

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST ALEXANDER	MI H.	OFFICE USE ONLY Date Received AM 2013 JAN 14 PM 3:15 TARRANT COUNTY FILED ELECTIONS ADMINISTRATION
	NICKNAME	LAST Kim	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Date Hand-delivered or Postmarked				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount
	Date Processed				

6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST TOM	MI	Date Imaged
	NICKNAME	LAST HA	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	7	1	2013		12	31	2013

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month 03 / Day 04 / Year 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		TARRANT COUNTY CRIMINAL COURT #3

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Alexander Kim **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

FILED
TARRANT COUNTY
JAN 14 PM 3:15
STEVIE ARSON
ELECTIONS ADMINISTRATION

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,407³¹</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,096²⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>8516⁰⁸</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000</u>

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

STEPHANIE HESTER
Notary Public, State of Texas
My Commission Expires
April 04, 2016

Sworn to and subscribed before me, by the said Alexander Kim, this the 14 day of January, 20 14, to certify which, witness my hand and seal of office.

[Signature] Stephanie Hester Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

5

2 FILER NAME

Alexander Kim

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/7/13

5 Full name of contributor out-of-state PAC (ID#: _____)

JEFF GRIFFIN

6 Contributor address; City; State; Zip Code

1315 AUTUMN TRAIL
LOUISVILLE, TX 75067

7 Amount of contribution (\$)

50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

SACOS

10 Contributor's job title

BUSINESS MANAGER

11 Contributor's employer/law firm

SIEMENS

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Royce Skults

Contributor address; City; State; Zip Code

801 CORNISH OAK CT
ARLINGTON, TX 76012

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

RETIRED

Contributor's job title

RETIRED

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Edward Dixon

Contributor address; City; State; Zip Code

5009 Roundtree Court
Haltom City TX 76137

Amount of contribution (\$)

10⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

FEDEX

Contributor's job title

Driver

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

5

2 FILER NAME

Alexander Kim

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/24/2013

5 Full name of contributor

ANTHONY LE

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6813 PENHURST DR.
FW, TX 76133

7 Amount of contribution (\$)

50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

DEALER - WINSTAR CASINO

10 Contributor's job title

BLACKJACK DEALER

11 Contributor's employer/law firm

WINSTAR CASINO

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

8/22/13

Full name of contributor

CHARLES EDWARD ANDREWS

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6705 WATERMILL DR.
FW, TX 76132

Amount of contribution (\$)

471²⁵

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Physician

Contributor's job title

Physician

Contributor's employer/law firm

Dialysis Associates

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/15/13

Full name of contributor

CORREY MARIE ANDREWS

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5404 LANSDOWNE AVE
FORT WORTH, TX 76135

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

KIM & ANDREWS, ATTORNEYS AT LAW, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
 TARRANT COUNTY
 JAN 14 PM 3:15
 STEVE R. HORN
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

5

2 FILER NAME

ALEXANDER KIM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/17/2013

5 Full name of contributor

out-of-state PAC (ID#: _____)

THOMAS BURNETT JR

6 Contributor address; City; State; Zip Code

1000 ATLANTA DR.
BEDFORD, TX 76022

7 Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

TECHNICAL SUPPORT

10 Contributor's job title

PRESIDENT

11 Contributor's employer/law firm

TECH SUPPORT NOW

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10/17/13

Full name of contributor

out-of-state PAC (ID#: _____)

LESLIE BURAOYNE

Contributor address; City; State; Zip Code

3005 E. BELKNAP
FW, TX 76111

Amount of contribution (\$)

20⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

LESLIE BURAOYNE, ATTORNEY AT LAW

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Augustine Kim

Contributor address; City; State; Zip Code

1459-C Springrock Ln. Houston, TX 77055

Amount of contribution (\$)

10,000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Contributor's principal occupation

