CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00067681		2 Total pages fil	led: 14
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	USE ONLY
OFFICEHOLDER NAME	The Honorable	Kenneth P.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CUEFIV	07/17/2023	
	NICKNAME	LAST		SUFFIX	01/11/2020	
	Ken	King				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1202					_
ADDRESS					Receipt #	Amount
Change of Address	Canadian, TX 79014-1202				2 2 2	
	·				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Robin R.		1411		
NAME	IVII 5.	RODIII IX.				
		LAST		SUFFIX		
		King				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO I	BOX PLEASE);	AP ⁻	「/SUITE#; CITY;	STA	ATE; ZIP CODE
ADDRESS	15074 Marshall Lane					
(Residence or Business)						
	Canadian, TX 79014					
7 CAMPAIGN	AREA CODE PHONI	- NIIIMDED - E	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(806) 323-8841					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after car	mnaign treasurer
] courtacy before		L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPt	rimary	Runoff	Other	
	03/05/2024	│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 88		State Represent		
	Ctate From the Control of the Control					
		GO T	O PAGE 2			
ı						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	King, Kenneth P. (The Honorable) 14 Filer ID 00067681					mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accep These expenditures may had d officeholders are required	ave been made without t	he candidate's or offi	ceholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	_	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIE ES OF LOANS, OR CONTR			S, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GU	JARANTEES OF LOANS	6)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	1,739.57	
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	74,847.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN	NTAINED AS OF THE LA	AST DAY OF THE	\$	160,446.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUT TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	115,000.00
17 AFFIDAVIT	•				•	
		true an	r, or affirm, under penalty d correct and includes al Fitle 15, Election Code.			
				rable Kenneth P. K Candidate or Officeh		
			Signature of	Candidate of Officeri	loidei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		aid		, this the		day
of	, 20, to c	ertify which, witness my har	nd and seal of office.			
Signature of offi	cer administering	Printed name of office	er administering	Title of offic	er administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVLK .	3 of 44
l	ER NAN	neth P. (The Honorable)	19 Filer ID 00067681	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	74,680.10
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	167.76
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCH	EDULE A1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule Sch: 1/1 Rpt: 4/44	e A1:	
FILER NAME King, Kenne		3 Filer ID (Ethics Cor 00067681	mmission Filers)	
Date 06/21/2023 5 Full name of contributor out-of-state PAC (ID#:) Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code			7 Amount of Contribution	on (\$) \$1,000.00
	Austin, TX 78726			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	The Instru FILER NAME King, Kenne Date 06/21/2023	The Instruction Guide explains how to complete this filter NAME King, Kenneth P. (The Honorable) Date 06/21/2023 5 Full name of contributor out-of-state PAC (ID#: Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code	King, Kenneth P. (The Honorable) Date 06/21/2023 5 Full name of contributor out-of-state PAC (ID#:) Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code Austin, TX 78726	The Instruction Guide explains how to complete this form. 1 Total pages Schedule Sch: 1/1 Rpt: 4/44 FILER NAME King, Kenneth P. (The Honorable) Date 06/21/2023 5 Full name of contributor out-of-state PAC (ID#: 006/21/2023 Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code Austin, TX 78726

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 Gui	de explains how to c	omple	ete this form.		
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/39 Rpt: 5/44	King, Kennet	th P. (The Hono	rable)			00067681	
4	Date	Payee name						
	01/24/2023	AT&T Mobilit	ty					
6	Amount (\$)	Payee address	s; City;	State; Zip C	ode			
	\$235.17	P.O Box 646	3					
		Carol Stream	n, IL 60197-6463	3				
8	PURPOSE	Category (See	e Categories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE		ead/Rental Exp				tside of Texas. Com	
						Check if Austin, T Payment of ca	X, officeholder living	
						rayment of ca	mpaign telepi	none
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	uaht		Office h	eld
ľ	expenditure to benefit C/O	Caradate/Onic	enolder hame	Office 30	ugiit		Office II	ciu
_	Date	Dayso nama						
	02/23/2023	Payee name AT&T Mobilit	tv					
				State; Zip C	odo			
	Amount (\$) \$235.17	Payee address P.O Box 646		State, Zip C	oue			
	\$235.17	P.O BOX 646	03					
		0		2				
		Carol Stream	n, IL 60197-6463	3				
	PURPOSE OF		e Categories listed at the		(b)	Description	(= 0	
	EXPENDITURE	Office Overh	nead/Rental Exp	ense		ш	tside of Texas. Com X, officeholder living	
						Payment of ca		
						-		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught		Office h	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	03/24/2023	AT&T Mobilit	ty					
	Amount (\$)	Payee address	s; City;	State; Zip C	ode			
	\$235.17	P.O Box 646	-					
		Carol Stream	n, IL 60197-6463	3				
	PURPOSE) Category (See	e Categories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE	•	ead/Rental Exp			ш	tside of Texas. Com	•
	LAFENDITORE					ш	X, officeholder living	- '
						Payment of ca	mpaign teiepi	none
	Operation ONLY if allowed	0	-11	O#:			Off I-	-1.4
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	enolder name	Office so	ugnt		Office h	ela

