



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Leah King

**15 Filer ID (Ethics Commission Filers)**

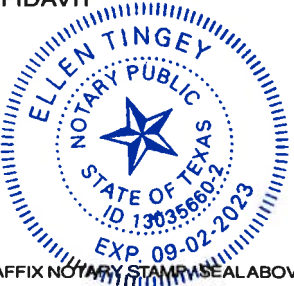
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,550
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,831.89
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP AND SEAL ABOVE

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.

*Leah M. King*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Leah King, this the 1<sup>st</sup> day of April, 2021, to certify which, witness my hand and seal of office.

*Ellen Tingey*  
Signature of officer administering oath

Ellen Tingey  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Leah King		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,550
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah King

3 Filer ID (Ethics Commission Filers)

4 Date  
03/09/2021

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

Julie Wilson

7 Amount of contribution (\$) **\$250**

6 Contributor address; City; State; Zip Code

4140 E. Renfro St., Burleson, TX 76028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/06/2021

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

Marie Holliday

Amount of contribution (\$) **\$250**

Contributor address; City; State; Zip Code

115 W. 2nd St Ste 200, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/06/2021

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

Sandra McGlothlin

Amount of contribution (\$) **\$1,000**

Contributor address; City; State; Zip Code

4801 Esco Drive, Fort Worth, TX 76140

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/03/2021

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

James Dunaway

Amount of contribution (\$) **\$250**

Contributor address; City; State; Zip Code

500 Alta Dr, Fort Worth, TX 76107-1512

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Leah King		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/13/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Gardea <b>6</b> Contributor address; City; State; Zip Code 3033 Bella Lago Drive, Fort Worth, TX 76177	<b>7</b> Amount of contribution (\$) \$50
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Ellmer Contributor address; City; State; Zip Code 200 Congress Ave., 40FF, Austin, TX 78701	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Grant Contributor address; City; State; Zip Code 2016 Hill Country Court, Arlington, TX 76012	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendyll Locke Contributor address; City; State; Zip Code 2712 Ridge Road North, Fort Worth, TX 76133	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Leah King		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Rosie Moncrief <b>6</b> Contributor address; City; State; Zip Code 777 Taylor St., Ste 1030, Fort Worth, TX 76102	<b>7</b> Amount of contribution (\$) <b>\$250</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah King Contributor address; City; State; Zip Code PO Box 1658, Fort Worth, TX 76101	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Navejar Contributor address; City; State; Zip Code 2701 Calder Ct, Fort Worth, TX 76107	Amount of contribution (\$) <b>\$500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Association of Realtors Contributor address; City; State; Zip Code 2650 Parkview Dr., Fort Worth, TX 76102	Amount of contribution (\$) <b>\$5,000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah King

3 Filer ID (Ethics Commission Filers)

4 Date  
03/08/2021

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

Dee J. Kelly, Jr

7 Amount of contribution (\$) **\$1,000**

6 Contributor address; City; State; Zip Code

201 Main Street, Ste 2500, Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/08/2021

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

Good Government Fund

Amount of contribution (\$) **\$2,500**

Contributor address; City; State; Zip Code

201 Main Street, Ste 2500, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/08/2021

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

PSEL PAC

Amount of contribution (\$) **\$2,500**

Contributor address; City; State; Zip Code

201 Main Street, Ste 2500, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/19/2021

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

Charlie Geren Campaign

Amount of contribution (\$) **\$500**

Contributor address; City; State; Zip Code

PO Box 1440, Fort Worth, TX 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Leah King		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/19/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Meadows</b> <b>6</b> Contributor address; City; State; Zip Code <b>121 Rivercrest, Fort Worth, TX 76107</b>	<b>7</b> Amount of contribution (\$) <b>\$500</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/15/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lillie Biggins</b> <b>Contributor address; City; State; Zip Code</b> <b>804 Scarlet Sage Court, Fort Worth, TX 76112</b>	<b>Amount of contribution (\$)</b> <b>\$250</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/15/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katrina Keyes</b> <b>Contributor address; City; State; Zip Code</b> <b>3839 McKinney Avenue #155-204, Dallas, TX 75204</b>	<b>Amount of contribution (\$)</b> <b>\$250</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/13/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debbie Donley</b> <b>Contributor address; City; State; Zip Code</b> <b>7108 Cloudcroft Lane, Fort Worth, TX 76131</b>	<b>Amount of contribution (\$)</b> <b>\$100</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		