Dentist

Contributor's job title

Dentist

Contributor's employer/law firm

Self-employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

TARRANT COUNTY
ELECTIONS ADMINISTRATION
2014 JAN 14 PM 3:15

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):
5

2 FILER NAME: Alexander Kim 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>9/13/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERRY WESTMAN</u>	7 Amount of contribution (\$) <u>500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>10014 FM 3396 Kemp, TX 75143</u>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation: FARMER 10 Contributor's job title: FARMER

11 Contributor's employer/law firm: N/A 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <u>11/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>P. MICHAEL SCHNEIDER LAW FIRM</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>400 E. WEAVERFORD STE 105 FW, TX 76102</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: ATTORNEY Contributor's job title: Att

Contributor's employer/law firm: P. MICHAEL SCHNEIDER LAW FIRM Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <u>12/12/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LOI PHAM</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>710 WINDBREAK TRAIL HOUSTON, TX 77079</u>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation: ATTORNEY Contributor's job title: ATTORNEY

Contributor's employer/law firm: LOI & ASSOCIATES Law firm of contributor's spouse (if any): N/A

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

FILED
 TARRANT COUNTY
 2014 JAN 14 PM 3:15
 STEVE RABALA
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

5

2 FILER NAME

Alexander Kim

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/13

5 Full name of contributor out-of-state PAC (ID#: _____)

ANDREA KIM

7 Amount of contribution (\$)

942⁵⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4008 MARQUETTE ST.

DALLAS, TX 75225

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

PSYCHIATRIST

10 Contributor's job title

PSYCHIATRIST

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/7/13

Full name of contributor out-of-state PAC (ID#: _____)

ESTEBAN BLANCO

Amount of contribution (\$)

\$ 23⁵⁶

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7800 ENCHANTED ISLE DR.

ARLINGTON, TX 76016

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

INTERNET SYSTEMS ENGINEER

Contributor's job title

Contributor's employer/law firm

MUSGER ELECTRONICS

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/22/13

Full name of contributor out-of-state PAC (ID#: _____)

BRADLEY CASE

Amount of contribution (\$)

40⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1928 KNOXVILLE DR

BEDFORD 76022

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 TARRANT COUNTY
 2014 JAN 14
 PM 3:15
 STATE ELECTIONS ADMINISTRATION

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B(J): 1

2 FILER NAME Alexander Kim 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

10 Pledgor's principal occupation 11 Pledgor's job title

12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 TARRANT COUNTY
 2014 JAN 14 PM 3:14
 STEVE RALPH
 ELECTIONS ADMINISTRATION

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 2
2 FILER NAME Alexander Kim		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: → → → → → →		
5 Date of loan 12/27/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander Kim	9 Loan Amount (\$)
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 2601 Summit View Dr Bedford, TX 76021	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation ATTORNEY		13 Lender's Job Title ATTORNEY
14 Lender's Employer/Law Firm Kim & Andrews, Attorneys At Law		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

FILED
 TARRANT COUNTY
 2014 JAN 14 PM 3:15
 CLERK OF COURTS
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME <i>Alexander Kim</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: → → → → → →		\$	
5 Date of loan <i>12/22/13</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alexander Kim</i>	9 Loan Amount <i>\$2000</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code <i>2601 Summit View Dr. Bedford, TX 76021</i>	10 Interest rate	
		11 Maturity date	
12 Lender's Principal Occupation <i>ATTORNEY</i>		13 Lender's Job Title <i>ATTORNEY</i>	
14 Lender's Employer/Law Firm <i>Kim & Andrews, Attorneys at Law</i>		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code		22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is child, law firm of parent(s) (if any)			

FILED
 TARRANT COUNTY
 JAN 14 PM 3:15
 CLERK OF COURTS
 JUDICIAL ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Alexander Kim	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/27/13	5 Payee name CHASE BANK
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6 Amount (\$) 34 ⁰⁰	7 Payee address; City; State; Zip Code P.O. BOX 30520 LOUISVILLE KY 40233-0520
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) FEE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/13	Payee name COPY HQ
------------------	-----------------------