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 2/39 Rpt: 6/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	04/24/2023	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$234.26	P.O Box 6463
		Carol Stream, IL 60197-6463
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
		Payment of campaign telephone
		aymont of sampaign totophone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/23/2023	AT&T Mobility
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$234.26	P.O Box 6463
		Carol Stream, IL 60197-6463
	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
		Payment of campaign telephone
		aymont of sampaign totophone
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/23/2023	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$234.26	P.O Box 6463
		Carol Stream, IL 60197-6463
	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 Payment of campaign telephone
		r ayment of campaign telephone
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

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: 3/39 Rpt: 7/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	02/01/2023	Campaign Reporting Solutions, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,040.00	110 Carriage Drive
		Lufkin, TX 75904
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign bookkeeping services
		Campaign beamesping of Nece
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2023	Campaign Reporting Solutions, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.47	110 Carriage Drive
		Lufkin, TX 75904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Q4 2022 campaign payroll processing and payroll
		tax return preparation
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/09/2023	Campaign Reporting Solutions, LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$202.72	110 Carriage Drive
		· · · · · · · · · · · · · · · · · · ·
		Lufkin, TX 75904
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Q1 2023 campaign payroll processing and payroll tax return preparation
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
一		
ĺ		

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 4/39 Rpt: 8/44		eth P. (The Honorable	e)				00067681	·	·
4	Date	5 Payee name	;							
	02/01/2023	Cheng, Ra	n							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$3,100.00	2114 Cliffs	Edge Drive							
		Austin, TX	78733							
8	PURPOSE OF	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description				
	EXPENDITURE	Fees				므		de of Texas. Com , officeholder living		
						_			maintained in Au	stin
						rtont for point	000	аралинони.		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	<u>l</u> ıght			Office he	eld	
L	D :									
	Date	Payee name								
	02/27/2023	Cheng, Ra								
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$3,100.00	2114 Cliffs	Edge Drive							
		Austin, TX	78733							
	PURPOSE	(a) Category (S	See Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Com		
								officeholder living		_4:_
						Rent for politi	cai	apartment i	maintained in Au	Stin
	Operation ONLY if direct	0		04:	!			0#:	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ignt			Office he	eia	
	<u>'</u>									
	Date	Payee name								
	05/05/2023	Cheng, Ra	n							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$3,100.00	2114 Cliffs	Edge Drive							
		Austin, TX	78733							
	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Com		
								officeholder living		ctin
						Mention boild	cal	aparıment i	maintained in Au	Juii
_	Complete ONLY if direct	Candidata/Off	ficabolder name	Office	laht			Office	old.	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	igill			Office he	au	

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/39 Rpt: 9/44	King, Kenneth P. (The Honorable)
4 Date	5 Payee name
05/27/2023	Cheng, Ran
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,100.00	2114 Cliffs Edge Drive
	Austin, TX 78733
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.
	X Check if Austin, TX, officeholder living expense
	Rent for political apartment maintained in Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
3.,50	
Date	Payee name
06/20/2023	Cheng, Ran
Amount (\$)	Payee address; City; State; Zip Code
\$3,100.00	2114 Cliffs Edge Drive
	Austin, TX 78733
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. X Check if Austin, TX, officeholder living expense
	Rent for political apartment maintained in Austin
	Transfer pointed apartment maintained in Austin
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/10/2023	Chisum Ranch
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	P.O. Box 1512
	Pampa, TX 79066
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 Rent for district office
	Refit tot district office
Complete ONII V Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By 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:	
	Sch: 6/39 Rpt: 10/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	02/01/2023	Chisum Ranch
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1512
		Pampa, TX 79066
8	PURPOSE	
٠	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
		Rent for district office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2023	Chisum Ranch
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1512
		Pampa, TX 79066
	DUDDOCE	
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent for district office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2023	Chisum Ranch
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1512
	,	
		Pampa, TX 79066
	DUDD 005	
	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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent for district office
	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)
ense 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

	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: 7/39 Rpt: 11/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/01/2023	Chisum Ranch
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1512
		Pampa, TX 79066
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
		Rent for district office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/02/2023	Chisum Ranch
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1512
		Pampa, TX 79066
	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
		Rent for district office
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/10/2023	City of Austin - Austin Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.61	721 Barton Springs Road
		Austin, TX 78704
	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.
		\times \text{ Check if Austin, TX, officeholder living expense} Utilities for political apartment maintained in Austin
		Othities for political apartment maintained in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
一		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 8/39 Rpt: 12/44	King, Kenneth P. (The Honorable) Carrier in	
4	Date	5 Payee name	
	02/13/2023	City of Austin - Austin Energy	
6	Amount (\$) \$94.49	7 Payee address; City; State; Zip Code 721 Barton Springs Road	
		Austin, TX 78704	
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.	
	EXPENDITORE	X Check if Austin, TX, officeholder living expense	
		Utilities for political apartment maintained in Austin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	Ī
	03/14/2023	City of Austin - Austin Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.35	721 Barton Springs Road	
		Austin, TX 78704	
	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.	
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
		Ounties for pointed apartment maintained in Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/11/2023	City of Austin - Austin Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$117.17	721 Barton Springs Road	
		Austin, TX 78704	
	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.	
		X Check if Austin, TX, officeholder living expense	
		Utilities for political apartment maintained in Austin	
\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 Contributions/ Donations Made By Candidate/Officeholder/Politica 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	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: Sch: 9/39 Rpt: 13/44	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
	·	
4	Date	5 Payee name
	05/09/2023	City of Austin - Austin Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.13	721 Barton Springs Road
		Auctin TV 70704
_		Austin, TX 78704
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. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
		Othlices for political apartment maintained in Austin
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	06/09/2023	City of Austin - Austin Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.90	721 Barton Springs Road
		Austin, TX 78704
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/12/2023	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.00	235 Pont Lick Drive
		Charleston, WV 25306
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Photo of the 88th Legislature for capitol office decor
	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 Co

