# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST	MI (	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Sung		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CO	ollton, TX 75010	JUL 1 7 2017
ADDRESS  Change of Address			CITY SECRETARY CARROLLTON, TX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214 ) 207 - 9151	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Kelso		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE
ADDRESS	5015 Addison Circle		
(Residence or Business)	Addison, DX 7500	1	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 766 - 6000	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 18 / 2017	THROUGH 07	Day Year / 2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month   Day   Year	Runoff Other Description Special SCM	II Annual
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Carrollton Gi	y Council
		Place	
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Young Su		Filer ID (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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,250 =	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL POLITICAL EXPENDITURES \$ 6618 27			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 6618 = 3653			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
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.				
LAURIE GARBER My Notary ID # 130502801 Expires January 19, 2020 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said				
day of July , 2017 , to certify which, witness my hand and seal of office.				
Land	July	Laurie Garser	City Sceretary	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

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

### FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Et	hics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:	
2 FILER NAME Young Sung	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:  01-18-17 Breakers   Corean BBQ and Gn   7 Contributor address; City; State; Zip Cod. 3044 Old Denton Rd, #131, Gno!  TX 75007  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of 9 In-kind contribution description  \$3,000.00  de  ton  Check if travel outside of Texas. Complete Schedule T  In Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
2 Contributor's principal occupation (PON SOBICIAE)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description  \$3,000.00  Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Young Sung 5 Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_ 4 Date 7 Amount of contribution (\$) 05-15-17 Terry L. Barker 6 Contributor address; City; State; Zip Code 308 Phillips Dr, Coppell, TX75019-6039 \$250.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 (notes a category set listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment  The Instruction Guide explains how to complete this form.			
	<u> </u>		
1 Total pages Schedule F1:	Young Sung		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	
05-15-2017	William Fisher		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$600.00	4131 Haw thorne, #6 Dal	las, TX 7521	9
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
		Check if travel ou	itside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin	n, TX, officeholder living expense
EXPENDITURE			, m, emeander milg expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Dale	a ayee hame		
n= 1= 0=1=	TALT		
05-15-2017 Amount (\$)	TNT Promotions		
Amount (\$)	Payee address; City; State; Zip Code		
\$492.19	3044 Old Denton Rd; 111.	-214 , Carrollto	on, TX 75007
	Category (See Categories listed at the top of this schedule)	Description  Check if travel out	tside of Texas. Complete Schedule T.
PURPOSE OF			, TX, officeholder living expense
EXPENDITURE		Check if Austin,	, IX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
D	Payer name		
Date	Payee name		
05-18-2017	Valentine Direct Marketing	LLC	
Amount (\$)	Payee address; City; State; Zip Code		
\$295.52	2344 Farrington, Dallas, T.	X 75207	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.
OF			, TX, officeholder living expense
EXPENDITURE		Shock if Madelli	,amman minig anpana
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	н		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Candidate/Officeholder/Politica Credit Card Payment	,	ages/Contract Labor Other	l Out Of District (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		er ID (Ethics Commission Filers)
	Young Sung		
4 Date	J rayce hame		
05-23-2017	Valentine Marketing LLC 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,417.56	2344 Farrington, Dallas, T	× 75207	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Te	exas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, off	iceholder living expense
EXTENDITORIE			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
			İ
06-26-2017	Adopp TNC		
06-26-2017 Amount (\$)	Payee address; City; State; Zip Code		
\$1,213.00	2035 Royal Ln #290, Dalla	5 TX 75229	
P1,215.00	1 20 33 Pedyat 21 # 2 10, Datas	27/12/13/42/	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Te	xas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, offi	ceholder living expense
LAF ENDITORE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
D-4-	Power name		
Date	Payee name		
NC 9C 0-17	1 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
06-26-2017 Amount (\$)			
	Payee address; City; State; Zip Code	1100 00-50-	
\$ 1,000.00	2000 Royal Ln #200, D	allas, 1x 7522	9
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Te	
OF EXPENDITURE		Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
experientile to beliefit G/OF			
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEEDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic	•	aries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Young Sung		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
06-30-2017	Korea Town News		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$600.00	11363 Denton Dr #121	, Dallas, TX 75	5229
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ode	
	Category (See Categories listed at the top of this schedu	le) Description	
	Category (500 Categories listed at the top of this seried		tside of Texas. Complete Schedule T.
PURPOSE OF			, TX, officeholder living expense
EXPENDITURE		oned in reading	, TA, SHOULDS HANG CARSHOO
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	н		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ide	
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE		Check if travel ou	itside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED