (See Instructions) Iner	9 Employer (See Instructions Radioactive	s)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Kyesoon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Lewisville, TX 75067				
	Principal occubusiness ow	ıpation / Job title (See Instructions) ıner	s)			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Sang Chun Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing! gage	Frisco, TX 75035	Employer (Coo Instruction	<u></u>		
	clerk	ipation / Job title (See Instructions)	Employer (See Instructions SC IT All Enterprise	5)		

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/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	·		/ages	/Contract Labor		OTHER (enter a	strict category not listed abo	ove)
Ļ		-			ulue explains ii	OW to col	пріс	te tilis lollii.	_		(=::: a : : :	\
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 1/12 Rpt: 5/17		Jun, John Y	. (Mr.)						00088239		
4	Date	5	Payee name									
	11/09/2024		7-Eleven									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$72.67		2145 N Jose	ey Lane								
			Suite 100									
			Carrollton, T	X 75006								
_	PURPOSE	(0)				1	/b\	<u> </u>				
8	OF	(a) 		e Categories listed at		dule)	(a)	Description	outci	do of Toyas Com	iplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	And Related			=		officeholder living	•	
			Ехрепас					gas		·		
								J				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	11/06/2024		Adpop									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$999.00		2625 Old De	enton Rd #454								
			Carrollton, T	X 75007								
	PURPOSE	(a)	Category (sc	e Categories listed at	the ten of this sehe	dulo)	(b)	Description				
	OF	 ` ´	Advertising		ine top of this scriet	uule)	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		, avortioning	<u> Диропоо</u>				Check if Austin,	, TX,	officeholder living	g expense	
								ad material				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	11/12/2024		Benavides,	Carolyn								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$200.00		1022 S Broa	adway S								
				-								
			Carrollton, T	X 75006								
	PURPOSE	(a)	Category (s.	e Categories listed at	the top of this school	dule)	(b)	Description				
	OF	 ` ´		s/Donations Ma		uuic)	` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ttee		Check if Austin,	, TX,	officeholder living	g expense	
								Food drive fo	r ho	omeless		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	H										
l												

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: 2/12 Rpt: 6/17	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	11/06/2024	CVS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.57	4205 N Josey Ln
		Carrollton, TX 75010
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 drinks
		UIIIKS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	11/08/2024	Cafe Mozart
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$17.31	1420 Emerald St
	Ψ17.51	1420 Entrad of
		Dallas, TX 75229
	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 drinks
		UIIIKS
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/03/2024	Costco Warehouse
H	Amount (\$)	Payee address; City; State; Zip Code
	\$263.99	851 State Hwy 121
	Ψ200.00	551 State 1111) 121
		Lewisville, TX 75067
Г	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 volunteer dinner
		volunteer diffrier
\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 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: 3/12 Rpt: 7/17	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	12/25/2024	Costco Warehouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.01	851 State Hwy 121
		Lewisville, TX 75067
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense volunteer gift
		volunteer gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/02/2024	Crown Wholesale
H	Amount (\$)	Payee address; City; State; Zip Code
	\$96.00	11311 Harry Hines Blvd
	φοσ.σσ	#101
L		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign event
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/03/2024	Dollar Tree
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.06	325 S Stemmons Fwy # 501
		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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		event material
_	Complete ONLY if divert	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

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: 4/12 Rpt: 8/17	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	11/22/2024	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.12	325 S Stemmons Fwy # 501
		Lewisville, TX 75067
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense volunteer gift bags
		volunteer gilt bags
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davisa nama
	11/11/2024	Payee name Foologie Pakeny
		Ecclesia Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.55	804 S MacArthur Blvd
		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 volunteer meal
		volunteer mean
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/03/2024	HMart
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,330.00	625 Old Denton Rd
	Ψ1,330.00	
		#200
		Carrollton, TX 75007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		volunteer dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By - Gitt/Awards/Memorials Ex

nt Expense Loan Repayment/Reimbursement s Office Overhead/Rental Expense d/Beverage Expense Polling Expense Printing Expense al Services Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 5/12 Rpt: 9/17	2 FILER NAME Jun, John Y. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088239
4	Date 11/05/2024	5 Payee name HMart	
6	Amount (\$) \$2.15	7 Payee address; City; State; Zip Code 625 Old Denton Rd #200 Carrollton, TX 75007	
8	PURPOSE OF EXPENDITURE	1 ocurbe verage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/15/2024	Payee name Hwang, Joyce	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 8348 Trinity Vista Trl Hurst, TX 76053	
	PURPOSE OF EXPENDITURE	Salaties/ Wages/Contract Eabor	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/05/2024	Payee name Incheon Food	
	Amount (\$) \$275.00	Payee address; City; State; Zip Code 841 N Belt Line Rd Irving, TX 75061	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> 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 Cor

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: 6/12 Rpt: 10/17	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	11/01/2024	Jun, Judy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,650.00	619 Allen Road
		Coppell, TX 75019
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 dinner cost reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/12/2024	KTN News
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2356 Glenda Ln
		Dallas, TX 75229
	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
		news ad
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/12/2024	Komone
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.00	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 volunteer meal
		volunteer mear
_	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 Comm

