CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filer	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	, MI	OFFIC	E USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX	pert Tyler Dr	CITY; STATE; ZIP CODE CONTY STATE; ZIP CODE CONTY CONTY EXTENSION		2 4 2024
OFFICEHOLDER PHONE	(254)	668-mo			ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI A SUFFIX	Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before electrical and a second seco		treasurer (Officehol	after campaign appointment der Only) oort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Ye	
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	PE	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	wn) Board	0 \$ es
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES		MADE BY POLITICAL CO	OMMITTEES TO SUPPORT
		GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
John	A. Doranski	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2110.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	andidate or Officeholder
	Please complete either option below	V:
	MELISSA GONZALES My Notary ID # 131525580	
(1) Affidavit	Expires April 11, 2026	
NOTARY STAMP/SEA	L	. 1
14	before me by JIM A Doranski this the	24th day of April.
20, to certify	which, witness my hand and seal of office.	A. D
	Muissa Junzales	Notury Public
Signature of officer administr	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of(mont	h) 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	FILER NAME 20 F	iler ID (Ethics Commission Filers)
	John A. Doranski	
	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 CONTRIB	UTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1590.68
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1590.68 \$ 2110.68
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	SUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made	By Gift/Awards	rage Expense s/Memorials Expense	Polling E	verhead/Rental Expense Expense Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politi The Instruction	ical Committee Legal Servi		Salaries	Wages/Contract Labor	Other (enter a category not listed above) OR EACH CREDIT CARD ISSUER
1 TOTAL PAGES	2 FILER NAME			OOL A NEW FACE F	3 FILER ID (Ethics Commission Filers)
SCHEDULE F4: 3	John 1	J. Dora	ngki		3 FILLY ID (LEARCE COMMISSION FREIS)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$ 1590.68
5 CREDIT CARD ISSUER	Name of financial instituti	1			
6 PAYMENT	(a) Amount Charged		NAME OF TAXABLE PARTY.	Va) Part Va Circ	
		(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card	ussuer Pald
7 PAYEE	\$ 2.92	3-20-2		4-23-207	
PATEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code
C. DUDDOOL OF	office Dep			k.	Ween Ty
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list			(b) Description	
Political	Printing 8	ypenses		First F	inancial Report
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Check if	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n			ice Sought	Office Held
					ob trustees
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	l Issuer Paid
	\$ 52.45	3-30-20	٤٩	4-23-20	ટ લ્
PAYEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code
	Hobby Lobb	14			Killeen TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	lule)	(b) Description	
Political	ADvartising			Con pressed	Sign Boards
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n			ice Sought	Office Held
	John A. Do				of Trusteus
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	Issuer Paid
	5 756.66	4-8-20	٤٩	4-23-202	4
PAYEE	(a) Payee name	,	(b) Payee add	dress;	City, State, Zip Code
	BLUEBIAD 5	ales	Av	nazon	
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	ule)	(b) Description	
Political	Abrer bisin	g Expens	. 4	INL TO Pri	ent Pol. Posters
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ice Sought	Office Held
	John A-D	oranoli	PL-6	KisD Boar	of Trustees
• .	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS N	EEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

				. •	
	EXP	ENDITURE CAT	EGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Event Expr Fees Food/Beve By Gift/Award ical Committee Legal Serv	ense rage Expense s/Memorials Expense rices	Loan Re Office O Polling E Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	Guide explains how to co	implete this form.		USE A NEW PAGE FO	R EACH CREDIT CARD ISSUER
SCHEDULE F4: 3	2 FILER NAME	2. Doran	ski		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$ 1590,68
5 CREDIT CARD ISSUER	Name of financial institut	1			1340.65
6 PAYMENT	(a) Amount Charged	(b) Date Expenditur		(c) Date(s) Credit Card I:	Court Poid
4.	\$ 37.69	4-2-2024	Ü	4-23-20 24	ssuel Palu
7 PAYEE	(a) Payee name		(b) Payee add		City, State, Zip Code
	CABLDEN STA	1	(b) i dycc ddi	20 ²	City, State, Zip Code?