Amount (\$) 541 ²⁵	Payee address; City; State; Zip Code 14150 TRINITY BLVD # 750 FORT WORTH, TX 76155
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PONS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/23/13	Payee name FACEBOOK.COM
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Amount (\$) 21 ⁴²	Payee address; City; State; Zip Code 1601 WILLOW RD. MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ONLINE EXPENSE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/13	Payee name FACEBOOK.COM
------------------	----------------------------

Amount (\$) 31 ⁷⁶	Payee address; City; State; Zip Code 1601 WILLOW RD MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ONLINE ADVERTISING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name A	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2013 JAN 14 PM 3:15
 ELECTION ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME ALEXANDER KIM	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/26/13	5 Payee name NE TARRANT COUNTY REPUBLICANS		
6 Amount (\$) 45 ⁰⁰	7 Payee address; City; State; Zip Code 2517 New Haven Ct. Bedford, TX 76022		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS BY CANDIDATE	(b) Description (If travel outside of Texas, complete Schedule T) MEMBER DUES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/30/13	Payee name SEAN TYSON		
Amount (\$) 200 ⁰⁰	Payee address; City; State; Zip Code 2426 Valley Forge Richardson, TX 75080		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) GRAPHIC DESIGN	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9.9.13	Payee name CROFTVILLE LEON'S CLUB		
Amount (\$) 106 ⁰⁰	Payee address; City; State; Zip Code P.O. BOX 1382 Colleyville TX 76034		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION BY CANDIDATE	Description (If travel outside of Texas, complete Schedule T) MEMBER DUES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/12/13	Payee name ARLINGTON REPUBLICANS CLUB		
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code P.O. BOX 14095 Arlington TX 76094		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MEMBER DIRECTORY AD	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

FILED
 TARRANT COUNTY
 2013 JAN 14 PM 3:15
 ELECTIONS ADMINISTRATION
 RYE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME ALEXANDER KIM	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	---

4 Date 9/16/13	5 Payee name KOREAN FIDELITY ASSOCIATION
--------------------------	--

6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 9715 BROCKBANK DR. DALLAS TX 75220
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION BY CANDIDATE	(b) Description (If travel outside of Texas, complete Schedule T) CHRISTMAS PARM DONATION
---------------------------------	---	--

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

Date 10/9/13	Payee name TARRANT COUNTY ASIAN AMERICAN CHAMBER OF COMMERCE
-----------------	---

Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 2306 OAK LAKE GRAND PRAIRIE, TX 75051
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION BY CANDIDATE	Description (If travel outside of Texas, complete Schedule T) AWARD NIGHT
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11.1.13	Payee name PREMIERE FURS SHOW
-----------------	----------------------------------

Amount (\$) 53 ⁰⁰	Payee address; City; State; Zip Code P.O. BOX 34224 FORT WORTH TX 76162
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SHOW TABLE
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.11.13	Payee name KOREAN ASSOCIATION OF FW
------------------	--

Amount (\$) 1000 ⁰⁰	Payee address; City; State; Zip Code 1701 RIVER RUN, Ste. 1115 FORT WORTH TX 76107
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) TABLE @ BANQUET
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME ALEXANDER Kim	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/20/2013	5 Payee name Texas Co USPS
----------------------------	--------------------------------------

6 Amount (\$) 78 ⁰⁰	7 Payee address; City; State; Zip Code 400 N. Ketta Street FORT WORTH TX 76111-9998
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD/ RENTAL EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) P.O. Box
---------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/2013	Payee name TARRANT COUNTY REPUBLICAN ASSEMBLY
-------------------	--

Amount (\$) 20 ⁰⁰	Payee address; City; State; Zip Code 2405 EIVANEL DRIVE FORT WORTH TX 76118
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP DUES
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/23/2013	Payee name COPY HQ
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Amount (\$) 269 ⁰⁰	Payee address; City; State; Zip Code 14150 Trinity Blvd #750 FORT WORTH TX 76155
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS
-------------------------------	--	---

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

Date 8/24/13	Payee name PREMIER GUN SHOWS
-----------------	---------------------------------