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: 7/12 Rpt: 11/17	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	11/03/2024	Kroger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.42	950 E Sandy Lake
		Coppell, TX 75019
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 volunteer dinner
		volunteer diffrier
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	David and the second se
	11/05/2024	Payee name
L		Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.40	950 E Sandy Lake
		Coppell, TX 75019
	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 volunteer meal
		Volunteer mean
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davisa nama
	11/04/2024	Payee name Kulsum Speedy Shop
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.56	2525 N Josey Ln
		Carrollton, TX 75006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense gas
1		3
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting 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: 8/12 Rpt: 12/17	Jun, John Y. (Mr.) 00088239
4	Date	5 Payee name
	11/06/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.58	2475 royal lane
		Dallas, TX 75229
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
		volunteer meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	1225 W Trinity Mills Road
	Ψ33.00	1225 W Trinity Willis Noud
		O
		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
		Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/03/2024	Trader Joe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.98	120 S Denton Tap Road
		Coppell, TX 75019
	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
		Volunteer dinner expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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

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

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

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	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: 9/12 Rpt: 13/17	Jun, John Y. (Mr.) 00088239				
4	Date	5 Payee name				
	12/12/2024	Weekly Focus News				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	1028 Mac Arthur Dr #104					
		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				
		news ad				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/15/2024	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. Check if Austin, TX, officeholder living expense				
		helper wage				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/03/2024	daldongnae				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$32.45	11445 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/OI	1				
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SCHEDULE F1

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

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

Event Expense Loan Repaym
Fees Office Overhe
Food/Beverage Expense Polling Expen
Gitt/Awards/Memorials Expense Printing Expen
Legal Services Salaries/Wago

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/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: 10/12 Rpt: 14/17	Jun, John Y. (Mr.) 00088239	
4	Date	5 Payee name	
	11/07/2024	daldongnae	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.54	11445 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 Volunteer meal	
		volunteer meal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Date	Development	=
		Payee name	
L	11/11/2024	daldongnae	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.21	11445 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 volunteer meal	
		volunteer mear	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
⊨	Data	Davida marra	=
	Date 11/11/2024	Payee name	
		daldongnae	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.11	11445 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	
		voluncei meai	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
I	expenditure to benefit C/OI	U	
\vdash			_

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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

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

	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: 11/12 Rpt: 15/17	Jun, John Y. (Mr.) 00088239				
4	Date	5 Payee name				
	11/07/2024	doma selleontang				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$70.36	11441 N Stemmons Fwy				
		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 mean				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·				
_						
	Date	Payee name				
	11/05/2024	jimmy john's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$106.64	171 N Denton Tap Rd #50				
		Coppell, TX 75019				
	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					
	5 .					
	Date	Payee name				
	11/03/2024	maple mart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$83.79	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				
		Expense Check if Austin, TX, officeholder living expense				
		gas				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 12/12 Rpt: 16/17 Jun, John Y. (Mr.) 00088239 4 Date Payee name 11/05/2024 maple mart 6 Amount (\$) Payee address; State; Zip Code \$78.97 1301 E Belt Line Rd Coppell, TX 75019 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. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/11/2024 quiktrip Amount (\$) Payee address; City; State; Zip Code \$24.08 1484 S Belt Line Rd Coppell, TX 75019 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2024 starbucks Amount (\$) Payee address; City: State; Zip Code \$5.90 106 N Denton Tap Rd Coppell, TX 75019 **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 drinks 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

SCHEDULE	и
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	The Instruction Guide explains how to complete this form.				pages Schedule K: 1/1 Rpt: 17/17		
2	2 FILER NAME 3 Filer			Filer II) (Ethics Commission F	ilers)	
l	Jun, John Y. (Mr.) 0008			3239			
4	Date 10/31/2024	Date 5 Name of person from whom amount is received			8 Amount (\$)	\$3.03	
	Coppell, TX 75019				ribution returned to filer		
	7 Purpose for which amount is received					indulon returned to mer	
	Date		Name of person from whom amount is received			Amount (\$)	
l	11/21/2024		Capitall One				\$1.53
	Address of person from whom amount is received; City; State; Zip Code Coppell, TX 75019						
		H	Purpose for which amount is received	politi	cal cont	ribution returned to filer	
l			interest				
F	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)	
l	11/30/2024		Capitall One			Amount (\$)	\$1.06
l	11/30/2024	ļ					Φ1.00
	Address of person from whom amount is received; City; State; Zip Code Coppell, TX 75019						
			Purpose for which amount is received	politi	cai con	ribution returned to filer	
	Date		Name of person from whom amount is received			Amount (\$)	
l	12/31/2024		Capitall One				\$2.56
	Address of person from whom amount is received; City; State; Zip Code						
l			Coppell, TX 75019				
	Purpose for which amount is received			ribution returned to filer			