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 10/39 Rpt: 14/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	03/01/2023	Dalton O'Gorman Memorial
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 489
_	DUDDOCE	Wheeler, TX 79096
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
	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
		Charitable donation to sponsor annual scholarship fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/09/2023	Dependabill Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.01	5885 Cumming Hwy
		Ste. 108-309
		Sugar Hill, GA 30518
	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.
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		Ounties for pointed apartment maintained in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2023	Dependabill Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.58	5885 Cumming Hwy
		Ste. 108-309
		Sugar Hill, GA 30518
	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.
		X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 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: Sch: 11/39 Rpt: 15/44	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
4 Date 03/14/2023	5 Payee name Dependabill Solutions
6 Amount (\$) \$18.55	7 Payee address; City; State; Zip Code 5885 Cumming Hwy Ste. 108-309 Sugar Hill, GA 30518
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/07/2023	Payee name Dependabill Solutions
Amount (\$) \$31.38	Payee address; City; State; Zip Code 5885 Cumming Hwy Ste. 108-309 Sugar Hill, GA 30518
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/09/2023	Payee name Dependabill Solutions
Amount (\$) \$61.86	Payee address; City; State; Zip Code 5885 Cumming Hwy Ste. 108-309 Sugar Hill, GA 30518
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
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 Com 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		nmittee Legal Services			se s/Contract Labor		OTHER (enter a	category not listed a	above)
	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 Commis	sion Filers)
	Sch: 12/39 Rpt: 16/44		King, Kenneth P. (The Honora	ble)				00067681		
4	Date	5	Payee name							
	06/13/2023		Dependabill Solutions							
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode					
	\$96.54		5885 Cumming Hwy							
	,		Ste. 108-309							
			Sugar Hill, GA 30518							
_		_	-							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this schedule)	(b)	Description	outoi	de of Texas. Com	nloto Cobodulo T	
	EXPENDITURE		Fees					officeholder living		
						Utilities for po				in Austin
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ı <u> </u>			Office he	eld	
	expenditure to benefit C/O	Н								
	Date		Payee name							
	04/19/2023		Domain Networks							
	Amount (\$)	\vdash	Payee address; City;	State; Zip Co	ode					
	\$289.00		PO Box 1280	, ,						
	,									
			Hendersonville, NC 28793							
	PURPOSE	(0)			(h)	Description				
	OF	(a)	Category (See Categories listed at the to	p of this schedule)	(0)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Advertising Expense					officeholder living		
						Annual renew	/al	of campaign	website dom	ain name
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/Ol	Н								
	Date		Payee name							
	02/01/2023		Erben & Yarbrough							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					
	\$450.00		807 Brazos Avenue							
			Ste. 400							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the to	on of this schedule)	(b)	Description				
	OF	<u> `</u>	Legal Services	p of this schedule)	l` <i>′</i>		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		3			_		officeholder living		
						Q4 2022 Lega	al r	eview of TE	C filings	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office he	eld	
	experialities to beliefit 6/011									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of Education Education	<u>_</u>
1	Total pages Schedule F1: Sch: 13/39 Rpt: 17/44	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
4	Date	5 Payee name
	04/21/2023	Etsy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,992.61	117 Adams Street
		Brooklyn, NY 11201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Committee gifts for Texas House Licensing and
		Admin Procedures members
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	'
	Date	Payee name
	04/26/2023	Etsy
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.73	117 Adams Street
		Brooklyn, NY 11201
	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
		Committee gifts for Texas House Licensing and Admin Procedures members
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2023	Foreman, Synda
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.75	2329 Dogwood Lane
	Ψ300.73	2525 Dogwood Lane
		Pampa, TX 79065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
L		office (494m*.625). Not reimbursed by the state.
	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 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: 14/39 Rpt: 18/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	03/01/2023	Foreman, Synda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$262.66	2329 Dogwood Lane
		Pampa, TX 79065
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign
		office (401m*.655). Not reimbursed by the state.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2023	Foreman, Synda
	Amount (\$)	Payee address; City; State; Zip Code
	\$262.66	2329 Dogwood Lane
		Pampa, TX 79065
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign
		office (401m*.655). Not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/01/2023	Foreman, Synda
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.66	2329 Dogwood Lane
		Pampa, TX 79065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign office (372m*.655). Not reimbursed by the state.
\vdash	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1:	
	Sch: 15/39 Rpt: 19/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	06/01/2023	Foreman, Synda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.83	2329 Dogwood Lane
	Ψ121.00	2020 Dogwood Edito
		D TV 70005
		Pampa, TX 79065
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign office (186m*.655). Not reimbursed by the state.
		Office (100H1.000). Not reinfluitsed by the state.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7
	Date	Payee name
	06/28/2023	Foreman, Synda
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$384.49	2329 Dogwood Lane
	ψ	Louis Dogwood Lane
		Pampa, TX 79065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign office (587m*.655). Not reimbursed by the state.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiencie to beliefft C/OI	<u> </u>
	Date	Payee name
	01/30/2023	Foreman, Synda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2329 Dogwood Lane
	,	
		Dampa TV 70065
		Pampa, TX 79065
	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 contract labor
		Campaign contract labor
	Commission Chill V. V. II	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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 t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/39 Rpt: 20/44	King, Kenneth P. (The Honorable)	00067681
4	Date	5 Payee name	-
	02/28/2023	Foreman, Synda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	2329 Dogwood Lane	
		Pampa, TX 79065	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		Ca	ampaign contract labor
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/31/2023	Foreman, Synda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	2329 Dogwood Lane	
		Pampa, TX 79065	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Contract labor
			ampaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	04/30/2023	Foreman, Synda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	2329 Dogwood Lane	
	Ψ1,000.00	2023 Bogwood Lane	
		Pampa, TX 79065	
	PURPOSE OF		escription 1 Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Ca	ampaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 17/39 Rpt: 21/44	King, Kenr	neth P. (The Honora	ble)				00067681		
4	Date	5 Payee name	e							
	05/30/2023	Foreman,	Synda							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$1,000.00	2329 Dogv	vood Lane							
		Pampa, T>	79065							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	or		_		ide of Texas. Com , officeholder living		
						Campaign co			гехрепас	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name								
	06/30/2023	Foreman,								
	Amount (\$)	Payee addre		State; Zip C	ode					
	\$1,000.00	2329 Dogv								
	+ =,000.00									
		Pampa, T>	(79065							
	PURPOSE OF	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	or				ide of Texas. Com , officeholder living		
						Campaign co			expense	
						oampaign oo		act labor		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	l ught			Office he	eld	
	expenditure to benefit C/O									
	Date	Payee name	e							
	02/13/2023	Fronk Oil								
	Amount (\$)	Payee addre	•	State; Zip C	ode					
	\$123.77	718 S. 2nd	Street							
		Canadian,	TX 79014							
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	District					ide of Texas. Com		
	2/11 2/13/17 C/12							, officeholder living	expense	
						Fuel for OH to	ıdV	еі		
	Complete ONLY if allowed	Consd: d - t - 101	finahaldar varar	Off				O#	vid.	
	Complete ONLY if direct expenditure to benefit C/Oł		ficeholder name	Office so	uynt			Office he	au	
	•									
		41-: O 	.:	and the same of the first			_		\ / · · · · · · \ \ \ \ \ \ \ \ \ \ \ \	1 -100

