

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 Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Leah M <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX King	OFFICE USE ONLY Date Received April 23, 2021 1:48pm Ellie Garcia Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1658, Fort Worth, Texas 76101		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 602-0729		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Barry G <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX King		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 460 Rayner Street, Fort Worth, Texas 76111		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 821-3374		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 / 23 / 21 4 / 23 / 21		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____		
12 OFFICE	OFFICE HELD (if any) Director, Tarrant Regional Water District Board	13 OFFICE SOUGHT (if known) Director, Tarrant Regional Water District Board	
14 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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,805.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,376.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,260.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Leah M. King, and my date of birth is September 2, 1968

My address is PO Box 1658, Fort Worth, TX, 76101, USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 23 day of April, 2021
(month) (year)

Leah M. King
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Leah M. King		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,700.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,105.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36,376.57
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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 M. King

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Doug and Julie Renfro

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code

532 Trail Rider Road, Fort Worth, TX 76114

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/06/2021

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/12/2021

Full name of contributor out-of-state PAC (ID#: _____)
Shirley and Milton Pace

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

5533 Chimney Rock Rd, Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/08/2021

Full name of contributor out-of-state PAC (ID#: _____)
Barney and Anne Holland

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

1301 Throckmorton Street, Apt. 2503, Fort Worth, TX 76102

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah M. King

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/2021

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

7 Amount of contribution (\$)
\$250.000

6 Contributor address; City; State; Zip Code

6732 Clear Spring Dr, Fort Worth, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/10/2021

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

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code

201 Main St., Ste 2500, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/12/2021

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

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code

3204 E. Belknap St., Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/12/2021

Full name of contributor out-of-state PAC (ID#: _____)
Law Office of Jeffrey S. Johnson, PLLC

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code

819 W. Daggett Ave., Fort Worth, TX 76102

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah M. King

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/2021

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

Tonya Veasey

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code

PO Box 11296, Fort Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/30/2021

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

Robert Benda

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

608 Paint Pony Trail North, Fort Worth, TX 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/01/2021

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

Eric Fox

Amount of contribution (\$)
\$750.00

Contributor address; City; State; Zip Code

3513 Overton Park Drive East, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/03/2021

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

Frank Testa

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

3605 Rogers Ave, Fort Worth, TX 76109

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirlee Gandy 6 Contributor address; City; State; Zip Code 4250 Sarita Ct, Fort Worth, TX 76109	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda Gearheart Contributor address; City; State; Zip Code 711 Quail Ridge Road, Aledo, TX 76008	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adelaide Leavens Contributor address; City; State; Zip Code 3839 South Hills Circle, Fort Worth, TX 76109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarratt Watkins Contributor address; City; State; Zip Code 429 Eastwood Ave, Fort Worth, TX 76107	Amount of contribution (\$) \$250.00
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah M. King

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/2021

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

Alice Puente

7 Amount of contribution (\$) **\$1,000.00**

6 Contributor address; City; State; Zip Code

2737 Calder Ct, Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/12/2021

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

Gwen Morrison

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code

1915 Carverly Dr, Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/12/2021

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

Hazel Wiltz

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code

1631 Saddle Creek Circle, Arlington, TX 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/12/2021

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

Arnold Gachman

Amount of contribution (\$) **\$400.00**

Contributor address; City; State; Zip Code

1229 Shady Oaks Lane, Fort Worth, TX 76107

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah M. King

3 Filer ID (Ethics Commission Filers)

4 Date
03/23/2021

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

7 Amount of contribution (\$) **\$500.00**

6 Contributor address; City; State; Zip Code

7557 Rambler Rd, Ste. 1400, Dallas, TX 75231-2388

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/23/2021

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

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

Contributor address; City; State; Zip Code

801 Cherry Street, Ste 2800, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/23/2021

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

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code

2217 Windsor Pl, Fort Worth, TX 76110-1761

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/31/2021

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

Amount of contribution (\$) **\$15,000.00**

Contributor address; City; State; Zip Code

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie Holliday 6 Contributor address; City; State; Zip Code 115 W. 2nd Street, Ste 200, Fort Worth, TX 76102	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Oliver Contributor address; City; State; Zip Code 120 Wilson Cliff Dr, White Settlement, TX 76102	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Leah M. King

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Greater Fort Worth Real Estate Council PAC

7 Amount of contribution (\$) **\$1,000.00**

6 Contributor address; City; State; Zip Code
777 Main Street #2100, Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/20/2021

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

Amount of contribution (\$) **\$250.00**

Contributor address; City; State; Zip Code
11601 Northview Dr, Aledo, TX 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/20/2021

Full name of contributor out-of-state PAC (ID#: _____)
Susan K. Medina

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code
3501 Lands End St., Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/16/2021

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

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
4908 Sunset Ridge Dr., Fort Worth, TX 76123

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Leah M. King

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/2021

5 Full name of contributor out-of-state PAC (ID#: _____)
MaryAnn & Matt Dufrene

7 Amount of contribution (\$) **\$100.00**

6 Contributor address; City; State; Zip Code

6125 Amelia Ave #2129, Fort Worth, TX 76123

8 Principal occupation / Job title (See Instructions)

9 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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1105.00	
5 Date 04/15/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha & JR Williams	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Reception catering
7 Contributor address; City; State; Zip Code 4705 Harley Ave, Fort Worth, TX 76107		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		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 04/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reggi Kemp	Amount of Contribution \$ \$605.00	In-kind contribution description Reception catering and facility
Contributor address; City; State; Zip Code 829 W. Daggett Ave., Fort Worth, TX 76104		<input type="checkbox"/> 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.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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.

1 Total pages Schedule F1: 1	2 FILER NAME Leah King	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	5 Payee name OTT Advertising	
6 Amount (\$) 6,700.68	7 Payee address; City; State; Zip Code 3205 Lamesa Place, Fort Worth, Texas 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/16/2021	Payee name Fulcrum Strategy Partners	
Amount (\$) 29,616.55	Payee address; City; State; Zip Code P.O. Box 100511, Fort Worth, Texas 76185	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description campaign services
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/21/2021	Payee name Inwood National Bank	
Amount (\$) 59.34	Payee address; City; State; Zip Code 7621 Inwood Road, Dallas, Texas 75209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description check order
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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 NEEDED