

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|  |   |   |  |
|--|---|---|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>      |   | <b>1 Filer ID</b> (Ethics Commission Filers)                        | <b>2 Total pages filed:</b><br><div style="text-align: right; font-size: 1.2em;">12</div>  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                     | MS / MRS / MR                      FIRST                      MI<br>MRS                      LEAH                      M  | <b>OFFICE USE ONLY</b>  |  |
|  | NICKNAME                      LAST                      SUFFIX<br>KING  |   |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br>Change of Address | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br><div style="background-color: black; height: 15px; width: 100%;"></div>   | Date Received<br><br>received by Ellie Garcia on 4/25/25 at 1:40 PM |  |
|  |   |   |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                    | AREA CODE                      PHONE NUMBER                      EXTENSION<br><div style="background-color: black; height: 15px; width: 100%;"></div>   | Date Hand-delivered or Date Postmarked                              |  |
|  |   |   |  |
| <b>6 CAMPAIGN TREASURER NAME</b>   | MS / MRS / MR                      FIRST                      MI<br>MS                      ROSA  | <b>Receipt #</b>  | <b>Amount \$</b>   |
|  | NICKNAME                      LAST                      SUFFIX<br>NAVEJAR   | <b>Date Processed</b>   |  |
|  |   | <b>Date Imaged</b>  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>7524 JACK NEWELL BLVD S, FORT WORTH, TX 76118  |   |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>  | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 817 )                      345-7500   |   |  |
| <b>9 REPORT TYPE</b>   | <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 (Officerholder Only)<br><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) |   |  |
| <b>10 PERIOD COVERED</b>   | Month                      Day                      Year                                           Month                      Day                      Year<br>3                      /                      25                      /                      25                                           THROUGH                      4                      /                      23                      /                      25 |   |  |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month                      Day                      Year<br>5                      /                      3                      /                      25   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
|  |   |   |  |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)<br>DIRECTOR - TRWD   | <b>13 OFFICE SOUGHT</b> (if known)<br>DIRECTOR - TRWD               |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br>Additional Pages       | 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  |  |
|  | <input checked="" type="checkbox"/> GENERAL   | TREPAC  |  |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS   |  |
|  |   | 1115 SAN JACINTO BLVD., STE 200, AUSTIN, TX 78701                   |  |
|  | COMMITTEE CAMPAIGN TREASURER NAME   |   |  |
|  | LESLIE CANTU  |   |  |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |
|  | PO BOX 2246, AUSTIN, TX 78768-2246  |   |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                  |   |   |
|----------------------------------|---|---|
| <b>15 C/OH NAME</b><br>LEAH KING |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>    | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|                                  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 22,599.48                                  |
| <b>EXPENDITURE TOTALS</b>        | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|                                  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 11,352.73                                  |
| <b>CONTRIBUTION BALANCE</b>      | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 24,175.98                                  |
| <b>OUTSTANDING LOAN TOTALS</b>   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

**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.

\_\_\_\_\_  
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 [REDACTED]

My address is [REDACTED] Fort Worth TX [REDACTED] USA  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 25 day of April, 2025.  
(month) (year)

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>LEAH KING  |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |  | \$ 22,599.48                                  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |  | \$ 11,352.73                                  |
| 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

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

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1: <b>7</b>              |
| <b>2</b> FILER NAME<br>TREPAC   |   | <b>3</b> Filer ID (Ethics Commission Filers)            |
| <b>4</b> Date<br>04/21/2025   | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>TREPAC<br><b>6</b> Contributor address; City; State; Zip Code<br>1115 SAN JACINTO BLVD., STE 200 AUSTIN, TX 78701          | <b>7</b> Amount of contribution (\$)<br><b>2,500.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)                    |
| <b>Date</b><br>04/13/2025   | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>MISHON LANDRY<br><b>Contributor address;</b> City; State; Zip Code<br>8512 HIGH POINT CT, NORTH RICHLAND HILLS, TX 76182     | <b>Amount of contribution (\$)</b><br><b>100.00</b>     |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>                      |
| <b>Date</b><br>04/02/2025   | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>PRESTON M. GEREN III<br><b>Contributor address;</b> City; State; Zip Code<br>1200 WASHINGTON TER, FORT WORTH, TX 76107       | <b>Amount of contribution (\$)</b><br><b>500.00</b>     |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>                      |
| <b>Date</b><br>04/02/2025   | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>OUR WATER OUR FUTURE PAC<br><b>Contributor address;</b> City; State; Zip Code<br>201 MAIN ST, STE 2500, FORT WORTH, TX 76102 | <b>Amount of contribution (\$)</b><br><b>4,149.48</b>   |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|--|---|
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| <b>2</b> FILER NAME<br>LEAH KING  |  | <b>3</b> Filer ID (Ethics Commission Filers)          |
| <b>4</b> Date<br>04/15/2025   | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>LYNDA GEARHEART<br><b>6</b> Contributor address; City; State; Zip Code<br>711 Quail Ridge Rd, ALEDO, TX 76008         | <b>7</b> Amount of contribution (\$)<br><b>100.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)                  |
| <b>Date</b><br>04/17/2025   | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>SANDRA MCGLOTHLIN<br><b>Contributor address; City; State; Zip Code</b><br>6225 Forest River Drive, FORT WORTH, TX 76112 | <b>Amount of contribution (\$)</b><br><b>1,000.00</b> |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                    |
| <b>Date</b><br>04/19/2025   | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>RICK HERRING<br><b>Contributor address; City; State; Zip Code</b><br>1801 Bolton St, FORT WORTH, TX 76111               | <b>Amount of contribution (\$)</b><br><b>100.00</b>   |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                    |
| <b>Date</b><br>04/21/2025   | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>GARY WALKER<br><b>Contributor address; City; State; Zip Code</b><br>4020 Shadow Dr, FORT WORTH, TX 76116                | <b>Amount of contribution (\$)</b><br><b>250.00</b>   |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME<br><b>LEAH KING</b>  |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>03/27/2025</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>ACCOUNTABLE GOVERNMENT FUND PAC</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>430 OLD FITZHUGH, #7, DRIPPING SPRINGS, TX 78620</b>  | 7 Amount of contribution (\$)<br><br><b>5,000.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                        |
| Date<br><b>04/14/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>GREATER FORT WORTH REAL ESTATE COUNCIL PAC</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>777 MAIN ST, NO 2100, FORT WORTH, TX 76102</b> | Amount of contribution (\$)<br><br><b>1,500.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| Date<br><b>04/14/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>ANNE &amp; BARNEY HOLLAND</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1301 THROCKMORTON ST APT 2503, FORT WORTH, TX 76102-6329</b>    | Amount of contribution (\$)<br><br><b>500.00</b>     |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| Date<br><b>04/01/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>ELTON M HYDER III</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>PO BOX 471905, FORT WORTH, TX 76147</b>                                 | Amount of contribution (\$)<br><br><b>1,500.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                          |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| 2 FILER NAME<br><b>LEAH KING</b>  |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>04/03/2025</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>LORRAINE C MILLER</b><br>6 Contributor address; City; State; Zip Code<br><b>1220 E TERRELL AVE, FORT WORTH, TX 76104</b> | 7 Amount of contribution (\$)<br><br><b>350.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                      |
| Date<br><b>03/29/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>MEGGIE LOWY</b><br>Contributor address; City; State; Zip Code<br><b>4124 Ridgehaven Rd., FORT WORTH, TX 76116</b>          | Amount of contribution (\$)<br><br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date<br><b>04/02/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>PAMELA PETTY</b><br>Contributor address; City; State; Zip Code<br><b>4060 Beacon Square Blvd, Apt 130, PLANO, TX 75075</b> | Amount of contribution (\$)<br><br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date<br><b>04/02/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>BAL JOSHI</b><br>Contributor address; City; State; Zip Code<br><b>4462 Vineyard Creek Dr, GRAPEVINE TX 76051</b>           | Amount of contribution (\$)<br><br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1: 7                   |
| 2 FILER NAME<br>Leah King   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>04/03/2025  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>CAROLYN HUGHES<br>6 Contributor address; City; State; Zip Code<br>4502 Elm River Ct, FORT WORTH, TX 76116 | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                  |
| Date<br>04/04/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>JONATHAN GARDEA<br>Contributor address; City; State; Zip Code<br>3033 Bella Lago Dr, FORT WORTH, TX 76177   | Amount of contribution (\$)<br><b>50.00</b>    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>04/08/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>SCOTT WOMACK<br>Contributor address; City; State; Zip Code<br>8504 Landing Way Ct, FORT WORTH, TX 76179     | Amount of contribution (\$)<br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>04/09/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>DUSTIN AUSTIN<br>Contributor address; City; State; Zip Code<br>700 W Harwood Rd, STE G2, HURST, TX 76054    | Amount of contribution (\$)<br><b>2,500.00</b> |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
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| 2 FILER NAME<br>LEAH KING   |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>04/14/2025  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>ASHLEY BOOTH<br>6 Contributor address; City; State; Zip Code<br>102 E Vine St, Milwaukee, WI 53212           | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                  |
| Date<br>04/14/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>TOM HARRIS<br>Contributor address; City; State; Zip Code<br>501 Samuels Ave #440, FORT WORTH, TX 76102         | Amount of contribution (\$)<br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/14/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>BRIAN AYRES<br>Contributor address; City; State; Zip Code<br>3728 Fenton Ave, FORT WORTH, TX 76133             | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>04/14/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>BENJAMIN ROBERTSON<br>Contributor address; City; State; Zip Code<br>305 SHADOW GRASS AVE, FORT WORTH, TX 76120 | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
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|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule A1: <b>7</b>                |
| <b>2</b> FILER NAME<br><b>LEAH KING</b>  |   | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br><b>04/22/2025</b>   | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br><b>KATY ABRAHAM</b><br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><b>2413 N MAIN ST, FORT WORTH, TX 76164</b> | <b>7</b> Amount of contribution (\$)<br><br><b>500.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)   |   | <b>9</b> Employer (See Instructions)                      |
| <b>Date</b>  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>.....<br><b>Contributor address;</b> City; State; Zip Code   | <b>Amount of contribution (\$)</b>                        |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                        |
| <b>Date</b>  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>.....<br><b>Contributor address;</b> City; State; Zip Code   | <b>Amount of contribution (\$)</b>                        |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                        |
| <b>Date</b>  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>.....<br><b>Contributor address;</b> City; State; Zip Code   | <b>Amount of contribution (\$)</b>                        |
| <b>Principal occupation / Job title (See Instructions)</b>   |   | <b>Employer (See Instructions)</b>                        |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b> |   |   |

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>2                              | <b>2</b> FILER NAME<br>LEAH KING   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/15/2025   | <b>5</b> Payee name<br>PLANET SIGNS  |  |
| <b>6</b> Amount (\$)<br>205.68                                      | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 12372, FORT WORTH, TX 76110                                |  |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>PRINTING                                | <b>(b)</b> Description<br>PALM CARDS         |
|   | <b>(c)</b> Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>04/15/2025  | Payee name<br>HUNT RESEARCH, LLC   |  |
| Amount (\$)<br>2,666.00   | Payee address; City; State; Zip Code<br>5019 VICTOR ST, DALLAS, TX 75214   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>CONSULTING   | Description<br>DATA CONSULTING               |
|   | 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<br>03/31/2025  | Payee name<br>NORFLEET STRATEGIES LLC  |  |
| Amount (\$)<br>2,500.00   | Payee address; City; State; Zip Code<br>504 W. 12TH ST, AUSTIN, TX 78701   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>CONSULTING   | Description<br>CAMPAIGN CONSULTING           |
|   | 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

# 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.

|  |                                  |  |
|--|----------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>2 | <b>2</b> FILER NAME<br>LEAH KING | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>04/11/2025 | <b>5</b> Payee name<br>CATALYST ADVISORS GROUP LLC |
|-----------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>5,706.47 | <b>7</b> Payee address; City; State; Zip Code<br>1108 LAVACA ST 110-506, AUSTIN, TX 78701 |
|----------------------------------|---|

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING   | <b>(b)</b> Description<br>DESIGN, PRINT, DATA, MAIL |
|   | <b>(c)</b> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>04/23/2025 | Payee name<br>ANEDOT INC. |
|--------------------|---------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>274.58 | Payee address; City; State; Zip Code<br>1340 POYDRAS ST., STE 1770, NEW ORLEANS, LA 70112 |
|-----------------------|---|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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