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to	-	lete this form.
1	Total pages Schedule F1:	-		3 Filer ID (Ethics Commission Filers)
	Sch: 18/39 Rpt: 22/44	King, Kenneth P. (The Honorable)		00067681
4	Date	5 Payee name		·
	04/24/2023	Fronk Oil		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$114.24	718 S. 2nd Street		
		Canadian, TX 79014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fuel for OH travel
				ruei ioi On tiavei
9	Complete ONLY if direct	Candidate/Officeholder name Office	cought	Office held
	expenditure to benefit C/OI		sougrii	Office field
⊨	Data			
	Date	Payee name		
_	05/01/2023	Fronk Oil		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$66.33	718 S. 2nd Street		
		Canadian, TX 79014		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fuel for OH travel
H	Complete ONLY if direct	Candidate/Officeholder name Office	ought	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	06/20/2023	Fronk Oil		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$116.00	718 S. 2nd Street		
		Canadian, TX 79014		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Fuel for OH travel
<u> </u>	Commission ONU Wife allows	Condidate/Officeholder		Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	sougnt	Office held
\vdash	•			
<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:	2 FILER NAME 3 Fi	ler ID (Ethics Commission Filers)
	Sch: 19/39 Rpt: 23/44	King, Kenneth P. (The Honorable)	0067681
4	Date	5 Payee name	
	03/06/2023	Fronk Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$101.82	718 S. 2nd Street	
		Canadian, TX 79014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside	of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, off	iceholder living expense
		Fuel for On traver	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/20/2023	HEB - Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$212.22	2110 Slaughter Lane	
	DUDD 0.05	Austin, TX 78748	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, off	iceholder living expense
		Supplies for capito	I office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office Hold
F	Date	Payee name	
	04/06/2023	HEB - Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$148.06	2110 Slaughter Lane	
		Austin, TX 78748	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Poetal Expanse) Check if travel outside.	of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, off	iceholder living expense
		Supplies for capito	I office
		1	
	Complete ONLY if direct	Candidata/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
			Office held
			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:	
	Sch: 20/39 Rpt: 24/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
_	05/03/2023	HEB - Austin
6	Amount (\$) \$91.66	7 Payee address; City; State; Zip Code 2110 Slaughter Lane
	401.00	1110 Gladgillor Lailo
		Austin, TX 78748
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
		Supplies for capitol office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Or	
	Date	Payee name
	05/04/2023	HEB - Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.90	2110 Slaughter Lane
		Austin, TX 78748
	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 Supplies for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/14/2023	Hobby Lobby
	Amount (\$) \$68.12	Payee address; City; State; Zip Code 8000 Research Blvd
	\$00.12	6000 Research bivu
		Austin, TX 78758
	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
		Frames for capitol office decor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/Of	•

