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: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: LEAH | MI: M

NICKNAME | LAST: KING | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

[redacted]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS | FIRST: ROSA | MI:

NICKNAME | LAST: NAVEJAR | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7524 JACK NEWELL BLVD S, FORT WORTH, TX 76118

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(817) 345 7500

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ■ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 1 / 16 / 26 THROUGH 7 / 15 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): DIRECTOR TRWD

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

received 7/8/26 at 2:11PM by Ellie Garcia

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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)
LEAH M KING	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 550.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,250.04
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 403.50
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 403.50
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 12,396.80
OUTSTANDING LOAN TOTALS	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].
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 8 day of July (month), 2027 (year).

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME
LEAH M KING

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
06/10/2026	FERNANDO COSTA 53632 EL CAMPO AVE, FORT WORTH, TX 76107	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
06/10/2026	JILL TURNER BLACK 2031 WARD PKWY, FORT WORTH, TX 76110	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
06/11/2026	KAREN VERMAIRE FOX 6801 BRIARWOOD DR, FORT WORTH, TX 76132	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
06/02/2026	JENNIFER TREVINO 4917 ROBINSON ST, FORT WORTH, TX 76114	100.00

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**

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1 Total pages Schedule A1: 4

2 FILER NAME
LEAH M KING

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
06/02/2C	NORMA ROBY 7578 MORRISON CT, FORT WORTH, TX 76112	2,500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
06/10/2C	KELLY SEIS 2520 GALVEZ, FORT WORTH, TX 76111	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
06/10/2C	HILARY WEINSTEIN 3100 W. 7TH STREET, APT 803, FORT WORTH, TX 76107	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
06/10/2C	MICHELLE CRIM 5100 OAK MILL DR, FORT WORTH, TX 76135	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 4

2 FILER NAME
LEAH M KING

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
06/10/2026	ANTAWNE JACKSON	100.00
	6 Contributor address; City; State; Zip Code: 2532 GALVEZ AVE, FORT WORTH, TX 76111	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
06/11/2026	ANDRE MCEWING	100.00
	Contributor address; City; State; Zip Code: 3301 CHANCELLORSVILLE DR, FORT WORTH, TX 76140	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
06/11/2026	CYNTHIA MONTES	100.00
	Contributor address; City; State; Zip Code: 3208 SCHWARTZ AVE, FORT WORTH, TX 76106	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
06/15/2026	SALLY & CHRIS GAVRAS	1,000.00
	Contributor address; City; State; Zip Code: 1301 THROCKMORTON #2501, FORT WORTH, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 4

2 FILER NAME
LEAH M KING

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
06/18/2026	SHARLA HORTON 957 E HUMBOLT ST, FORT WORTH, TX 76104	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
05/27/2026	ACCTVERIFY GOOGLE CCD 1600 AMPHITHEATRE PKWY, MOUNTAIN VIEW, CA 94043	0.04

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / 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 / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
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 explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	LEAH M KING	

4 Date: 07/15/2026
5 Payee name: ANEDOT
6 Amount ($): 153.50
7 Payee address; City; State; Zip Code: 3723 GREENVILLE AVE, STE 41002, DALLAS, TX 75206
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): FEES
(b) Description: CREDIT CARD FEES
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: LEAH M KING
Office sought:
Office held: TRWD - DIRECTOR

Date: 05/27/2026
Payee name: WINEHAUS FORT WORTH
Amount ($): 250.00
Payee address; City; State; Zip Code: 1628 PARK PLACE AVE, FORT WORTH, TX 76110
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): EVENT EXPENSE
Description: ROOM RENTAL
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: LEAH M KING
Office sought:
Office held: TRWD - DIRECTOR

Date:
Payee name:
Amount ($):
Payee address; City; State; Zip Code:
Check if individual's residence address.

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

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name:
Office sought:
Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED