CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00036483		2 Total pages fi	led: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Phillip S.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			CUEFIX	07/17/2023	
	NICKNAME Phil	LAST		SUFFIX	01/11/2023	
		King				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1913					
ADDRESS					Receipt #	Amount
Change of Address	Weatherford, TX 76086					
	·				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Jimmy R.		1411		
NAME	IVII.	Jillilly IX.				
				0.15517		
	NICKNAME	LAST		SUFFIX		
		Day				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	925 Santa Fe Drive, Ste. 1	101				
(Residence or Business)						
	Weatherford, TX 76086					
7 CAMPAIGN	AREA CODE PHON	IE NII IMDED - F	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(817) 550-6300					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after ca	mpaign treasurer
		_ courtag serore		L	appointment (off	
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	State Senator District 10			12 OFFICE SOUGH	(II KIIOWII)	
	State Schator District 10					
				<u> </u>		
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 82

13 C / OH NAME	King, Phillip S. (The I	Honorable)	14 Filer ID (00036483	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 78,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 4,945.69
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 134,134.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 557,046.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Phillip S. King	J
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

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

					3 of 82
18 FILEI King	R NAM J, Phill	19 Filer ID 00036483	(Ethi	ics Commission Filers)	
20 SCHI NAM	EDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	78,275.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	133,430.49
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	_
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	704.03
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	12,122.65

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/82	
2	FILER NAME King, Phillip	S. (The Honorable)		3	Filer ID (Ethics Commission 00036483	on Filers)
4	Date 06/27/2023 5 Full name of contributor out-of-state PAC (ID#:) Annunziato, Tom 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	Daine in all a con-	Aledo, TX 76008				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions) Self)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2023 Barton, Tim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Weatherford, TX 76085 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Bearden, George Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Dringing ago	Hudson Oaks, TX 76087 pation / Job title (See Instructions)	Employer (See Instructions			
	Banker	pation / Job title (See Instructions)	Texas Bank	,		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_Brigham, Ben Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$1,000.00
Principal occupation / Job title (See Instructions) Executive Chairman Employer (See Instruction Anthem Ventures)				
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2023 Cleveland, Kevin Contributor address; City; State; Zip Code Weatherford, TX 76086			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			1			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/82	
2	FILER NAME King, Phillip	S. (The Honorable)			3	Filer ID (Ethics Commission 00036483	on Filers)
4	Date 06/30/2023				7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu VP Governm	Lampasas, TX 76550 pation / Job title (See Instructions) nent Affairs)	9 Employer (See Instructions Smart Start LLC	<u> </u> ;)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Contreras, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Willow Park, TX 76087 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions	<u> </u>		
	Date 06/27/2023	Full name of contributor Davis, Whit Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Sacramento, CA 95864 pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	Attorney	,		Eggleston King Davis, L			
Date Full name of contributor O6/27/2023 Durant, Jerry Contributor address; City; State; Zip Code Weatherford, TX 76086		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00	
Principal occupation / Job title (See Instructions) Emp			Employer (See Instructions Jerry's Chevrolet	<u>(</u>			
	Date Full name of contributor out-of-state PAC (ID#:) Eggleston, Jim Contributor address; City; State; Zip Code Weatherford, TX 76088			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Eggleston King Davis, L			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/82	
2	FILER NAME King, Phillip	S. (The Honorable)			3	Filer ID (Ethics Commission 00036483	n Filers)
4	Date 06/27/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$10,000.00	
8	Principal occu automobile d			9 Employer (See Instructions Southwest Ford, Inc.	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2023 Goldberg, Ken Contributor address; City; State; Zip Code Dallas, TX 75230			Amount of Contribution (\$)	\$2,500.00		
	Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired			<u> </u> 5)			
Date Full name of contributor out-of-state PAC (ID# 06/22/2023 Haynes, Ashtyn Contributor address; City; State; Zip Code		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
	Principal occu	Weatherford, TX 76088 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> ;)		
	Date 06/22/2023	Full name of contributor Haynes, Luke Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
			Employer (See Instructions	<u> </u> 5)			
	Date 06/26/2023	Full name of contributor Henry, Matthew Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Senior VP	pation / Job title (See Instructions	5)	Employer (See Instructions Oncor	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/82		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	King, Phillip	S. (The Honorable)		00036483		
4	06/29/2023 Hock, Stacy		7 Amount of Contribution (\$) \$5,000.00			
		6 Contributor address; City; State; Zip Code Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	retired	pation 7 000 title (000 metadottono)	retired			
	Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)		
	06/28/2023	Howorth, Tommy		\$100.00		
		Contributor address; City; State; Zip Code				
		Alada TV 76008				
	Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions					
	i illicipai occu	pation 7 300 title (See manucitons)	Employer (See manuctions)			
	Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)		
	06/27/2023	Kembel, Robert		\$500.00		
		Contributor address; City; State; Zip Code				
		Arlington, TX 76005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor ut-of-state F	PAC (ID#:)	Amount of Contribution (\$)		
	06/22/2023	Knox, Jack		\$5,000.00		
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	investor		self-employed			
	Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)		
	06/30/2023	Mach, Steven		\$500.00		
		Contributor address; City; State; Zip Code				
		Houston TV 77210				
	Dringing coou	Houston, TX 77219	Employer (See Instructions)			
	riiicipai occu	pation / Job title (See Instructions)	Employer (See Instructions)	1		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCH	EDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule Sch: 5/5 Rpt: 8/82	e A1:	
2	FILER NAME King, Phillip	S. (The Honorable)		3 Filer ID (Ethics Cor 00036483	nmission Filers)
4			7 Amount of Contribution	on (\$) \$20,000.00	
		Dallas, TX 75225			
8	Principal occu CEO	ipation / Job title (See Instructions)	9 Employer (See Instructions Oncor	ns)	
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Parker, Michael Contributor address; City; State; Zip Code		Amount of Contribution	on (\$) \$250.00
	Principal occu	Weatherford, TX 76087 upation / Job title (See Instructions)	Employer (See Instructions	as)	
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#:_ Ryan, Jason Contributor address; City; State; Zip Code		Amount of Contribution	on (\$) \$10,000.00
		Houston, TX 77021			
	Principal occu Attorney	ipation / Job title (See Instructions)	Employer (See Instructions CenterPoint Energy	ns)	
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Wells, Jason Contributor address; City; State; Zip Code Houston, TX 77005)	Amount of Contribution	on (\$) \$10,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions CenterPoint Energy	ns)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel in D

g Expense Travel Out
s/Wages/Contract Labor OTHER (et

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 1/69 Rpt: 9/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/29/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.28	3105 Fort Worth Hwy
		,
		Hudson Oaks, TX 76087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		campaign vehicle fuel
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/06/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.66	3105 Fort Worth Hwy
		Hudson Oaks, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense campaign vehicle fuel
		Campaign vehicle luei
┡	Operation ONE V # discort	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	02/19/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.20	3105 Fort Worth Hwy
		Hudson Oaks, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
l	LAI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		campaign vehicle fuel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portantare to borient 0/01	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u>.</u>
1	Total pages Schedule F1: Sch: 2/69 Rpt: 10/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date 03/05/2023	5 Payee name 7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$47.68	3105 Fort Worth Hwy Hudson Oaks, TX 76087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign vehicle fuel
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.84	3105 Fort Worth Hwy
		Hudson Oaks, TX 76087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign vehicle fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.89	3105 Fort Worth Hwy
		Hudson Oaks, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 3/69 Rpt: 11/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483	
4	Date	5 Payee name	_
	04/10/2023	7-Eleven	
6	Amount (\$) \$48.87	7 Payee address; City; State; Zip Code 3105 Fort Worth Hwy	
_		Hudson Oaks, TX 76087	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign vehicle fuel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/07/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.79	3105 Fort Worth Hwy	
		Hudson Oaks, TX 76087	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel queside of Taylor Complete Schedule T	
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		campaign vehicle fuel	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	06/12/2023	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$49.19	3105 Fort Worth Hwy	
		Hudson Oaks, TX 76087	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	-	Expense Check if Austin, TX, officeholder living expense campaign vehicle fuel	
		Campaign vehicle fact	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/69 Rpt: 12/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	05/12/2023	Adam's Canopy Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$775.00	3508 E Cesar Chavez St, Suite A
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		tent rental for Israel Independence Day event at Governor's mansion
		Governor 3 mansion
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	01/18/2023	Amenify
_	Amount (\$)	Payee address; City; State; Zip Code
	\$228.00	
	Φ220.00	735 Montgomery St, Suite 330
		San Francisco, CA 94111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		cleaning service at Austin apartment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	02/06/2023	Amenify
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.00	735 Montgomery St, Suite 330
	¥=	
		San Francisco, CA 94111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	X Check if Austin, TX, officeholder living expense
		cleaning service at Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions / Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							ove)	
				Instruction Gui	ide explains ho	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 5/69 Rpt: 13/82	King	, Phillip S.	(The Honoral	ble)					00036483		
4	Date	5 Paye	e name									
	03/06/2023	Ame	enify									
6	Amount (\$)	7 Paye	e address;	City;	State;	Zip Cod	de					
	\$260.00	735	Montgome	ry St, Suite 3	30							
		San	Francisco.	CA 94111								
8	PURPOSE						(h)	Description				
ľ	OF			ategories listed at the ad/Rental Exp		lule)	(5)	:	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		c Overrice	ia/Neritai Exp	CHSC			=		officeholder livin		
								cleaning serv	rice	at Austin a	partment	
9	Complete ONLY if direct		date/Officeh	older name	Off	fice souç	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	Paye	e name									
	04/06/2023	Ame	enify									
	Amount (\$)	Paye	e address;	City;	State;	Zip Cod	de					
	\$245.00	735	Montgome	ry St, Suite 3	30							
		San	Francisco,	CA 94111								
	PURPOSE	(a) Cate	gory (See Ca	ategories listed at the	e top of this sched	lule)	(b)	Description				
	OF EXPENDITURE	Offic	e Overhea	ıd/Rental Exp	ense			=			nplete Schedule T.	
								Check if Austin, cleaning serv		officeholder livin		
								cicaring serv	100	at / tustiii a	parament	
	Complete ONLY if direct	Candid	date/Officeh	older name	Of	fice soug	thr			Office h	eld	
	expenditure to benefit C/O		actor Omiceri	older Hame	Oli	noc sou	giit			Onice ii	Ciu	
_	Date	Dovo	o nomo									
	05/06/2023	Ame	e name									
				O't-	Ot-t-:	7:- 0	-1-					
	Amount (\$)	l ´	e address;	City;		Zip Coo	ue					
	\$239.00	/ / / / / / / / / / / / / / / / / / / /	wonigonie	ry St, Suite 3	30							
				0.0.444								
				CA 94111		1						
	PURPOSE OF			ategories listed at the		lule)	(b)	Description	outoi.	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE	Offic	e Overhea	ıd/Rental Exp	ense			ш		officeholder livin	nplete Schedule T. a expense	
								cleaning serv				
								ŭ			=	
	Complete ONLY if direct	Candid	date/Officeh	older name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/O											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee L	egal Services		Vages/	Contract Labor		OTHER (enter a	category not listed above)
			The Instruction Guide exp	nams now to co	mpie	te this form.			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 6/69 Rpt: 14/82	King, Phillip	S. (The Honorable)					00036483	
4	Date	5 Payee name							
	06/06/2023	Amenify							
6	Amount (\$)	7 Payee address	s; City;	State; Zip Co	de				
	\$239.00	735 Montgor	nery St, Suite 330						
		San Franciso	co, CA 94111						
8	PURPOSE OF	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Office Overh	ead/Rental Expense			=		de of Texas. Com	
						Check if Austin, cleaning servi		officeholder living	
						clearing servi	ICC	at Austin ap	Januneni
9	Complete ONLY if direct	Candidate/Offic	oholdor namo	Office sou	abt			Office he	ald.
9	expenditure to benefit C/O		enoider name	Office Sou	gnı			Office fie	eiu
_	Data	Devie							
	Date	Payee name	aiclativa Evahanas C	ounoil					
	03/26/2023		gislative Exchange C						
	Amount (\$)	Payee address		State; Zip Co	de				
	\$200.00	2900 Crystal	Drive #6						
		Arlington, VA	22202						
	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
						—		officeholder living	
						officeholder m	ner	nbersnip au	es
	Commiste ONLY if divest	Condidate/Offic	ala alalau ia airea	Office				Office he	al al
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	enolder name	Office sou	gnt			Office he	ela
		<u> </u>							
	Date	Payee name							
	06/16/2023	American Le	gislative Exchange C	ouncil					
	Amount (\$)	Payee address	•	State; Zip Co	de				
	\$775.00	2900 Crystal	Drive #6						
		Arlington, VA	22202						
	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE	Fees				ш		de of Texas. Com	
								officeholder living	
						registration fe meeting in Ju			ler staff for annual
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			2.00			., 2		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office sou	ght			Office he	eld
	experience to beliefft C/Of	•							
	rms provided by Texas E	thios Commissio	n vaaaa otk	nice state ty i	10				Version V2 5 1 a18ea2ca

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/69 Rpt: 15/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/20/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,400.93	1340 Poydras St, Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online contribution processing fees for period 6/20-
		6/30/23
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/02/2023	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,355.83	One Apple Park Way
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder computer equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/02/2023	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$768.00	One Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder staff computer equipment
		oniceriolaer stair computer equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 8/69 Rpt: 16/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/13/2023	Arlington Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	505 E. Border St
		Arlington, TX 76010
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder membership dues
		omeendael membership ades
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Date	Payee name
	02/09/2023	Arlington Police Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 2318
	, , , , , ,	
		Arlington, TX 76004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		οροποσιοίη συμμοίτ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2023	Brandon Williams for Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 3580
		Syracuse, NY 13220
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense ticket to Kay Granger luncheon
		licket to Nay Granger function
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 9/69 Rpt: 17/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date	5 Payee name
	01/03/2023	Brannon, Kevin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,000.00	1911 Lorraine Avenue
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit c/of	'
	Date	Payee name
	01/20/2023	Brannon, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1911 Lorraine Avenue
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign consulting
		- Carrigation of the state of t
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/27/2023	Brannon, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1911 Lorraine Avenue
		All = 74.75000
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting
		Campaign consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

l	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 10/69 Rpt: 18/82	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	·
	04/03/2023	Brannon, Kevin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$4,000.00	1911 Lorraine Avenue	
l			
l		Allen, TX 75002	
8	PURPOSE		Description
ľ	OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Zanosising Zapanes	Check if Austin, TX, officeholder living expense
l			campaign consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beriefft C/Oi	1	
Г	Date	Payee name	
	04/25/2023	Brannon, Kevin	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4,000.00	1911 Lorraine Avenue	
l			
		Allen, TX 75002	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			campaign consulting
L	0 1 0 0 1 1 1 1 1 1		0" 111
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
l	Date	Payee name	
L	05/23/2023	Brannon, Kevin	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4,000.00	1911 Lorraine Avenue	
l			
		Allen, TX 75002	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			campaign consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
\vdash			
I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/69 Rpt: 19/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/26/2023	Brannon, Kevin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	1911 Lorraine Avenue
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign consulting
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/02/2023	Broaddus Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.81	2710 Bee Caves Rd
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense campaign vehicle fuel
		ouripaign verior luci
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/10/2023	Broaddus Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.01	2710 Bee Caves Rd
	7	
		Austin, TX 78746
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		campaign vehicle fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment		The Instruction Guid	de explains how to c	omple	ete this form.		
1	Total pages Schedule F1:	FILER NAME					3 Filer ID	(Ethics Commission Filers)
	Sch: 12/69 Rpt: 20/82	King, Phillip	S. (The Honorab	le)			00036483	
4	Date	Payee name						
	02/16/2023	Broaddus Cl	hevron					
6	Amount (\$)	Payee addres	•	State; Zip C	ode			
	\$47.19	2710 Bee Ca	aves Rd					
		Austin, TX 7	8746					
8	PURPOSE	Category (Sei	e Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE		on Equipment &			<u> </u>	outside of Texas. Co	
	EXPENDITORE	Expense				_	TX, officeholder livir	ng expense
						campaign veh	nicie tuei	
_	Commission ONII V if dispost	Candidate/Offic		Office			Office h	a lal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	cenoider name	Office so	ugnt		Office r	neid
L								
	Date	Payee name						
	02/23/2023	Broaddus Cl	nevron					
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode			
	\$40.00	2710 Bee Ca	aves Rd					
		Austin, TX 7	8746					
	PURPOSE	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE		on Equipment &	Related		ш	outside of Texas. Co	
		Expense				—	TX, officeholder livir	ng expense
						campaign veh	licie luei	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	uaht		Office h	neld
	expenditure to benefit C/O	Candidate/Onic	enoluei name	Office 30	ugnt		Office i	iciu
_	Data							
	Date 03/02/2023	Payee name Broaddus Cl	hovron					
	Amount (\$)	Payee addres	•	State; Zip C	ode			
	\$41.55	2710 Bee Ca	aves Rd					
		Austin, TX 7	8746					
	PURPOSE OF) Category (Se	e Categories listed at the	top of this schedule)	(b)	Description		
	EXPENDITURE		on Equipment &	Related			outside of Texas. Co TX, officeholder livir	·
		Expense				campaign veh		ig expense
						oampaign voi	11010 1401	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	uaht		Office h	neld
	expenditure to benefit C/O		.coidoi ridino	Omec 30	-gin		Omice I	
_								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Gitt/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)								
	Credit Card Payment			The Instruction Gu	ide explains ho	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 13/69 Rpt: 21/82		King, Phillip	S. (The Honora	.ble)					00036483		
4	Date	5	Payee name									
	03/24/2023		Broaddus C	hevron								
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$42.57		2710 Bee C	aves Rd								
			Austin, TX 7	78746								
8	PURPOSE	(a)		ee Categories listed at th			(b)	Description				
ľ	OF	(",		ion Equipment &		ile)	(~)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					Check if Austin,	, TX,	officeholder living	g expense	
								campaign vel	hicl	e fuel		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offi	ice soug	jht			Office h	eld	
	experialitire to beliefit C/OI											
	Date		Payee name									
	04/02/2023		Broaddus C	hevron								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$54.43		2710 Bee C	aves Rd								
			Austin, TX 7	78746								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Transportati	ion Equipment &				=			plete Schedule T.	
			Expense					campaign vel		officeholder living	g expense	
								campaign vei	iici	c luci		
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Offi	ice soug	ıht			Office h	əld	
	expenditure to benefit C/O		Janaraato, Om	ocholder hame	0	oc coug	,			Omoo n	314	
-	Date	Г	Dayoo nama									
	05/04/2023		Payee name Broaddus C	hevron								
					Ctata	7in Coo	40					
	Amount (\$) \$50.69		Payee addres 2710 Bee C	•	State; 2	zip Coc	ш					
	φ30.09		2710 Dee C	aves Nu								
			Auctin TV 5	70746								
		_	Austin, TX 7			- 1.						
	PURPOSE OF	(a)		ee Categories listed at th		ule)	(b)	Description Check if travel (nutsii	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE		Expense	ion Equipment &	Related			ш		officeholder living		
								campaign vel	hicl	e fuel		
	Complete ONLY if direct		- Candidate/Offic	ceholder name	Offi	ice soug	jht			Office h	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/69 Rpt: 22/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/15/2023	Broaddus Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.75	2710 Bee Caves Rd
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense campaign vehicle fuel
		cumpaign venicle luci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		Г
	Date	Payee name
	01/30/2023	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.44	1400 N. Congress Avenue
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol office supplies
		Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	02/10/2023	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.78	1400 N. Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Conital office of a sympton
		Capitol office supplies
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 15/69 Rpt: 23/82	King, Phillip S. (The Honorable)
4	Date	5 Payee name
	03/27/2023	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$194.86	1400 N. Congress Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/28/2023	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$545.58	1400 N. Congress Avenue
	Ψ545.56	1400 N. Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense end of session gifts for staff
		Cha of Session ghis for stair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_	Date	Davies name
	05/19/2023	Payee name Chuy's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$223.08	1728 Barton Springs Road
		Austin, TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol office staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memorials Legal Services	•		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
				The Instruction G	uide explains	how to cor	mple	ete this form.			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 16/69 Rpt: 24/82			S. (The Honora	able)					00036483	
4	Date	5	Payee name								
L	01/08/2023		Circle K								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de				
	\$38.47		2039 Fort W	orth Hwy							
			Weatherford	I, TX 76086							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Transportati	on Equipment a		·		=			nplete Schedule T.
	LAI LINDITUIL		Expense					_		officeholder livin	g expense
								campaign vel	nici	e tuei	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld
	experiorare to better C/Of	1									
	Date		Payee name								
	02/12/2023		Circle K								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$47.08		2039 Fort W	orth Hwy							
				-							
			Weatherford	I, TX 76086							
	PURPOSE	(a)		e Categories listed at t		nedule)	(b)	Description			
	OF EXPENDITURE			on Equipment a	& Related			=			nplete Schedule T.
			Expense					campaign vel		officeholder livin	a evheuse
								Jampaigii VCI		0 1001	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	eld
	expenditure to benefit C/O		Januale/OIII	Scholder Haille		Cilico sou(Air			Onice II	Olu
	Date		Payee name								
	02/26/2023		Circle K								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$33.80		2039 Fort W		Jiale,	, Zip C0	ac				
	ψ33.00		2000 I UIL W	Citi i ivvy							
			Weatherford	I. TX 76086							
	PURPOSE					1	(h)	Doscription			
	OF	^(ه)		e Categories listed at t		nedule)	(u)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		Expense	on Equipment	x תכומוטט					officeholder livin	
			F 21.30					campaign vel			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OI	Н									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services	·		ages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
		_		The Instruction G	uide explains	now to cor	nple	te this form.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 17/69 Rpt: 25/82	_		S. (The Honora	able)					00036483	
4	Date	5	Payee name								
L	03/12/2023		Circle K								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de				
	\$37.67		2039 Fort W	orth Hwy							
				-							
			Weatherford	d, TX 76086							
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he ton of this sch	nedule)	(b)	Description			
	OF	Ĭ.,		ion Equipment &			•	_ `	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		Expense					_		officeholder livin	g expense
								campaign vel	hicl	e fuel	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									
	Date		Payee name								
	04/15/2023		Circle K								
	Amount (\$)	T	Payee addres	ss; City;	State	; Zip Co	de				
	\$32.05		2039 Fort W	-		-					
	, ==:30			,							
			Weatherford	d, TX 76086			-				
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Transportat	ion Equipment &				=			nplete Schedule T.
			Expense					_		officeholder livin	g expense
								campaign vel	IICI	e iuel	
_											
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld
H	Date		Payee name								
	05/13/2023		Circle K								
		_		City ::	Ctata	. Zin O	da				
	Amount (\$)		Payee addres		State	; Zip Co	ue				
	\$17.65		2039 Fort W	ortn Hwy							
			Weatherford	d, TX 76086							
	PURPOSE OF	(a)		ee Categories listed at t		nedule)	(b)	Description			
	EXPENDITURE		•	on Equipment &	& Related			_			nplete Schedule T.
			Expense					_		officeholder livin	y expense
								campaign veh	IICI	e luel	
	Operation ONE VIII II	L_				245				6‴ :	-1-I
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	(Office sou	gnt			Office h	eia
	Oracide to borionic O/OI	•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
_		The Instruction Guide explains how to complete this form.	_		
1	Total pages Schedule F1:				
	Sch: 18/69 Rpt: 26/82	King, Phillip S. (The Honorable) 00036483			
4	Date	5 Payee name			
L	01/09/2023	City of Austin			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$27.48	P.O. Box 2267			
		Austin, TX 78783-2267			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense			
	EXPENDITURE	X Check if Austin, TX, officeholder living expense			
		utilities at Austin apartment			
L					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	н			
	Date	Payee name			
	02/10/2023	City of Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.07	P.O. Box 2267			
		Austin, TX 78783-2267			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		X Check if Austin, TX, officeholder living expense			
		utilities at Austin apartment			
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	_		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H			
L	Data	Г	_		
	Date	Payee name	ĺ		
	03/10/2023	City of Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$71.29	P.O. Box 2267	ſ		
		Austin, TX 78783-2267			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	LAI LIGHTOILE	X Check if Austin, TX, officeholder living expense			
		utilities at Austin apartment			
	Commission ONU V if allows	Condidate/Office helder no rec	_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	ĺ		
			_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
Ļ					
1	Total pages Schedule F1:				
	Sch: 19/69 Rpt: 27/82	King, Phillip S. (The Honorable) 00036483			
4	Date	5 Payee name			
	04/10/2023	City of Austin			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$112.59	P.O. Box 2267			
		Austin, TX 78783-2267			
8	PURPOSE				
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	X Check if Austin, TX, officeholder living expense			
		utilities at Austin apartment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	05/08/2023	City of Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$119.19	P.O. Box 2267			
		Austin, TX 78783-2267			
_	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	TX Check if Austin, TX, officeholder living expense			
		utilities at Austin apartment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
	Date	Payee name			
	06/06/2023	City of Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$153.02	P.O. Box 2267			
		Austin, TX 78783-2267			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	Za Enditone	X Check if Austin, TX, officeholder living expense			
		utilities at Austin apartment			
	Complete ONLY if direct	Condidate/Officeholder name Office country			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 20/69 Rpt: 28/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	04/03/2023	Clayton Spanger Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$511.00	235 Point Lick Drive
		Charleston, WV 25306
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Senate panoramic picture
		Schale parloranie picture
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Dougo nomo
	01/12/2023	Payee name Cleburne Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1511 W Henderson St
		Cleburne, TX 76033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder membership dues
		onicentituel membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 02/07/2023	Payee name
		Cleburne Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1511 W Henderson St
		Cleburne, TX 76033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff ticket for Chamber Awards Celebration
		Stall ticket for Chamber Awards Celebration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	Credit Cara r ayment	The Instruction Guide explains how to com	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/69 Rpt: 29/82	King, Phillip S. (The Honorable)		00036483
4	Date	5 Payee name		·
	01/01/2023	Compass Climate Storage		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$100.00	3750 E IH 20		
		Hudson Oaks, TX 76087		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	[Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	campaign storage rental
				[g
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	-		
Г	Date	Payee name		
	02/01/2023	Compass Climate Storage		
	Amount (\$)	Payee address; City; State; Zip Code	le	_
	\$100.00	3750 E IH 20		
		Hudson Oaks, TX 76087		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense campaign storage rental
				oan paign storage roma.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	03/01/2023	Compass Climate Storage		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$100.00	3750 E IH 20		
		Hudson Oaks, TX 76087		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	[Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	campaign storage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District - Gift/Awards/Memorials Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/69 Rpt: 30/82	King, Phillip S. (The Honorable)
4	Date	5 Payee name
	04/01/2023	Compass Climate Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3750 E IH 20 Hudson Oaks, TX 76087
_		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign storage rental
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2023	Compass Climate Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3750 E IH 20
		Hudson Oaks, TX 76087
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign storage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2023	Compass Climate Storage
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 3750 E IH 20
		Hudson Oaks, TX 76087
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign storage rental
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	· · · ·	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 23/69 Rpt: 31/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/10/2023	Doubletree Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$332.67	303 West 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder staff lodging for swearing in ceremonies
		officeriolaer staff loughing for swearing in ceremonies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Para a sana
	Date	Payee name
	01/09/2023	East Parker County Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	100 Chuckwagon Trail
		Willow Park, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		officeholder membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	01/09/2023	East Parker County Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	100 Chuckwagon Trail
		Willow Park, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff attendance at membership luncheon
		Stati attenuance at membership iuncheon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 24/69 Rpt: 32/82	2 FILER NAME King, Phillip S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00036483
4	Date 05/03/2023	5 Payee name East Parker County Chamber of Commerce	
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 100 Chuckwagon Trail Willow Park, TX 76087	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel Check if Austin	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense unce at membership luncheon
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 06/05/2023	Payee name East Parker County Chamber of Commerce	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 100 Chuckwagon Trail Willow Park, TX 76087	
	PURPOSE OF EXPENDITURE	Check if Austin	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense Ince at membership luncheon
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 01/03/2023	Payee name Flanagin Management Co., Inc.	
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 906	
		Weatherford, TX 76086	
	PURPOSE OF EXPENDITURE	Check if Austin	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense aff compensation
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 25/69 Rpt: 33/82	King, Phillip S. (The Honorable) 00036483				
4	Date	5 Payee name				
	01/11/2023	Flanagin Management Co., Inc.				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,500.00	P.O. Box 906				
		Weatherford, TX 76086				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		campaign staff compensation				
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
_	Data					
	Date	Payee name				
	01/30/2023	Flanagin Management Co., Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,500.00	P.O. Box 906				
		Weatherford, TX 76086				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense campaign staff compensation				
		campaign stail compensation				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-	Date	Payee name				
	02/28/2023	Flanagin Management Co., Inc.				
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 906				
	\$1,500.00	P.O. BOX 900				
		Weatherford TV 76006				
		Weatherford, TX 76086				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		campaign staff compensation				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Cou

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 26/69 Rpt: 34/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/27/2023	Flanagin Management Co., Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 906
		Weatherford, TX 76086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign staff compensation
		campaign stail compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	05/08/2023	Flanagin Management Co., Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 906
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign staff compensation
		campaign stail compensation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davis verse
	Date 05/25/2023	Payee name
		Flanagin Management Co., Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 906
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)			
	Sch: 27/69 Rpt: 35/82	King, Phillip S. (The Honorable) 00036483			
4	Date	5 Payee name			
	06/05/2023	Flanagin Management Co., Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$500.00	P.O. Box 906			
		Weatherford, TX 76086			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense campaign staff compensation			
		campaign stail compensation			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	01/14/2023	Ford Motor Credit			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$780.53	P.O. Box 650575			
		Dallas, TX 76265			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.			
		Expense			
		campaign vehicle lease payment			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
_	Date	Device same			
	02/14/2023	Payee name Ford Motor Credit			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$780.53	P.O. Box 650575			
		Dallas, TX 76265			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Expense			
		56pa.ig 155.5 pa.y5			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/69 Rpt: 36/82	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	
	03/15/2023	Ford Motor Credit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$780.53	P.O. Box 650575	
		Dallas, TX 76265	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense hicle lease payment
		oumpag.	oo loddo payo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/15/2023	Ford Motor Credit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$780.53	P.O. Box 650575	
		Dallas, TX 76265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T.
		ZAPONIOS	n, TX, officeholder living expense hicle lease payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/15/2023	Ford Motor Credit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$780.53	P.O. Box 650575	
		Dallas, TX 76265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense hicle lease payment
		cumpaign ve	nicie lease payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl.		Vages	s/Contract Labor		Travel Out of Dist OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	12			•		3 1	Filer ID	(Ethics Commission Filers)	_
_	Sch: 29/69 Rpt: 37/82	_	King, Phillip S. (The Honorable)			3		00036483	(Luncs Commission Filers	,
4	Date	5	Payee name							
	06/14/2023		Ford Motor Credit							
6	Amount (\$) \$780.53	7	Payee address; City; S P.O. Box 650575 Dallas, TX 76265	itate; Zip Co	ode					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Transportation Equipment & Relate			Check if travel ou	ıtsid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Expense			Check if Austin, T	ΓX, c	officeholder living	expense	
						campaign vehi	icle	e lease payr	nent	
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office he	ld.	
9	expenditure to benefit C/OI		andidate/Oniceholder hame	Office sou	grit			Office fie	iu	
	Date		Payee name							
	01/03/2023		Gables at the Terrace							
	Amount (\$)		Payee address; City; S	state; Zip Co	de					
	\$2,496.09		2301 S. Mopac Expressway							
	,									
			Austin, TX 78746							
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel ou				
	-					Check if Austin, T				
						rent and utilitie	es a	at Austin ap	artment	
	Complete ONLY if direct expenditure to benefit C/OI		candidate/Officeholder name	Office sou	ght			Office he	ld	
	Date		Payee name							
	02/02/2023		Gables at the Terrace							
	Amount (\$)	\vdash	Payee address; City; S	state; Zip Co	de					
	\$2,494.52	1	2301 S. Mopac Expressway	, <u></u> p 30						
	Ψ2,737.32		2001 O. Mopao Expressivay							
			Austin, TX 78746							
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	1	Office Overhead/Rental Expense			Check if travel ou				
	_/ L.I.D.I.O.I.L	1				X Check if Austin, T				
						rent and utilitie	es a	at Austin ap	artment	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office he	ld	
	expenditure to benefit C/OI	п								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 30/69 Rpt: 38/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/02/2023	Gables at the Terrace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,484.39	2301 S. Mopac Expressway
		Austin, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		\[\times \times \text{Check if Austin, TX, officeholder living expense} \] \[\text{rent and utilities at Austin apartment} \]
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/03/2023	Gables at the Terrace
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,481.80	2301 S. Mopac Expressway
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		rent and utilities at Austin apartment
	Commiste ONLY if divest	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/02/2023	Gables at the Terrace
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,490.34	2301 S. Mopac Expressway
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		rent and utilities at Austin apartment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide e	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 31/69 Rpt: 39/82	King, Phillip	S. (The Honorable)					00036483	
4	Date	5 Payee name							
	06/02/2023	Gables at th	ne Terrace						
6	Amount (\$) \$2,481.79	7 Payee addre 2301 S. Mo	ss; City; pac Expressway	State; Zip C	ode				
		Austin, TX	78746						
8	PURPOSE OF		ee Categories listed at the top		(b)	Description		J4T -	alata Calcadala T
	EXPENDITURE	Office Over	head/Rental Expens	е		_		de of Texas. Com officeholder living	
						rent and utiliti			
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/03/2023	Google, Inc							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$44.77	1600 Amph	itheater Pkwy.						
			iew, CA 94043						
	PURPOSE OF		ee Categories listed at the top		(b)	Description	outo:	do of Toyon Co	nlata Schodula T
	EXPENDITURE	Office Over	head/Rental Expens	е		<u></u>		de of Texas. Com officeholder living	
						campaign em			•
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/02/2023	Google, Inc							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$44.77	1600 Amph	itheater Pkwy.	-					
		Mountain V	iew, CA 94043						
	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expens	е				de of Texas. Com officeholder living	
						campaign em			- experise
								- 21.1.20	
	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	H							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
Sch: 32/69 Rpt: 40/82	King, Phillip S. (The Honorable) 00036483
4 Date	5 Payee name
03/01/2023	Google, Inc.
6 Amount (\$) \$44.77	7 Payee address; City; State; Zip Code 1600 Amphitheater Pkwy. Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2023	Google, Inc.
Amount (\$) \$44.77	Payee address; City; State; Zip Code 1600 Amphitheater Pkwy.
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign email Service
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 05/01/2023	Payee name
	Google, Inc.
Amount (\$) \$44.77	Payee address; City; State; Zip Code 1600 Amphitheater Pkwy.
	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign email service
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 33/69 Rpt: 41/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
l	06/02/2023	Google, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$44.77	1600 Amphitheater Pkwy.
l		
l		Mountain View, CA 94043
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		campaign email service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/OI	<u> </u>
	Date	Payee name
	06/30/2023	Grace House
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,030.00	919 Eureka St
l		
		Weatherford, TX 76086
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE	Candidate/Officeholder/Political Committee
		sponsorship support
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	o
┝	Date	Davida marea
l	01/27/2023	Payee name HEB
┝		
l	Amount (\$) \$94.02	Payee address; City; State; Zip Code 701 Capital of Texas Hwy, Bldg C
l	φ94.02	701 Capital of Texas Hwy, Blug C
l		West Lake Hills TV 70740
╙		West Lake Hills, TX 78746
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Capitol office refreshments and supplies
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:)
	Sch: 34/69 Rpt: 42/82	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	
L	02/08/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.79	701 Capital of Texas Hwy, Bldg C	
		West Lake Hills, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies	
		Suprior office refreshments and supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	02/16/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$138.20	701 Capital of Texas Hwy, Bldg C	
		West Lake Hills, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies	
		Suprice since remediments and supplies	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
H	Date	Payee name	_
	03/01/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$172.68	701 Capital of Texas Hwy, Bldg C	
		West Lake Hills, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies	
		Capitol office refreshments and supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Office Overhead/Re
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Cor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/69 Rpt: 43/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/15/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.54	701 Capital of Texas Hwy, Bldg C
		West Lake Hills, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies
		Suprier Sines remediate and supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	05/03/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$288.37	701 Capital of Texas Hwy, Bldg C
		West Lake Hills, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Capitol office refreshments and supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	05/28/2023	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.68	2652 Lake Austin Blvd
	7=:00	
		Austin, TX 78703
	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/69 Rpt: 44/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/14/2023	Hampton Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$459.94	1701 Lavaca St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lodging for officeholder guests for swearing in
		ceremonies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/20/2023	Hampton Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$408.33	1701 Lavaca St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder staff lodging for Legislative Parker
		County Day
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/03/2023	Install Connect, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	505 W State St
	,	
		Garland, TX 75040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		removal and storage of campaign signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 37/69 Rpt: 45/82	King, Phillip S. (The Honorable)	00036483
4	Date 05/26/2023	5 Payee name	
Ļ		King, Phil	
6	Amount (\$) \$51.73	7 Payee address; City; State; Zip Code	
	ФЭ1.73	2110 Fort Worth Hwy	
		Weatherford, TX 76086	
8	PURPOSE		Description
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			reimbursement of Schedule G expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	06/05/2023	King, Phil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$587.36	2110 Fort Worth Hwy	
		Weatherford, TX 76086	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			reimbursement of Schedule G expense for mobile
			phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/27/2023	King, Phil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.94	2110 Fort Worth Hwy	
		World of oil TV 7000	
		Weatherford, TX 76086	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement	Check if Austin, TX, officeholder living expense
			reimbursement of Schedule G expense
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/69 Rpt: 46/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/24/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.28	675 P.O.nce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign email and data base marketing service
		San page strain and sand sand sand sand sand sand sand
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/23/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	675 P.O.nce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign email and data base marketing service
		Sampaign Small and data bace maineding convice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/23/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	675 P.O.nce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense campaign email and data base marketing service
		campaign email and data base marketing service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 39/69 Rpt: 47/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
L	04/23/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.28	675 P.O.nce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign email and data base marketing service
		campaign email and data base marketing service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	05/23/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	675 P.O.nce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email and data base marketing service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	675 P.O.nce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign email and data base marketing service
		campaign email and data base marketing service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor 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)	
	Sch: 40/69 Rpt: 48/82	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	
	01/19/2023	Mineral Wells Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	P.O. Box 1408	
		Mineral Wells, TX 76067	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		officeholder membership dues	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
Г	Date	Payee name	=
	02/01/2023	Mineral Wells Chamber of Commerce	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$40.00	P.O. Box 1408	
		Mineral Wells, TX 76067	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		staff registration fee for State of the Community	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
F	Date	Payee name	=
	03/15/2023	Mineral Wells Chamber of Commerce	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.00	P.O. Box 1408	
	420.00	1 13 1 2 5 N 2 1 1 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
		Mineral Wells, TX 76067	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense staff registration fee for Friday Forum	
		Stati registration rection inday i ordin	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 41/69 Rpt: 49/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date	5 Payee name
	03/15/2023	Mineral Wells Chamber of Commerce
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. Box 1408
		Mineral Wells, TX 76067
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff registration fee for Friday Forum
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2023	Mineral Wells Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 1408
	Ψ20.00	1.0. Box 1400
		Mineral Wells, TX 76067
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		staff registration fee for Friday Forum
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.12	202 I-20
	Ψ13.12	
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		campaign office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	O. Eller D. MAME
1	Total pages Schedule F1: Sch: 42/69 Rpt: 50/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date	5 Payee name
	06/27/2023	Office Max
6	Amount (\$) \$132.26	7 Payee address; City; State; Zip Code 202 I-20 Weatherford, TX 76086
8	PURPOSE	(a) Cotogony (b) Description
١	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign office supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2023	Parker County Executive Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$367.50	P.O. Box 1111
		Weatherford, TX 76086
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder membership dues
		omosnotasi memberenp adee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2023	Parker County Executive Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1111
	7_00.00	
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		donation to scholarship fund
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services		ng Expe ies/Wag		Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gui	ide explains how to	o com	plet	e this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 43/69 Rpt: 51/82		King, Phillip	S. (The Honoral	ble)					00036483		
4	Date	5	Payee name					•				
	05/09/2023		Parker Cour	nty Sheriff's Poss	se							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	e					
	\$1,500.00		P.O. Box 28	1								
			Weatherford	I, TX 76086								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(k	b) [Description				
	OF	` `		s/Donations Ma			Ĺ		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/C	Officeholder/Polit	ical Committee			_		officeholder living	j expense	
							5	sponsorship s	sup	port		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office	sough	ht			Office he	eld	
		_										
	Date		Payee name									
	03/13/2023		Paxton Moth	neral For Tarrant	: Water Board							
	Amount (\$)		Payee addres		State; Zip	Code	е					
	\$500.00		P.O. Box 47	2059								
			Fort Worth,	TX 76147								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(k	b) [Description				
	OF EXPENDITURE			s/Donations Mad	,		<u> </u>	⊒			plete Schedule T.	
			Candidate/C	Officeholder/Polit	ical Committee		L	Check if Austin, contribution to		officeholder living	g expense	
								onthibution to	<i>J</i> ((ampaign		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	ht			Office he	5l4	
	expenditure to benefit C/O		Jan 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	501101001 TIGHT	000	ooug.				000		
-	Date	Т	Davos namo									_
	06/05/2023		Payee name Payton Inter	ests Inc								
	Amount (\$)		Payee addres		State; Zip	Code						
	\$262.00		,	olm Trail, Suite 4	•	Coue	C					
	Ψ202.00		1005 Chiloh	Jiii Traii, Jaile 4	.00							
			Round Rock	, TV 70601								
	DURROSE	(-)				10						
	PURPOSE OF	(a)		e Categories listed at the		(1	D) L П	Description Check if travel or	nutsio	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Office Overi	nead/Rental Exp	ense		F			officeholder living		
											n-Button for Asian	
							A	American Day	y at	the Capitol	expenses	
	Complete ONLY if direct		- Candidate/Offic	ceholder name	Office	sough	ht			Office he	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
_	Sch: 44/69 Rpt: 52/82	King, Phillip S. (The Honorable)	0.0)
4	Date	5 Payee name	
	01/03/2023	Perkins, Shanda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 743	
		Burleson, TX 76097	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		campaign staff compensation	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Or	/n	
	Date	Payee name	
	01/30/2023	Perkins, Shanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 743	
		Burleson, TX 76097	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		campaign staff compensation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	03/08/2023	Perkins, Shanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 743	
	,		
		Burleson, TX 76097	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		campaign staff compensation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/69 Rpt: 53/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/27/2023	Perkins, Shanda
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 743
		Burleson, TX 76097
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense campaign staff compensation
		campaign stail compensation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2023	Perkins, Shanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 743
	, ,	
		Burleson, TX 76097
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2023	Perkins, Shanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 743
		Burleson, TX 76097
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 46/69 Rpt: 54/82	King, Phillip S. (The Honorable)		00036483
4	Date	5 Payee name		-
	06/23/2023	Perkins, Shanda		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$1,500.00	P.O. Box 743		
		Burleson, TX 76097		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				campaign staff compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
3	expenditure to benefit C/OI		igiit	Office field
	Date	Payon name		
	03/20/2023	Payee name Randall's		
			, do	
	Amount (\$) \$107.39	Payee address; City; State; Zip Co 3300 Bee Caves Rd	oue	
	\$107.39	3300 Bee Caves Ru		
		A . (f) . TV 70704		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Charlest strangle straight of Tourse Complete School let Tours
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Capitol office refreshments and supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/19/2023	Randall's		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$92.57	3300 Bee Caves Rd		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Capitol office refreshments and supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Iaht	Office held
	Complete ONLY if direct expenditure to benefit C/OI		igiil	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	O. Eller D. MAME
1	Total pages Schedule F1: Sch: 47/69 Rpt: 55/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date	5 Payee name
	05/12/2023	Randall's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.98	1400 Cypress Creek Road
		Cedar Park, TX 78613
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies
		Capitor office refreshittents and supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payeo namo
	05/26/2023	Payee name Randall's
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.04	3300 Bee Caves Rd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies
		Capitor office refreshittents and supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payeo namo
	05/26/2023	Payee name Randall's
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.98	3300 Bee Caves Rd
		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol office refreshments and supplies
		Sapital silies following and supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 48/69 Rpt: 56/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/19/2023	Rotary Club of Weatherford
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.00	P.O. Box 1124
		Weatherford, TX 76086
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff quarterly membership dues
		Stail quarterly membership dues
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2023	Rotary Club of Weatherford
	Amount (\$)	Payee address; City; State; Zip Code
	\$219.00	P.O. Box 1124
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff quarterly membership dues
		Stail quarterly membership dues
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Salt Traders
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.48	1101 S Mopac Expy
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		officeholder staff meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 49/69 Rpt: 57/82	King, Phillip S. (The Honorable)	00036483
4	Date	Payee name	•
	01/17/2023	Salt Traders	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$136.33	1101 S Mopac Expy	
		Austin, TX 78746	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ood/Beverage Expense	evel outside of Texas. Complete Schedule T.
		constituen	ıstin, TX, officeholder living expense t meeting
		oonsulus.	· ····ooung
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ç	
_	Date	Payee name	
	01/30/2023	Salt Traders	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.73	1101 S Mopac Expy	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	evel outside of Texas. Complete Schedule T.
	LAI LINDITORE		ıstin, TX, officeholder living expense
		officeholde	er meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/27/2023	Salt Traders	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.17	1101 S Mopac Expy	
		1 13	
		Austin, TX 78746	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		evel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	ıstin, TX, officeholder living expense
		officeholde	er meeting
	Complete ONLY if direct	Candidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
			The Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 50/69 Rpt: 58/82	King, Philli	S. (The Honorable)				00036483		
4	Date	5 Payee name	•							
	03/14/2023	Salt Trader	'S							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$51.30	1101 S Mo	pac Expy							
			,							
		Austin, TX	78746							
Ļ	DUDDOCE				/b\					
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(a)	Description	outoi	do of Toyon Com	anlata Cabadula T	
	EXPENDITURE	Food/Beve	rage Expense					officeholder livin	nplete Schedule T. g expense	
						officeholder m			9	
								J		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office h	eld	
ľ	expenditure to benefit C/O		.coc.acac	000 000	.g			J	0.0	
_	Date	Davis a marrie								
		Payee name								
	04/20/2023	Salt Trader								
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$111.66	1101 S Mo	рас Ехру							
		Austin, TX	78746							
	PURPOSE	(a) Category (S	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense						nplete Schedule T.	
						—		officeholder living	g expense	
						constituent m	ee	urig		
	Operation ONLY if allowed	0		0#:				Off: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıgnı			Office h	eia	
	•	 								
	Date	Payee name								
	05/03/2023	Salt Trader	'S							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$64.75	1101 S Mo	рас Ехру							
		Austin, TX	78746							
	PURPOSE	(a) Category (s	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF		rage Expense	,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE					_		officeholder living	g expense	
						officeholder n	nee	eting		
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OH									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 51/69 Rpt: 59/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	05/26/2023	Salt Traders
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.89	1101 S Mopac Expy
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder meeting
		onicenduel meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	06/05/2023	Salt Traders
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.82	1101 S Mopac Expy
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder staff lunch meeting
		onicenolaer stan farier meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	06/15/2023	Payee name Salt Traders
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.31	1101 S Mopac Expy
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder staff lunch meeting
		omeenouer stan furier meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 52/69 Rpt: 60/82	FILER NAME King, Phillip S. (The Honorable)	:	3 Filer ID 00036483	(Ethics Commission Filers)
4	Date 01/05/2023	5 Payee name Sam's Club	•		
6	Amount (\$) \$205.38	7 Payee address; City; State; Zip Code 9700 N Capital of Texas Hwy			
8	PURPOSE OF EXPENDITURE	Austin, TX 78759 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	_	utside of Texas. Com TX, officeholder living refreshments a	g expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 02/01/2023	Payee name Sam's Club			
	Amount (\$) \$238.00	Payee address; City; State; Zip Code 9700 N Capital of Texas Hwy Austin, TX 78759			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	\square	utside of Texas. Com TX, officeholder living refreshments a	g expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 02/20/2023	Payee name Sam's Club			
	Amount (\$) \$110.00	Payee address; City; State; Zip Code 2101 SE Simple Savings Drive			
		Bentonville, AR 72712			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	ш	utside of Texas. Com TX, officeholder living nembership du	g expense
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide ex	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pa	ages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 5	3/69 Rpt: 61/82	King, Phillip	S. (The Honorable)					00036483	
4 Date		5 Payee name							
03/26/2	2023	Sam's Club							
6 Amount	t (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$266.99	9700 N Ca _l	oital of Texas Hwy						
		Austin, TX			1				
	RPOSE OF		ee Categories listed at the top o		(b)	Description	outo:	do of Toyen Com	ploto Sobodulo T
	NDITURE	Uffice Over	head/Rental Expense)		느		de of Texas. Com officeholder living	
						Capitol office			
	ete <u>ONLY</u> if direct iture to benefit C/O		iceholder name	Office sou	ught			Office he	eld
Date		Payee name							
05/26/2	2023	Sam's Club							
Amount	t (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$368.01	4970 US 29	90						
		Austin, TX	78735						
	RPOSE OF		ee Categories listed at the top o		(b)	Description	or.+	do of Taylor O-	plata Sahadula T
	NDITURE	Office Over	head/Rental Expense	!		=		de of Texas. Com officeholder living	
						Capitol office			
	te ONLY if direct		iceholder name	Office sou	ught			Office he	eld
expend	iture to benefit C/O	H							
Date		Payee name							
02/28/2	2023	Sanctified I	Hope Home for Wome	en					
Amount	t (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$1,000.00	100 Crossfi	re Court						
		Weatherfor	d, TX 76088						
	RPOSE		ee Categories listed at the top o	,	(b)	Description			
	OF NDITURE		ns/Donations Made B			ш		de of Texas. Com	•
		Landidate/	Officeholder/Political (ommittee		sponsorship s		officeholder living	j expense
						cponsorsinp s	Jup	, port	
Comple	ete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	eld
	expenditure to benefit C/OH								
	· · · ·								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee	Gift/Awards/Memori Legal Services	·		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
				The Instruction	Guide explains	how to cor	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 54/69 Rpt: 62/82	_		S. (The Hono	orable)					00036483		
4	Date	5	Payee name									
	02/06/2023		Sanders, Dy	/lan								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$2,200.00		4330 Bull C	reek Rd, #112	20							
			Austin, TX 7	78731								
8	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract		-,		Check if travel			nplete Schedule T.	
	LAFLINDITORE							_		officeholder livin		
								campaign sta	att c	compensation	on	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
L	experiorure to berient C/Of											
	Date		Payee name					_				
	01/03/2023		Solutions fo	r Fundraising	in Texas							
	Amount (\$)	Г	Payee addres	ss; City;	State	; Zip Co	de					
	\$5,000.00		1505 Elm S	treet, Suite 40	5							
			Dallas, TX 7	75201								
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			Fundraising E				=			nplete Schedule T.	
								—		officeholder livin		
								campaign fun	iura	aising servic	たち	
	Complete ONLY if direct	Ļ	Condidate /Cff	aabaldar raara		Office servi	ab+			Office !-	ald	
	Complete ONLY if direct expenditure to benefit C/OH		Januluate/Offi	ceholder name	(Office sou	yrıt			Office h	eiu	
\vdash	Data	_	D									_
	Date		Payee name									
	01/06/2023		Spectrum									
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$85.02		P.O. Box 85	5100								
			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			ш			nplete Schedule T.	
								_		officeholder livin		
								internet at Au	ıstil	ı aparıment		
	Complete ONLY if direct	Ļ	Candidate/Off:	ceholder name		Office com	abt			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/OTI	centituer name	(Office sou	ynı			Office h	eiu	
	•											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Schedule F1:		_
1	Sch: 55/69 Rpt: 63/82	King, Phillip S. (The Honorable) 63 File ID (Edition Commission Files) 63 File ID (Edition Commission Files)	
4	Date	5 Payee name	
	02/06/2023	Spectrum	
6	Amount (\$) \$85.44	7 Payee address; City; State; Zip Code P.O. Box 85100 Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense internet at Austin apartment	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/07/2023	Spectrum	
	Amount (\$) \$85.44	Payee address; City; State; Zip Code P.O. Box 85100 Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense internet at Austin apartment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Ī
	04/07/2023	Spectrum	
	Amount (\$) \$85.44	Payee address; City; State; Zip Code P.O. Box 85100	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense internet at Austin apartment	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 56/69 Rpt: 64/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	05/06/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.44	P.O. Box 85100
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense internet at Austin apartment
		internet at Austin apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/04/2023	Spectrum
_	Amount (\$)	Payee address; City; State; Zip Code
	\$85.44	P.O. Box 85100
	430	. 16. 26. 66266
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense internet at Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/02/2023	State Farm
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.35	1916 Martin Drive
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign vehicle insurance
		campaign verileic insulance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 57/69 Rpt: 65/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483	
4	Date 06/05/2023	5 Payee name State Farm	
6	Amount (\$) \$462.35	7 Payee address; City; State; Zip Code 1916 Martin Drive	
		Weatherford, TX 76086	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign vehicle insurance	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 04/12/2023	Payee name TDJC	
	Amount (\$) \$215.42	Payee address; City; State; Zip Code P.O. Box 4013 Huntsville, TX 77342	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense constituent gift	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 06/03/2023	Payee name Ted Cruz Victory Committee	_
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 25376	
		Houston, TX 77265	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution to campaign	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)	_
	Sch: 58/69 Rpt: 66/82	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	Ī
	01/31/2023	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,000.00	P.O. Box 2659	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		officeholder membership dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	01/13/2023	Texas Gas Service	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$73.19	P.O. Box 269042	
		Oklahoma City, OK 73126	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Utilities at Austin apartment	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	02/13/2023	Texas Gas Service	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$93.90	P.O. Box 269042	
		Oklahoma City, OK 73126	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense Utilities at Austin apartment	
		Suites at Austri apartition	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Г			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:		
	Sch: 59/69 Rpt: 67/82	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	
L	03/14/2023	Texas Gas Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$104.30	P.O. Box 269042	
		Oklahoma City, OK 73126	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		Utilities at Austin apartment	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	ĺ
	expenditure to benefit C/OF		
	Date	Payee name	
L	04/12/2023	Texas Gas Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.53	P.O. Box 269042	
		Oklahoma City, OK 73126	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		\times \t	
		Ounties at Austin apartment	
_	Complete ONLY if direct	Candidata/Officeholder name Office sought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
_	Data	Davise name	_
	Date	Payee name Toyon Con Sorving	ſ
	05/11/2023	Texas Gas Service	_
	Amount (\$)	Payee address; City; State; Zip Code	ſ
	\$36.98	P.O. Box 269042	
		Oklahoma City, OK 73126	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense	
		Utilities at Austin apartment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		
	•		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
۰	T.1 C.1.1.=:	
1	Total pages Schedule F1:	
	Sch: 60/69 Rpt: 68/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
L	06/12/2023	Texas Gas Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.73	P.O. Box 269042
		Oklahoma City, OK 73126
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EAPENDITURE	X Check if Austin, TX, officeholder living expense
		Utilities at Austin apartment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	п
	Date	Payee name
L	05/24/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 12068
		Capitol Station
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gift for Senate staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/14/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 12068
		Capitol Station
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff gift gavel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 61/69 Rpt: 69/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/30/2023	Texas Values Action
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1005 Congress Ave, Suite 830
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsorship support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Dete	
	Date	Payee name
	02/21/2023	The Roaring Fork
	Amount (\$)	Payee address; City; State; Zip Code
	\$282.74	701 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder meeting
		onicenduct meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	03/27/2023	The Roaring Fork
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.62	701 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		officeholder staff meeting
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 62/69 Rpt: 70/82	2 FILER NAME King, Phillip S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00036483
4	Date 05/21/2023	5 Payee name The Roaring Fork	
6	Amount (\$) \$140.44	7 Payee address; City; State; Zip Code 701 Congress Avenue	
8	PURPOSE OF EXPENDITURE	1 dod/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Staff dinner
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/08/2023	Payee name USPS	
	Amount (\$) \$2.76	Payee address; City; State; Zip Code 1145 Santa Fe Drive Weatherford, TX 76086	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Stage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/25/2023	Payee name USPS	
	Amount (\$) \$6.69	Payee address; City; State; Zip Code 1145 Santa Fe Drive	
		Weatherford, TX 76086	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Stage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
L	Sch: 63/69 Rpt: 71/82	King, Phillip	S. (The Honorable)					00036483		
4	Date	5 Payee name								
	06/10/2023	USPS								
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	ode					_
	\$252.00	194 Civic C	Circle							
		Lewisville,	TX 75067							
8	PURPOSE	(a) Category (s	see Categories listed at the top of thi	is schodulo)	(b)	Description				_
	OF		rhead/Rental Expense	is scriedule)	\	_ ·	outsid	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE		, , , , , , , , , , , , , , , , , , ,			Check if Austin,	TX,	officeholder living	expense	
						campaign pos	stag	je		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	ld	
H	Date	Payee name	<u> </u>							=
	06/15/2023	USPS								
\vdash	Amount (\$)	Payee addre	ess; City; S	tate: Zip Co	nde					_
	\$226.00	1145 Santa	. , , ,	, Zip OC						
	Ψ220.00	TITO JUING	CI C DIIVC							
		Weatherfor	d, TX 76086							
_	PURPOSE	(5) 5			(b)	Docorintica				_
	OF	· ·	iee Categories listed at the top of the	is schedule)	(0)	Description Check if travel of	outsid	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE	Fees				-		officeholder living		
						annual campa	aign	post office	box rental fee	
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	ld	_
	expenditure to benefit C/O	4								
	Date	Payee name								=
	06/12/2023	Walmart								
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode					_
	\$200.00	401 W Con	nmerce St							
		Brownwood	d, TX 76801							
	PURPOSE	(a) Category (S	see Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Contributio	ns/Donations Made By			ш		le of Texas. Comp		
		Candidate/	Officeholder/Political Co	mmittee				officeholder living		
						food for 840th	ı IVI/	no annual l	ranning	
	Complete ONLY if direct	Candidata/Off	iooholdar nama	Office	ıabt			Office ha	Id	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	ıyrıt			Office he	ilu	
	•									_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 64/69 Rpt: 72/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/19/2023	Watts, Kimberly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$480.00	1412 Berne Lane
		Lewisville, TX 75067
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense campaign contractor wages
		campaign contractor wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	02/09/2023	Watts, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.00	1412 Berne Lane
		Lewisville, TX 75067
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		campaign contractor wages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/01/2023	Payee name
		Watts, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	1412 Berne Lane
		Lewisville, TX 75067
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense campaign contractor wages
		campaigh contractor wages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 65/69 Rpt: 73/82	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	_
	04/20/2023	Watts, Kimberly	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$150.00	1412 Berne Lane	
		Lewisville, TX 75067	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense campaign contractor wages	
		Campaigh Contractor wages	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	_
	05/23/2023	Watts, Kimberly	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$110.00	1412 Berne Lane	
	Ψ110.00	1412 Bettle Luite	
		Lewisville, TX 75067	
	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign contractor wages	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot		
	Date	Payee name	
	06/24/2023	Watts, Kimberly	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1412 Berne Lane	
		Lewisville, TX 75067	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		campaign contractor wages	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula E4:	
1 Total pages Schedule F1:	
Sch: 66/69 Rpt: 74/82	King, Phillip S. (The Honorable) 00036483
4 Date	5 Payee name
01/30/2023	Weatherford College Foundation
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	225 College Park Drive
	Weatherford, TX 76086
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	donation to Allen Williamson scholarship fund
	donation to / tillon villiamoni constationip rand
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
03/15/2023	Weatherford College Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	225 College Park Drive
	Weatherford, TX 76086
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	sponsorship support
	Spondoroning dapport
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	o
Date	Payee name
01/03/2023	Westenhover, Ashley
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	Post Barton Creek
	Austin, TX 78746
DUDDOCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salarias/Magas/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign staff compensation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/69 Rpt: 75/82	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/11/2023	Westenhover, Ashley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	Post Barton Creek
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff compensation
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/30/2023	Westenhover, Ashley
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	Post Barton Creek
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Davida nama
	02/28/2023	Payee name Westenhover, Ashley
		·
	Amount (\$) \$250.00	Payee address; City; State; Zip Code Post Barton Creek
	Ψ230.00	1 OST BUILDIT GICCK
		Austin, TX 78746
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit 6/01	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 68/69 Rpt: 76/82	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date 04/07/2023	5 Payee name Westenhover, Ashley
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code Post Barton Creek
		Austin, TX 78746
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/08/2023	Payee name Westenhover, Ashley
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code Post Barton Creek Austin, TX 78746
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/30/2023	Payee name Westenhover, Ashley
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code Post Barton Creek
		Austin, TX 78746
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries	Expense /Wages/Contract Labor	Tra	avel in District avel Out of Dis ΓΗΕR (enter a	trict category not listed above)
1	Total pages Schedule F1:	1				3 Fil		(Ethics Commission Filers)
L	Sch: 69/69 Rpt: 77/82	King, Phill	ip S. (The Honorable)			00	0036483	
4	Date	5 Payee nam						
	06/30/2023	Westenho	ver, Ashley					
6	Amount (\$)	7 Payee addı		State; Zip C	ode			
	\$1,250.00	Post Barto	on Creek					
		Austin, TX	〈 78746					
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description			
	OF EXPENDITURE	Salaries/V	Vages/Contract Labor		, <u> </u>			olete Schedule T.
					campaign s		ceholder living npensatio	
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ught		Office he	ld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			ittee L	ood/Beverage Expens ift/Awards/Memorials egal Services The Instruction Gu	Expense				Travel in District Travel Out of District OTHER (enter a category	ory not listed above)			
1	Total pages Schedule G:	2 FIL	LER NAME	E 3					B Filer ID (Ethics Commission Filers)				
	Sch: 1/3 Rpt: 78/82	Kii	ing, Phillip	S. (The Honora	able)				00036483				
4	Date	5 Pa	ayee name					•					
	01/23/2023	TA	T&T Mobilit	y									
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Co	ode						
	\$98.12	PC	O Box 6463	3									
	Reimbursement from political contributions intended	Ca	arol Stream	, IL 60197									
8	PURPOSE	(a) Ca	ategory (See	Categories listed at the	ne top of this sch	edule)	(b) Description	=		Texas. Complete Schedule T.			
	OF EXPENDITURE	Of	ffice Overh	ead/Rental Exp	oense		[_	eck if Austin, TX, office	holder living expense			
							officeholder mobi	ıle p	phone				
Ļ	Operation Children	<u> </u>	-1-+-/O" :	I-I)			la a lad			
9	Complete ONLY if direct expenditure to benefit C/OH	Candid	date/Officeho	older name			Office sought		Office	neid			
	Date	Pa	ayee name										
	02/23/2023	TA	T&T Mobilit	y									
	Amount (\$)	Pa	Payee address; City; State; Zip Code										
	\$97.98	PC	O Box 6463	3									
	X Reimbursement from political contributions intended	Ca	arol Stream	, IL 60197									
	PURPOSE	Ca	ategory (See	Categories listed at the	ne top of this sch	edule)	Description	=		Texas. Complete Schedule T.			
	OF EXPENDITURE	Of	ffice Overh	ead/Rental Exp	oense			_	eck if Austin, TX, office	holder living expense			
							officeholder mobi	ıle p					
	Complete ONLY if direct expenditure to benefit	Candid	date/Officeho	older name			Office sought		Office	held			
	C/OH												
F	Date	Pa	ayee name										
	03/23/2023	l	ayee name T&T Mobilit	у									
\vdash	Amount (\$)		ayee addres		State:	Zip Co	ode						
	\$97.84		O Box 6463		3.0.0,								
	Reimbursement from												
	X political contributions intended		arol Stream				_						
	PURPOSE OF	l		Categories listed at the		edule)	Description	=	eck if travel outside of T eck if Austin, TX, office	Texas. Complete Schedule T.			
	EXPENDITURE	01	πice Overh	ead/Rental Exp	pense		officeholder mobi	_					
							omognoluei mubi	n c μ	лопс				
	Complete ONLY if direct	l Candid	date/Officeho	older name			Office sought		Office	held			
	expenditure to benefit C/OH		aato, Omoon						- Onice				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memoria Legal Services The Instruction (·		expense Nages/Contract Labor Discomplete this form.		Travel Out of District OTHER (enter a category not listed above))
1 Total pages Schedule G: 2 FILER NAM			FILER NAME					3	Filer ID (Ethics Commission F	ilers)
	Sch: 2/3 Rpt: 79/82		King, Phillip	S. (The Honor	rable)				00036483	·
4	Date	5	Payee name							
	04/23/2023		AT&T Mobi	lity						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode			
	\$97.84		PO Box 646	63						
	Reimbursement from political contributions intended		Carol Strea	m, IL 60197						
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete So	chedule T.
	OF EXPENDITURE		Office Over	head/Rental Ex	kpense		[Ch	heck if Austin, TX, officeholder living expens	se
	_,, _,,,,,,						officeholder mob	oile p	phone	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought		Office held	
	Date		Payee name							
	05/23/2023		AT&T Mobi	lity						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode			
	\$97.79		PO Box 646	63						
	Reimbursement from									
	X political contributions intended		Carol Strea	m, IL 60197						
	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete So	chedule T.
	OF EXPENDITURE		Office Over	head/Rental Ex	kpense			Ch	neck if Austin, TX, officeholder living expens	se
							officeholder mob	oile p	phone	
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	nolder name			Office sought		Office held	
	C/OH									
F	Date		Davas rasir:							
	06/23/2023		Payee name AT&T Mobi	lity						
_		╀			04-4-	- 7i- 0				
	Amount (\$) \$97.79		Payee addre		State	; Zip Co	ue			
			PU BUX 040	03						
	X Reimbursement from political contributions intended		Carol Strea	m, IL 60197						
	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	_	heck if travel outside of Texas. Complete So	
	OF EXPENDITURE		Office Over	head/Rental Ex	kpense		L	_	heck if Austin, TX, officeholder living expens	se
							officeholder mob	oile p	phone	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought		Office held	
Г										
l										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 80/82 King, Phillip S. (The Honorable) 00036483 Date Payee name 02/27/2023 Apple.com Amount (\$) Payee address; City; State; Zip Code \$64.94 One Apple Park Way Reimbursement from political contributions Х intended Cupertino, CA 95014 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** computer application Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/14/2023 Slovacek's Travel Amount (\$) Payee address; City; State; Zip Code \$51.73 415 Melodie Drive Reimbursement from political contributions Х West, TX 76651 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Transportation Equipment & Related Expense **EXPENDITURE** campaign vehicle fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ctio	on Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 81/82	
2	FILER NAME		er ID	(Ethics Commission	on Filers)			
	King, Phillip	S. ((The Honorable)		00	0364	483	
4	Date 02/06/2023	6	Name of person from whom amount is received Amenify Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$109.80
			San Francisco, CA 94111					
		7	Purpose for which amount is received	politi	cal c	contri	ibution returned to fil	er
			refund for overpayment					
	Date		Name of person from whom amount is received				Amount (\$)	
	04/11/2023		Amenify					\$130.00
		ļ	Address of person from whom amount is received; City; State; Zip Code	•••••				
			San Francisco, CA 94111					
				politi	cal c	contri	ibution returned to fil	er
			refund for overpayment					
	Date		Name of person from whom amount is received				Amount (\$)	
	06/27/2023	<u> </u>	Anthem Media					\$8,485.59
			Address of person from whom amount is received; City; State; Zip Code					
			Austin, TX 78736					
		H		noliti	cal c	contri	ibution returned to fil	er
			refund for overpayment for political advertising on previous report					
	Date		Name of person from whom amount is received				Amount (\$)	
	02/13/2023		King, Phil				(4)	\$281.26
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			, ,, ,, ,					
		L	Weatherford, TX 76086					
			—	politi	cal c	contri	ibution returned to fil	er
			reimbursement of personal mileage for January 2023					
	Date		Name of person from whom amount is received				Amount (\$)	
	01/17/2023		King, Phil					\$462.43
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Westborford TV 76006					
		L	Weatherford, TX 76086	!!#!			ilandian and an ellipsi	I
			Purpose for which amount is received	politi	cai c	contri	ibution returned to fil	er
			Tellibursement of personal fillieuge for December 2022					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

╙						
	The Instru	cti	on Guide explains how to complete this form.	1		tal pages Schedule K: h: 2/2 Rpt: 82/82
2	FILER NAME			3	File	er ID (Ethics Commission Filers)
	King, Phillip	S.	(The Honorable)		000	036483
4	Date 04/10/2023	<u> </u>	Name of person from whom amount is received King, Phil Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$) \$326.88
		7	Weatherford, TX 76086 Purpose for which amount is received Check if p	olitic	cal c	contribution returned to filer
			reimbursement of personal mileage for Feb. & March 2023	Ontic	- Car C	softing atom returned to mer
	Date		Name of person from whom amount is received			Amount (\$)
	05/03/2023		King, Phil			\$213.40
			Address of person from whom amount is received; City; State; Zip Code	•••••		
			Weatherford, TX 76086			
			Purpose for which amount is received Check if p	olitio	cal c	contribution returned to filer
			reimbursement of personal mileage for April 2023			
F	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)
	06/05/2023		King, Phil			\$55.02
	00/00/2020	ļ	Address of person from whom amount is received; City; State; Zip Code			
			Weatherford, TX 76086			
		┝		oli+i	ool o	contribution returned to filer
			reimbursement of personal mileage for May 2023	OIILIO	cai c	contribution returned to filer
┡		<u> </u>				
	Date		Name of person from whom amount is received			Amount (\$)
	06/29/2023	ļ	Plains Capital Bank			\$2,058.27
			Address of person from whom amount is received; City; State; Zip Code			
			Lubbock, TX 79408-0271			
		H	Purpose for which amount is received Check if p	olitio	cal c	contribution returned to filer
			campaign interest			
		•				