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

	The Instruction Guide explains how to c	omplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 21/39 Rpt: 25/44	King, Kenneth P. (The Honorable)			00067681	
4 Date	5 Payee name		<u> </u>		
05/26/2023	J Carver's				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$200.00	509 Rio Grande				
	Austin, TX 78701				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF	Gift/Awards/Memorials Expense		Check if travel outsi	ide of Texas. Com	plete Schedule T.
EXPENDITURE	·		Check if Austin, TX,		
		16	exas House le	gislative sup	port staff gifts
O Consolate ONLY if alice at	One stidents (Office Includes a second			0#:	.1.1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugnt		Office he	eia
Date	Payee name				
05/29/2023	Johnson, Madison				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$1,000.00	4286 Hwy 71				
	Columbus, TX 78934				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsi Check if Austin, TX,		
			ampaign contr		ехрепае
			pg		
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught		Office he	eld
expenditure to benefit C/O		J			
Date	Payee name				
05/12/2023	Kendra Scott				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$100.00	1701 S Congress Avenue	ouc			
4100.00	Troi o congress / Wende				
	Austin, TX 78704				
PURPOSE		(h) D			
OF	(a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(0)	escription Check if travel outsi	ide of Texas. Com	plete Schedule T.
EXPENDITURE	Gill/Awaitus/Memoriais Expense		Check if Austin, TX,		•
		St	aff gift		
Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	eld
expenditure to benefit C/O	н				

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			egal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter	istrict a category not listed abo	ove)
	Credit Card Payment		Т	he Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 22/39 Rpt: 26/44	Ki	ng, Kennetl	n P. (The Hon	orable)					00067681		
4	Date	5 Pa	ayee name						_			
	05/18/2023	l	endra Scott									
6	Amount (\$)	7 Pa	ayee address	; City;	State	; Zip Co	de					
	\$100.00	17	701 S Cong	ress Avenue								
		Aι	ustin, TX 78	704								
8	PURPOSE			Categories listed at	the top of this cal	odulo)	(b)	Description				
ľ	OF			Categories listed at 1emorials E xp		ledule)	(~)	_ :	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livir	ig expense	
								Staff gift				
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	holder name	(Office sou	ght			Office h	ield	
	experialitate to beliefit e/of											
	Date	Pa	ayee name									
	01/30/2023	Liv	vely, Chery									
	Amount (\$)	Pa	ayee address	; City;	State	; Zip Co	de					
	\$100.00	66	610 Rotan D	Prive								
		Αι	ustin, TX 78	749								
	PURPOSE	(a) Ca	ategory (See	Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE	Sa	alaries/Wag	es/Contract L	abor						nplete Schedule T.	
								Campaign co		officeholder livir	ig expense	
								oampaign co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	act labor		
	Complete ONLY if direct	<u>I</u> Can	ndidate/Office	holder name	(Office sou	aht			Office h	ield	
	expenditure to benefit C/OI						9					
_	Date	Da	ayee name									
	02/28/2023	l	vely, Chery									
	Amount (\$)		ayee address		State	; Zip Co	de					
	\$100.00	l	310 Rotan E	-	State	, Zip C0	uc					
	Ψ100.00		720 Motal 2									
		Ι Δι	ustin, TX 78	7/10								
	PURPOSE					Î	(h)	Description				
	OF			Categories listed at es/Contract L		iedule)	(n)	Description Check if travel	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE	30	alalles/ way	es/Contract L	abui			ш		officeholder livir		
								Campaign co	ntr	act labor		
	Complete ONLY if direct		ndidate/Office	holder name	(Office sou	ght			Office h	ield	
L	expenditure to benefit C/OI	п 										

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: 23/39 Rpt: 27/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	03/31/2023	Lively, Cheryl
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	6610 Rotan Drive
		Austin, TX 78749
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 contract labor
		Campaign contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/30/2023	Lively, Cheryl
-	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6610 Rotan Drive
	4200.00	ooto rotali Biivo
		Austin, TX 78749
_	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 contract labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2023	Lively, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6610 Rotan Drive
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Mages/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 contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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 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: 24/39 Rpt: 28/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
l	06/30/2023	Lively, Cheryl
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$100.00	6610 Rotan Drive
l		
l		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
l	Date	Payee name
	06/05/2023	Lively, Cheryl
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	6610 Rotan Drive
l		
		Austin, TX 78749
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign contract labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
┝	Date	Davida marra
l	03/02/2023	Payee name Lucchese
┡		
l	Amount (\$)	Payee address; City; State; Zip Code 20 Zane Grey
	\$2,818.91	20 Zane Grey
l		El Dago TV 70000
		El Paso, TX 79906
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Mamorials Expanse Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Staff gifts
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ĺ		

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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 25/39 Rpt: 29/44	King, Kenneth P. (The Honorable) 00067681						
4	Date	5 Payee name						
	05/05/2023	Micheladas Cafe						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$291.55	504 Trinity Street						
		Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	LAI LINDITORE	Check if Austin, TX, officeholder living expense						
		OH dinner meeting						
_	Opening ONE V if direct	On all data (Office helder marre						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/01/2023	Murphy Nasica						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,000.00	815-A Brazos Street						
		Ste. 304						
		Austin, TX 78701						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Digital media production and political advertising						
		Digital media production and pointed advertising						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	03/21/2023	Murphy Nasica						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,500.00	815-A Brazos Street						
	Ψ2,300.00	Ste. 304						
		Austin, TX 78701						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Digital media production and political advertising						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	H						

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/Magney/Contract Labor

	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: 26/39 Rpt: 30/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/27/2023	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	815-A Brazos Street
		Ste. 304
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital media production and political advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/20/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos Street
		Ste. 304
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital media production and political advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2023	North Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$525.87	500 W 2nd Street
		Ste. 120
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OH dinner meeting
	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 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: 27/39 Rpt: 31/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	01/10/2023	Qi
	Amount (\$) \$258.56	7 Payee address; City; State; Zip Code 835 W 6th Street Ste. 114 Austin, TX 78703
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense OH dinner meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2023	Quijano, Megan
	Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 519 Bridgestone Way
		Buda, TX 78610
	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 contract labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/30/2023	Payee name Quijano, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
		Buda, TX 78610
	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 contract labor
	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

xpense Travel in Dist Expense Travel Out of Wages/Contract Labor OTHER (ente

	Candidate/Officenoider/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: 28/39 Rpt: 32/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	02/28/2023	Quijano, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
		Buda, TX 78610
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 contract labor
		Campaign contract acc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/31/2023	Quijano, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
		Buda, TX 78610
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Dayso name
	04/30/2023	Payee name Quijano, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
	Ψ100.00	515 Bridgestone way
		Buda, TX 78610
	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 contract labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Onditions to bottom O/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide	explains how to	compl	ete this form.					
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 29/39 Rpt: 33/44	King, Kenn	eth P. (The Honora	ble)				00067681			
4	Date	5 Payee name	<i>j</i>								
	05/31/2023	Quijano, M									
6	Amount (\$)	7 Payee addre		State; Zip	Codo						
٥	\$100.00	_		State, Zip	Coue						
	\$100.00	519 Bridge	stone Way								
		Buda, TX 7	78610 								
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Salaries/W	ages/Contract Labo	or				ide of Texas. Com			
						Campaign co		, officeholder living	g expense		
						Campaign co	,,,,,,	act labor			
_	Commiste ONLY if divest	Condidate/Of	finale dela mana	Office				Office le	-1.d		
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	ougni			Office h	eiu		
	Date	Payee name	9								
	06/30/2023	Quijano, M	egan								
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code						
	\$100.00	519 Bridge	stone Way								
		G	·								
		Buda, TX 7	78610								
_	DUDDOOF				las						
	PURPOSE OF		See Categories listed at the to		(a)	Description Check if travel	outei	ide of Texas. Com	inlete Schedule T		
	EXPENDITURE	Salaries/vv	ages/Contract Labo	or				, officeholder living			
						Campaign co	ntr	act labor			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	ought			Office he	eld		
	expenditure to benefit C/OF	4									
-	Date	Payee name	`								
	01/17/2023	_	sh by Nestle								
			-		<u> </u>						
	Amount (\$)	Payee addre		State; Zip	Code						
	\$52.52	6661 Dixie	Highway								
		Suite 4									
		Louisville,	KY 40258								
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise				ide of Texas. Com	•		
								, officeholder living	g expense		
						Water - capit	UI C	лисе			
	0 1. 0	0 111 17-2	e		<u> </u>			0			
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office s	ought			Office h	eia		
		÷									
<u> </u>	rme provided by Tayas F	thice Commice	ion vanan	othice state t	. IIC				Version V2 5 1 a18ea2c		