Amount (\$) 80 ⁰⁰	Payee address; City; State; Zip Code P.O. BOX 3A224 FORT WORTH TX 76162
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) TABLE AT GUN SHOW
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER/NAME Alexander Kim	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/18/13	5 Payee name TEXAS CONSERVATIVES UNITED PAC
---------------------------	---

6 Amount (\$) \$729 ⁰⁰	7 Payee address; City; State; Zip Code 3925 Cane River Road Keller TX 76248
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) TABLE @ CANDIDATE FAIR
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/23/13	Payee name COWTOWN MEDIA
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Amount (\$) \$325 ⁰⁰	Payee address; City; State; Zip Code 1224 N. Highway 377, Ste 303-113 Roanoke TX 76262
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BOAR HANGERS
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/27/13	Payee name FACEBOOK.COM
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Amount (\$) \$16.75	Payee address; City; State; Zip Code 1601 Willow Road Mentlo Park, CA 94025
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) Post Boost
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/25/13	Payee name Promotion Shows
------------------------	--------------------------------------

Amount (\$) 160 ⁰⁰	Payee address; City; State; Zip Code P.O. BOX 34224 Fort Worth TX 76162
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) TABLE @ GUN SHOW
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME ALEXANDER Kim	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	---

4 Date 12.15.13	5 Payee name JENNIFER KNESEK
---------------------------	--

6 Amount (\$) 375 ⁰⁰	7 Payee address; City; State; Zip Code Homeless
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WORKER
	Candidate / Officeholder name	Office sought

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12.17.13	Payee name TCGOP
Amount (\$) 175 ⁰⁰	Payee address; City; State; Zip Code 2405 Eravel Drive FORT WORTH TX 76118

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) LINCOLN DAY DINNER
	Candidate / Officeholder name	Office sought

Date 12.19.13	Payee name TARRANT COUNTY
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Amount (\$) 40 ⁰⁰	Payee address; City; State; Zip Code 100 E. Weatherford Street FORT WORTH TX 76196
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) GIS MAPS FROM ELECTIONS
	Candidate / Officeholder name	Office sought

Date 12/23/13	Payee name JENNIFER KNESEK
------------------	-------------------------------

Amount (\$) 150 ⁰⁰	Payee address; City; State; Zip Code Homeless
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERT CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) GRAPHIC DESIGN
	Candidate / Officeholder name	Office sought

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7		2 FILER NAME Alexander Kim		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12.26.13		5 Payee name Copy 3 Print HQ			
6 Amount (\$) 6004.50		7 Payee address; City; State; Zip Code 150 Trinity Blvd #150 Ft Worth TX 76155			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/7/13		Payee name CUSTOMINK TSHIRTS			
Amount (\$) 41020.75		Payee address; City; State; Zip Code 7902 Westpark Drive McLean, VA 22102-4342			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) T-SHIRTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/7/13		Payee name VISTA PRINT			
Amount (\$) 4282.40		Payee address; City; State; Zip Code 877 Inkster Road Baylor, MI 48180			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) MAGNETS / CARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/16/13		Payee name FACEBOOK.COM			
Amount (\$) 431.70		Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, California 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POST BOOST	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Alexander Kim	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--------------------------------------	--

4 Date 7/26/2013	5 Payee name TARRANT COUNTY GOP
----------------------------	---

6 Amount (\$) 1000⁰⁰	7 Payee address; City; State; Zip Code 2405 ETWELL DRIVE FORT WORTH TX 76118
---	--

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1</i>	2 FILER NAME <i>Alexandra Kim</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$) <i>0</i>	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME ALEXANDER KIM	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name N/A
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 1

2 FILER NAME Alexander Kim 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received <u>N/A</u>	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received		

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Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received		

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

Alexander Kim

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Alexander Kim

5 Lender address; City; State; Zip Code

2601 Summit View Dr. Bedford TX 76021

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

1

2 FILER NAME

Alexander Kim

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

N/A

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

Alexander Kim

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

N/A

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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