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis		ile)	(b) Description	
> Political	Advertisi	vo en		POL. AD. H	hildrens
Non-Political	(c) Check if travel out:	side of Texas. Complete	Schedule T.		ıstin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r			ice Sought	Office Held
	John A. Doro		16-6	KisD Boal	r) of Trustees
PAYMENT	(a) Amount Charged	(b) Date Expenditur	e Charged	(c) Date(s) Credit Card Is	ssuer Paid
DAVE	\$ 57.95	3-29-20	24	4-23-2024	
PAYEE	(a) Payee name		(b) Payee add	iress;	City, State, Zip Code
N. D. C.	AFT HEAD			Amazon	
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this schedu	le)	(b) Description	
Political	Advarbising		**************************************	Poster Hol	ders
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held
expenditure to benefit C/OH	John A. Don	angli	PL-6 X	isD Boan	ob Trusteus
PAYMENT	(a) Amount Charged	(b) Date Expenditure		(c) Date(s) Credit Card Is	
	\$ 58.01	3-29-20	ટ પ	4-23-202	4
PAYEE	(a) Payee name		(b) Payee add	lress;	City, State, Zip Code
	Finestra A	LET	Pur	na zon	
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this schedul	ie)	(b) Description	
Political	Advertising			Robber P.	aper - Pol. Ad
Non-Political	(c) Check if travel outs	ide of Texas. Complete :	Schedule T.	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held
		\.`	D4 1	100) (~)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Awar	erage Expense ds/Memorials Expense	Polling E Printing	vernead/Rental t Expense Expense	1	Fravel In District Fravel Out Of District	ent & Related Expense
1	Guide explains how to c		Selaties	Wages/Contract USE A NEW		Other (enter a categor) ACH CREDIT CARD	
1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME	A. Dara	nski,				Commission Filers)
4 TOTAL OF UNITEMIZED EXP		CREDIT CARD		Andrew State (State State Stat		\$ 1590.	1.8
5 CREDIT CARD	Name of financial institu	tion .					60
ISSUER	MASTER C	ARD V	·s q				
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	edit Card Issue	Paid	
4.	\$ 625.00	4-1-203	4	4-23	-2024		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	Cîty	, State,	Zip Code
	Killeen Did	y Hered)			K.11-	een Th	•
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche	dule)	(b) Descriptio	on		
Political	Ad new bigin	٩		14 30	ور حلى.	30-day ru	M
Non-Political	(c) Check if travel ou	tside of Texas. Complet	te Schedule T.			TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name V otans (Off PL-10	ice Sought	Bogra	Office Held	Lees
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged		edit Card Issuer		
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description	n		
Political Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cre	edit Card Issuer	Paid	
	\$	THE PROPERTY OF THE PROPERTY O					
PAYEE	(a) Payee name		(b) Payee add	dress;	City	. State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sched	dule)	(b) Description	ก		
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
	ATTACH ADDI	FIONAL COPIES	S OF THIS	SCHEDULE	E AS NEEDI	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPEN	IDITURE CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Control of the	epayment/Reimbursement overhead/Rental Expense Expense Expense sWages/Contract Labor o complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category r	nt & Related Expense
4 Tatalanana Cabadula Ca	2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
Total pages Schedule G:	John A.	Doranski		(
4 Date	5 Payee name				
4-23-2024	Korean Wa	ekly News	perget		
6 Amount (\$)	7 Payee address;	3	City;	State;	Zip Code
5 20 .00 Reimbursement from political contributions	P.O. BOX 10	175	Killeen	TP	76547
intended					`
8 PURPOSE	(a) Category (See Categories	listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advartising		Full Page	QA.	
	(c) Check if travel outs	ide of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
9	Candidate / Officeh	older name	Office sought	C	Office held
Complete ONLY if direct expenditure to benefit C/OH	John A.T	Doranski A	r-l Kind Bo	and of the	stees
Date	Payee name				· · · · · · · · · · · · · · · · · · ·
3-20-2024	Office 7	Degot			
Amount (\$)	Payee address;		City;	State;	Zip Code
7 . 9 ? Reimbursement from political contributions intended		K	Ween, TP		
	Category (See Categorie	s listed at the top of this schedule)	Description		
PURPOSE OF	0.1.		First fine	13.0	7
EXPENDITURE	Printing Exp.				
	Check if travel out	side of Texas. Complete Schedule T.	<u> </u>	in, TX, officeholder living ex	
Complete ONLY if direct	Candidate / Officeh	nolder name	Office sought	(Office held
expenditure to benefit C/	OH John A. D	orangle) P	L-P KID BO	ard of Tro	stors
Date	Payee name				
3-30-2024	Hobby ho	200			
Amount (\$)	Payee address;		City;	State;	Zip Code
S2.45 Reimbursement from political contributions intended		Y	c'lleen -	77	
	Category (See Categorie	s listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Dracticina		Poster Bo	end-Por.	(4
EXPERDITORE	Check if travel ou	tside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	kpense
	Candidate / Office		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OF	-	Joranski	AL-6 KisD	Board , 4-	Trustices
	ATTACH ADDIT	IONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		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)
	The Instruction Guide explain	is now to complete and form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4-8-2024	BIUE Bird Sales		
Amount (\$) 756.66 Reimbursement from political contributions intended	7 Payee address; A mazo N	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description Reinbing 3	ink Sur Pol. Botas
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-2-2024	Golden STATE ART		
Amount (\$) 40.80 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this	_	\\\\\\
EXPENDITURE	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
3-29-2024	ART AHEGO		
Amount (\$) 67.52 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE	Advertising Exp	Stands ?	for Pol. AD. Posters
	Check if travel outside of Texas. Complete 5	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	John A. Usangle	1-1-8. 14.42 D	101 24 1101 100
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

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 FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed a The Instruction Guide explains how to complete this form.	above)				
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission 3 Filer ID (Ethics Commission 3 Filer ID (Ethics Commission 4 Filer ID (Ethic	on Filers)				
4 Date	5 Payee name					
4-1-2024	Killeen Daily Herald					
Amount (\$) 625.00 Reimbursement from political contributions	7 Payee address; City; State; Zip	Code				
intended	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
S Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office he	S				
Date	Payee name					
4-23-2024	Korean weekly News paper					
Amount (\$) 520 160 Reimbursement from political contributions intended	Payee address; City; State; Zip The Box 10125 Killeen TX 7654	Code 2				
PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Full Page PD					
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/		eld				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip C	ode				
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 Austin, TX, officeholder living expense	1 -1				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office h	neld				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	1.4/1/05=				