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			se s/Contract Labor		OTHER (enter	a category not listed above)
	Credit Card Payment			The Instruction Gu	ide explains how to o	ompl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 30/39 Rpt: 34/44		King, Kenne	th P. (The Hono	orable)				00067681	
4	Date	5	Payee name					_		
	02/16/2023		ReadyFresh	by Nestle						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode				
	\$52.52		6661 Dixie H	Highway						
			Suite 4							
			Louisville, K	Y 40258						
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e ton of this schedule)	(b)	Description			
	OF EXPENDITURE	` `		nead/Rental Exp		` `	:	outsi	de of Texas. Cor	nplete Schedule T.
	EXPENDITORE						—		officeholder livin	g expense
							Water - capito	ol c	office	
_		L				<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office h	eld
		_								
	Date		Payee name							
	03/16/2023		ReadyFresh	by Nestle						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode				
	\$16.55		6661 Dixie H	Highway						
			Suite 4							
			Louisville, K	Y 40258						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense				de of Texas. Cor officeholder livin	nplete Schedule T.
							Water - capito			y expense
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	04/17/2023		ReadyFresh	by Nestle						
	Amount (\$)		Payee addres		State; Zip C	ode				
	\$111.02		6661 Dixie H	-	, p					
			Suite 4	,						
			Louisville, K	Y 40258						
	PURPOSE	(a)		e Categories listed at th		(h)	Description			
	OF	(۵)		e Categories listed at th nead/Rental Exp		(5)		outsi	de of Texas. Cor	nplete Schedule T.
	EXPENDITURE		0.11100 0.1011	rodd/ (orital Exp			Check if Austin	, TX,	officeholder livin	g expense
							Water - capito	ol c	office	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	experientare to beliefft G/OI									

SCHEDULE F1

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

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: 31/39 Rpt: 35/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/15/2023	ReadyFresh by Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$460.20	6661 Dixie Highway
		Suite 4
		Louisville, KY 40258
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 Water and water cooler - capitol office
	l	water and water cooler capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	06/16/2023	ReadyFresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.91	6661 Dixie Highway
	!	Suite 4
	!	Louisville, KY 40258
	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 Water - capitol office
	!	vvator oupitor onice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/07/2023	Renaissance Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$753.47	200 Main Street
	!	
	!	Fort Worth, TX 76102
	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 Lodging to attend OH meetings
	!	Loughly to attend On meetings
	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 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: 32/39 Rpt: 36/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/29/2023	Runnels, Emily
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3501 S 1st Street
		Apt. 215
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign contract labor
		Campaign contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	H Office sought Office relationship of the sought of the s
	Date	Payee name
	05/25/2023	Specs
_	Amount (\$)	Payee address; City; State; Zip Code
	\$538.89	4970 W Hwy 290
	Ψ330.03	4370 W 11Wy 230
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Texas House legislative support staff gifts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	TNT Lakeside
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.82	1300 E 10th Street
		Amarillo, TX 79102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Fuel for OH travel
		Fuel Ioi On tiavei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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			Giff/Awards/Memorials Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed abo	ove)
	Credit Card Payment		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 33/39 Rpt: 37/44		King, Kenne	th P. (The Hon	orable)					00067681		
4	Date	5	Payee name									
	04/04/2023		TNT Lakesic	de								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$79.12		1300 E 10th	Street								
			Amarillo, TX	79102								
8	PURPOSE	(a)	Category (so	e Categories listed at	the ten of this scho	odulo)	(b)	Description				
	OF		Travel In Dis		uie top of this scrie	edule)	` '	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							—		officeholder livin	g expense	
								Fuel for OH tr	rav	el		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	Date	ı	Payee name									
	03/01/2023		Texans Cari	ng for Texans								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$500.00		4200 Canyo	n Drive								
			Amarillo, TX	79109								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	,	:++		<u></u>		de of Texas. Cor officeholder livin	nplete Schedule T.	
			Candidate/C	Officeholder/Pol	illicai Commi	illee		Charitable do			y expense	
	Complete ONLY if direct		Candidate/Offic	eholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
	Date		Payee name									
	02/27/2023	ı	-	e Republican (Caucus							
	Amount (\$)	-	Payee addres			Zip Co	de					
	\$1,000.00	ı	PO Box 133		,							
			Austin, TX 7	8711								
	PURPOSE		<u> </u>		the top of this caba	adula)	(b)	Description				
	OF	1	Fees	e Categories listed at	trie top of triis scrie	edule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								Annual caucu	ıs n	nembership	dues	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	experience to benefit 6/01											

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services		alaries/W		e /Contract Labor		OTHER (enter	a category not listed above)
	Credit Card Payment		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 34/39 Rpt: 38/44		King, Kenne	th P. (The Hond	orable)					00067681	
4	Date	5	Payee name								
	04/12/2023		Texas Kidne	y Foundation							
6	Amount (\$)	7	Payee addres	s; City;	State; 2	Zip Coo	de				
	\$204.81		4204 Garde	ndale							
			Ste. 106								
			San Antonio	, TX 78229							
8	PURPOSE	(a)		e Categories listed at th	a top of this school	da)	(b)	Description			
	OF	``		e Categories listed at tr s/Donations Ma		ile)	()	:	outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE			Officeholder/Poli		ee		—		officeholder livir	
								Memorial don father	nati	on in honoi	r of fellow legislator's
								ialilei			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce sou	ght			Office h	neld
	Date		Payee name								
	02/21/2023		Toucan Prin	ting							
	Amount (\$)		Payee addres	s; City;	State; Z	Zip Coo	de				
	\$281.45		7 Switchbud	Place							
			Ste. 192-266	6							
			The Woodla	nds, TX 77380							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedu	ıle)	(b)	Description			
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense						mplete Schedule T.
								Prints for cap		office deco	
								Times for eap		omec acec	51
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	aht			Office h	neld
	expenditure to benefit C/OI						y				
_	Date	Π	Payee name								
	02/13/2023		US Treasury	,							
	Amount (\$)		Payee addres		State; Z	Zin Cor	de				
	\$9.33		,	enue Service C		шр Сос	uc				
	40.00		intornal rev	0.140 00.1100 0	onto:						
			Ogden, UT 8	8/201							
	DUDDOCE	(0)					/b)	D			
	PURPOSE OF	(a)	Category _{(Se} Taxes	e Categories listed at th	ne top of this schedu	ile)	(n)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE		Taxes							officeholder livir	
								Campaign pa	ıyro	ll taxes	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce sou	ght			Office h	neld
L	expenditure to benefit C/OI	п									

