# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	m:0k		MI	OFFICE	USE ONLY
NAME	NICKNAME	Doransk		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT / SUITE #,	CITY; STA	TE; ZIP CODE	MAR 2	0 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered  Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI	Date Processed	1
	NICKNAME	Doranski	eta o	SUFFIX	Date Imaged	<u> </u>
7 CAMPAIGN TREASURER	,	NO PO BOX PLEASE); APT / S	7	city;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	1201 600		F. (	1166	TX	10347
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before		Runoff  Exceeded Modified	treasurer ap (Officeholde	
10 PERIOD	July 15  Month	Bth day before el	ection	Reporting Limit  Month	Day Year	
COVERED	۵۱ /	31 /2024	THROUGH	03	/25 / 20	24
11 ELECTION	Month Day	Year Primary  Z024 General	-	Other Description		
12 OFFICE	OFFICE HELD (if any)		PLT	FICE SOUGHT (if know	Trustee	<b>\$</b> <b>s</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURI S AND OFFICEHOLDERS ARE REQU	ES MAY HAVE REEN N	NADE WITHOUT THE CAN	IDIDATES OR OFFICERU	DEK 2 MNOWLEDGE OK
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TI	REASURER ADDRE	SS		
-		GO TO	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	-		16 Filer ID (I	Ethics Commission Filers)
m'·	JK Doranski			
17 CONTRIBUTION TOTALS			N \$	~ O =
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	\$	a 0 =
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	770,06
	4. TOTAL POLITICAL EXPEND	ITURES	\$	770,00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$	per per
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS C G PERIOD	F THE \$	
	swear, or affirm, under penalty of perjury, t quired to be reported by me under Title 15, E		ie and correct	and includes all information
		16		
		Musu	du _	
		Signature of Ca	andidate or Of	ficeholder
·				
	Places comm	lete either ention below		
	Flease comp	lete either option belov	N.	
(1) A didawi	FER PRYMUSZEWSKI otary ID # 133583987 es February 11, 2026			
NOTARY STAMP/SEA	L			
	before me by Mick Dora	this the	<b>&amp;O</b> day	y of March,
20 d, to certify		r Prymosiewski		tary Rublic of officer administering oath
		OR		
(2) Unsworn Declarati	on			
(2) Onoworn Decidad	<b>.</b>			
My name is		, and my date of birth is	S	
	(street)		(state) (zip c	ode) (country)
Executed in	County, State of	, on theday of _	, 20	),
	-	(mont	h)	(year)
		Signature of Cand	idate/Officehold	er (Declarant)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	MIOK Doranski		
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 CO	ONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 250,00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$ 770,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 520.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	ITIONS RETURNED	\$

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Award	rage Expense s/Memorials Expense			Travel C	n District Out Of District	r not listed above)
	Guide explains how to co		Salaties	-	GE FOR EACH C		not listed above)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	Doran	sk.				Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$	250.º	-0
5 CREDIT CARD ISSUER	Name of financial institut						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu		(c) Date(s) Credi	t Card Issuer Paid		
O PATIVILINI		(b) Date Experience	ire charged	(c) Dutc(s) crear	c cara issuer raid		
,	\$ 250.00	3-14-7	2024	3-14-7	2024		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Killeen Dail	y Herald		<b></b>	Killer	x7 n	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description			
Political	Advertis:	nq		12 2 1	Page As	Por Son	) my last
Non-Political		side of Texas. Complet	e Schedule T.		neck if Austin, TX, offic		
9 Complete ONLY if direct	Candidate / Officeholder i	name	Off	ice Sought		Office Held	
expenditure to benefit C/OH	mick D	ranski	K	150 PL7	1		
PAYMENT	(a) Amount Charged	(b) Date Expenditu			t Card Issuer Paid		
	\$		0				
PAYEE	(a) Payee name		(b) Payee add	drass	City,	State,	Zip Code
	(a) i ayee name		(b) rayee au	uress,	City,	State,	Zip code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description			
Political	posterior						2.92
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	c	heck if Austin, TX, off	iceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder ı	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issuer Paid		
	\$	, = , = see Experience		, , , , , , , , , , , , , , , , , , , ,			
DAVE			T				
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sched	dule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, TX, o	fficeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	îce Sought		Office Held	
	ATTACH ADDIT	TIONAL COPIE	S OF THIS	SCHEDULE	AS NEEDED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.** 

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling B Gift/Awards/Memorials Expense Printing	epayment/Reimbursement rverhead/Rental Expense Expense Expense //Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	mick Doranski		
<b>4</b> Date	5 Payee name		
3-23-2024	Korean Weakly NEWS	5 Paper	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	P.O. BOX 10125	killeen	76542
8 DUDDOST	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Advertising	S.M. A.	43-13-2024
EXPENDITURE			, TX, officeholder living expense
9	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	mick Dorangki	kisd PL7	Office field
Date	Payee name		
3-23-2024	MASTER CALD VISA		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advarbising	To Pay Cred	it card Emp. Ad our tigit
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	mi-ok Doranski	Kisd PL	}
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Total pages Schedule   Format   Total pages Schedule   Format   Total pages Schedule   Format   Total pages Schedule   Format   Total pages	Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie  The Instruction Guide explains how to	o complete this form.	Other (enter a categor	y not listed above)
Salarian	Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Amount (\$) 7 Business address; City: State: Zip Code    Sco.   Sc	-	mick Doransk	<u> </u>		
Amount (s) 7 Business address; City: State: Zip Code    Sco.   Sc		5 Business name			
Amount (\$) 7 Business address; City: State: Zip Code    Sco.   Sc	3-23-2024	Korean Weckly NE	n stapet		
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PURPOSE OF COMPLETE ONLY if direct expenditure to benefit C/OH    Category (See Categories listed at the top of this schedule)   Candidate / Office held	520,00	P.O. BOX 10125	killeen	TX	76547
EXPENDITURE    Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name expenditure to benefit C/OH   Category (See Categories listed at the top of this schedule)   Description	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Complete QNLY if direct expenditure to benefit C/OH  Date  Business name  Category (See Categories listed at the top of this schedule T. Check if Austin, TX, officeholder living expense  Complete QNLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Date  Business address;  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Candidate / Office hold  Category (See Categories listed at the top of this schedule)  Date  Business name  Candidate / Officeholder name  Office sought  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Date  Business name  Category (See Categories listed at the top of this schedule)  Date  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Conplete QNLY if direct conspict (Check if Austin, TX, officeholder living expense)  Complete QNLY if direct conspict (Check if Austin, TX, officeholder living expense)		Adratising	Full Page	AS	
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Date Business name    Category (See Categories listed at the top of this schedule)   Description	Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
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Date  Business name  Amount (\$)  Business address;  City;  State;  Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held	EAF ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
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Complete ONLY if direct expenditure to benefit C/OH  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held	OF				
expenditure to benefit C/OH	LAI LADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living ex	rpense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought		Office held
	,	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	:DED	
Revised 1/1/					Revised 1/1/20