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: 35/39 Rpt: 39/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	02/13/2023	US Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.06	Internal Revenue Service Center
		Ogden, UT 84201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Taxes (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	03/13/2023	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$475.08	Internal Revenue Service Center
		Ogden, UT 84201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Camplete Schedule T
	EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	
	Date	Payee name
	03/13/2023	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.34	Internal Revenue Service Center
		Ogden, UT 84201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Tayes (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

e Event Expense Loan Repayment/Reimbu

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

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: 36/39 Rpt: 40/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	04/13/2023	US Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.34	Internal Revenue Service Center
		Ogden, UT 84201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
		Campaign payroll taxes
		Campaigh payroll taxes
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	04/13/2023	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$475.06	Internal Revenue Service Center

		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	
	Date	Payee name
	05/12/2023	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$475.10	Internal Revenue Service Center
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Taxes Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Legal Services		Printing Ex Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 37/39 Rpt: 41/44		King, Kenne	th P. (The Hond	orable)					00067681		
4	Date	5	Payee name									
	05/12/2023		US Treasury	,								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$9.34		Internal Rev	enue Service C	enter							
			Ogden, UT 8	34201								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this sched	lule)	(b)	Description				
	OF	 `	Taxes	e Calegories listed at ti	ie top of this scried	iuie)	` '		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,			ng expense	
								Campaign pa	ıyro	ll taxes		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Off	fice souç	ght			Office I	neld	
		_										
	Date		Payee name									
	06/09/2023		US Treasury	′								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$9.33		Internal Rev	enue Service C	enter							
			Ogden, UT 8	34201								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Taxes					=			mplete Schedule T.	
								Campaign pa			ng expense	
								oampaign pa	ıyıc	iii taxes		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Off	fice soug	aht			Office I	neld	
	expenditure to benefit C/O						J					
_	Date		Payee name									
	06/09/2023		US Treasury	,								
	Amount (\$)		Payee addres		State:	Zip Coo	do					
	\$475.08		•	enue Service C		Zip Coo	ue					
	Ψ+10.00		internal rev	cride Service e	Cittoi							
			Ogden, UT 8	2/201								
	DURROSE	(-)				i	<i>(</i> 1)					
	PURPOSE OF	(a)		e Categories listed at th	ne top of this sched	lule)	(D)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Taxes					Check if Austin,			•	
								Campaign pa	ıyro	ll taxes		
	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice souç	ght			Office I	neld	
L	expenditure to benefit C/O	H							_			
1												

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 38/39 Rpt: 42/44	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	06/30/2023	US Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.08	Internal Revenue Service Center
		Ogden, UT 84201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
		Campaign payron taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L	Data	<u> </u>
	Date	Payee name
	06/30/2023	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.29	Internal Revenue Service Center
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
		Campaign payroll taxes
		Campaign payron taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	Date	Payee name
	06/15/2023	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.21	Internal Revenue Service Center
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				es/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		l	3	Filer ID	(Ethics Commission Filers)
	Sch: 39/39 Rpt: 43/44		King, Kenneth P. (The Honorable)				00067681	,,
4	Date	5	Payee name					
	06/15/2023	<u> </u>	US Treasury					
6	Amount (\$) \$2,263.76	7	Payee address; City; State; Zip Internal Revenue Service Center	Code				
			Ogden, UT 84201					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description			
	OF EXPENDITURE		Taxes		Check if travel of	outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE				\Box		officeholder living	g expense
					Campaign pa	yrc	ll taxes	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ought	t		Office h	eld
	Date		Payee name					
	03/13/2023		United States Postal Service - Pampa					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$15.40		120 E Foster Avenue					
		┝	Pampa, TX 79065	1				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description			
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Com officeholder living	nplete Schedule T.
					Postage for c			
					Pustage for C	am	paign onice	;
_	0 1. 0	<u> </u>		Т.			- · ·	
	Complete ONLY if direct expenditure to benefit C/OI		candidate/Officeholder name Office s	ought	t		Office h	eld
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 44/44 King, Kenneth P. (The Honorable) 00067681 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 06/20/2023 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$167.76 14455 N Hayden Road Ste. 226 Scottsdale, AZ 85260 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign website domain name renewal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH