

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00036483 | 2 Total pages filed: 43 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Phillip S. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 |
| | NICKNAME Phil | LAST King | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 1913 Weatherford, TX 76086 | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Jimmy R. | MI | |
| | NICKNAME | LAST Day | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 925 Santa Fe Drive, Ste. 101 Weatherford, TX 76086 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (817) | PHONE NUMBER 550-6300 | EXTENSION | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2024 | THROUGH | | Month Day Year 09/26/2024 |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Senator District 10 | | 12 OFFICE SOUGHT (if known) State Senator District 10 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 43

13 C / OH NAME King, Phillip S. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00036483

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|--------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> GENERAL | COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> SPECIFIC | | Texas Alliance for Life PAC |
| | COMMITTEE ADDRESS | 8000 Centre Park Drive Suite 380 |
| | | Austin, TX 78754 |
| | COMMITTEE CAMPAIGN TREASURER NAME | Shaw, James |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | 4505 Corazon Cv |
| | | Round Rock, TX 78681 |

| | | | |
|-------------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 129,700.66 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 5,036.42 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 69,039.10 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 620,952.99 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Phillip S. King

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 43

| | | |
|--|--|---|
| 18 FILER NAME King, Phillip S. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00036483 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 129,700.66 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 1,000.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 68,564.84 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 474.26 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 2,196.67 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Pharmacy Inc, PAC | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78401 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annunziato, Tom | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Aledo, TX 76008 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apache Corporation PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77056 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Republican Club | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76094 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Tim <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76085 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearden, Jr., George <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76086 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) Texas Bank |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, John <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) Black Mountain Acquisition |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEAT PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Tommy <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Tommy <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Tommy <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colyandro, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comerica Incorporated PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$3,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiCicco, Chris <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77355 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Select Mat LLC |
| Date 09/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbank, Rob <hr/> Contributor address; City; State; Zip Code Littleton, CO 80127 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Republican Women <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76185 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick Douglass Republicans of Tarrant County PAC <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilchrist, Charlie <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Automobile Dealer | | Employer (See Instructions) Southwest Ford, Inc. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helms, Rob <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00236489) KOCHPAC <hr/> Contributor address; City; State; Zip Code Wichita, KS 67220 | Amount of Contribution (\$) \$3,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klement, Karl <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Klement Enterprises |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klement, Karl <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Klement Enterprises |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyondell Chemical Company PAC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manufacturers PAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78711 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minnich, Gregory <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Automobile Dealers PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75062 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Scott | 7 Amount of Contribution (\$) \$5,000.00 |
| 6 Contributor address; City; State; Zip Code Westworth Village, TX 76114 | | |
| 8 Principal occupation / Job title (See Instructions) President/Partner | | 9 Employer (See Instructions) Keg 1, LLC |
| Date 08/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) One Gas, Inc. PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Tulsa, OK 74103 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PMB SWFW Dev Co, LLC | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75219 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paschall, Paul | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Weatherford, TX 76086 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00513549) Phillips 66 PAC | Amount of Contribution (\$) \$1,500.66 |
| Contributor address; City; State; Zip Code Washington, DC 20004 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivero, Hector | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Tow Operators PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Plano, TX 75074 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC - Texas Realtors PAC | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78768 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC - Texas Realtors PAC | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78768 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clay | Amount of Contribution (\$) \$1,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78752 | | |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) DPSOA |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Conservative Leadership PAC | 7 Amount of Contribution (\$) \$5,000.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC | Amount of Contribution (\$) \$15,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Chemistry Council FREEPAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Chiropractic Association PAC | Amount of Contribution (\$) \$2,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78711 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Instruments PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/07/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00101766) United Airlines, Inc. PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60606 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh Ranches Limited Partnership <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jeff <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) President & CEO | | Employer (See Instructions) Graham Associates |

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 14/43 | |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 0.00 | |
| 5 Date 09/19/2024 | 6 Full name of pledgor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00348938) Chubb Group Holdings, Inc. PAC 7 Pledgor Address; City; State; Zip Code Washington, DC 20001 | 8 Amount of pledge (\$) \$1,000.00 | 9 In-kind description (If applicable) |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | | |
|----------|--|---|--|---------------|---|--|
| 1 | Total pages Schedule F1: Sch: 1/24 Rpt: 15/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 | |
| 4 | Date 07/05/2024 | 5 | Payee name Amazon | | | |
| 6 | Amount (\$) \$150.47 | 7 | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign office supplies | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 07/07/2024 | | Payee name Amazon | | | |
| | Amount (\$) \$13.49 | | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign office supplies | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 07/07/2024 | | Payee name Amazon | | | |
| | Amount (\$) \$5.39 | | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign office supplies | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 2/24 Rpt: 16/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 07/08/2024 | 5 | Payee name Amazon | | |
| 6 | Amount (\$) \$14.59 | 7 | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign office supplies | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 08/02/2024 | | Payee name Amazon | | |
| | Amount (\$) \$248.30 | | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense books for legislators | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 09/01/2024 | | Payee name Amazon | | |
| | Amount (\$) \$184.00 | | Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign office supplies | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 3/24 Rpt: 17/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 07/06/2024 | 5 | Payee name Amenify | | |
| 6 | Amount (\$) \$266.00 | 7 | Payee address; City; State; Zip Code 735 Montgomery St, Suite 330 San Francisco, CA 94111 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense cleaning service at Austin apartment | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 07/26/2024 | | Payee name Amenify | | |
| | Amount (\$) \$7.15 | | Payee address; City; State; Zip Code 735 Montgomery St, Suite 330 San Francisco, CA 94111 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense cleaning service rescheduling fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 08/06/2024 | | Payee name Amenify | | |
| | Amount (\$) \$286.00 | | Payee address; City; State; Zip Code 735 Montgomery St, Suite 330 San Francisco, CA 94111 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense cleaning service at Austin apartment | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 4/24 Rpt: 18/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 09/07/2024 | 5 | Payee name Amenify | | |
| 6 | Amount (\$) \$286.00 | 7 | Payee address; City; State; Zip Code 735 Montgomery St, Suite 330 San Francisco, CA 94111 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense cleaning service at Austin apartment | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 09/26/2024 | | Payee name American Legislative Exchange Council | | |
| | Amount (\$) \$475.00 | | Payee address; City; State; Zip Code 2900 Crystal Drive, 6th Floor Arlington, VA 22202 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder staff conference registration fee | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 07/02/2024 | | Payee name Anedot | | |
| | Amount (\$) \$704.57 | | Payee address; City; State; Zip Code 1340 Poydras St, Suite 1770 New Orleans, LA 70112 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees for period 7/2-9/23/24 | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 5/24 Rpt: 19/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 09/16/2024 | 5 | Payee name Arlington Chamber of Commerce | | |
| 6 | Amount (\$) \$300.00 | 7 | Payee address; City; State; Zip Code 505 E Border St Arlington, TX 76010 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder membership dues | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 07/03/2024 | | Payee name Bateman, Molly | | |
| | Amount (\$) \$250.00 | | Payee address; City; State; Zip Code P.O. Box 1913 Weatherford, TX 76086 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 07/25/2024 | | Payee name Bateman, Molly | | |
| | Amount (\$) \$250.00 | | Payee address; City; State; Zip Code P.O. Box 1913 Weatherford, TX 76086 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|--|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 6/24 Rpt: 20/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 08/26/2024 | 5 | Payee name Bateman, Molly | | |
| 6 | Amount (\$) \$250.00 | 7 | Payee address; City; State; Zip Code P.O. Box 1913 Weatherford, TX 76086 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 09/25/2024 | | Payee name Bateman, Molly | | |
| | Amount (\$) \$250.00 | | Payee address; City; State; Zip Code P.O. Box 1913 Weatherford, TX 76086 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 08/07/2024 | | Payee name Benchmark Buckles | | |
| | Amount (\$) \$1,380.19 | | Payee address; City; State; Zip Code P.O. Box 2727 Forney, TX 75126 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense awards for Clay Shoot event | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 7/24 Rpt: 21/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
|---|---|--|

| | |
|-----------------------------|---------------------------------------|
| 4 Date 07/09/2024 | 5 Payee name Brannon, Kevin |
|-----------------------------|---------------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code 1911 Lorraine Avenue Allen, TX 75002 |
|------------------------------------|--|

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

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

| | |
|--------------------|------------------------------|
| Date 08/05/2024 | Payee name Brannon, Kevin |
|--------------------|------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 1911 Lorraine Avenue Allen, TX 75002 |
|---------------------------|---|

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

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

| | |
|--------------------|------------------------------|
| Date 08/26/2024 | Payee name Brannon, Kevin |
|--------------------|------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 1911 Lorraine Avenue Allen, TX 75002 |
|---------------------------|---|

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

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/24 Rpt: 22/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/23/2024 | 5 Payee name Brannon, Kevin | |
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code 1911 Lorraine Avenue Allen, TX 75002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/13/2024 | Payee name Careity Foundation | |
| Amount (\$) \$1,200.00 | Payee address; City; State; Zip Code P.O. Box 126038 Fort Worth, TX 76126 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship support |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/30/2024 | Payee name Chuy's | |
| Amount (\$) \$127.72 | Payee address; City; State; Zip Code 1728 Barton Springs Rd Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder and staff meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 9/24 Rpt: 23/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/19/2024 | 5 Payee name Chuy's | |
| 6 Amount (\$) \$198.74 | 7 Payee address; City; State; Zip Code 1728 Barton Springs Rd Austin, TX 78704 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder and staff meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/09/2024 | Payee name City of Austin | |
| Amount (\$) \$228.10 | Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities at Austin apartment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/06/2024 | Payee name City of Austin | |
| Amount (\$) \$245.78 | Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities at Austin apartment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | | |
|----------|---|---|--|---------------|---|--|
| 1 | Total pages Schedule F1: Sch: 10/24 Rpt: 24/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 | |
| 4 | Date 09/09/2024 | 5 | Payee name City of Austin | | | |
| 6 | Amount (\$) \$245.11 | 7 | Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78783-2267 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities at Austin apartment | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 07/01/2024 | | Payee name Compass Climate Storage | | | |
| | Amount (\$) \$120.00 | | Payee address; City; State; Zip Code 3750 E IH 20 Hudson Oaks, TX 76087 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage rental | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 08/01/2024 | | Payee name Compass Climate Storage | | | |
| | Amount (\$) \$120.00 | | Payee address; City; State; Zip Code 3750 E IH 20 Hudson Oaks, TX 76087 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage rental | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|----------|--|--|---|
| 1 | Total pages Schedule F1: Sch: 11/24 Rpt: 25/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 09/01/2024 | 5 Payee name Compass Climate Storage | |
| 6 | Amount (\$) \$120.00 | 7 Payee address; City; State; Zip Code 3750 E IH 20 Hudson Oaks, TX 76087 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign storage rental |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| | Date 09/26/2024 | Payee name David Manning Campaign | |
| | Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 4527 Chalk Hills Ct Fort Worth, TX 76126 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to campaign |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| | Date 07/05/2024 | Payee name Flanagin, Judy | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 12/24 Rpt: 26/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/26/2024 | 5 Payee name Flanagin , Judy | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 08/26/2024 | Payee name Flanagin , Judy | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 09/25/2024 | Payee name Flanagin , Judy | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 13/24 Rpt: 27/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/26/2024 | 5 Payee name Ford Motor Credit | |
| 6 Amount (\$) \$922.32 | 7 Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 76265 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle lease payment |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/26/2024 | Payee name Ford Motor Credit | |
| Amount (\$) \$922.32 | Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 76265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle lease payment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name Ford Motor Credit | |
| Amount (\$) \$922.32 | Payee address; City; State; Zip Code P.O. Box 650575 Dallas, TX 76265 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle lease payment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 14/24 Rpt: 28/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/02/2024 | 5 Payee name Gables at the Terrace | |
| 6 Amount (\$) \$2,524.24 | 7 Payee address; City; State; Zip Code 2301 S. Mopac Expressway Austin, TX 78746 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense rent and utilities at Austin apartment |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/02/2024 | Payee name Gables at the Terrace | |
| Amount (\$) \$2,630.23 | Payee address; City; State; Zip Code 2301 S. Mopac Expressway Austin, TX 78746 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense rent and utilities at Austin apartment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2024 | Payee name Gables at the Terrace | |
| Amount (\$) \$2,523.38 | Payee address; City; State; Zip Code 2301 S. Mopac Expressway Austin, TX 78746 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense rent and utilities at Austin apartment |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 15/24 Rpt: 29/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 08/21/2024 | 5 Payee name Graphics Management | |
| 6 Amount (\$) \$751.99 | 7 Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign stationery |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2024 | Payee name Graphics Management | |
| Amount (\$) \$4,313.65 | Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign signs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/27/2024 | Payee name Hyatt Regency Hotel | |
| Amount (\$) \$1,514.95 | Payee address; City; State; Zip Code 650 15th Street Denver, CO 80202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder staff lodging for conference |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|---|--|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 16/24 Rpt: 30/43 | 2 | FILER NAME King, Phillip S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00036483 |
| 4 | Date 08/02/2024 | 5 | Payee name Indie Pubs | | |
| 6 | Amount (\$) \$351.26 | 7 | Payee address; City; State; Zip Code 193 Edwards Drive Jackson, TN 38301 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense books for legislators | | |
| 9 | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 07/26/2024 | | Payee name King, Phil | | |
| | Amount (\$) \$30.22 | | Payee address; City; State; Zip Code 2110 Fort Worth Hwy Weatherford, TX 76086 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 08/13/2024 | | Payee name King, Phil | | |
| | Amount (\$) \$48.97 | | Payee address; City; State; Zip Code 2110 Fort Worth Hwy Weatherford, TX 76086 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 17/24 Rpt: 31/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 08/19/2024 | 5 Payee name King, Phil | |
| 6 Amount (\$) \$49.77 | 7 Payee address; City; State; Zip Code 2110 Fort Worth Hwy Weatherford, TX 76086 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2024 | Payee name King, Phil | |
| Amount (\$) \$50.55 | Payee address; City; State; Zip Code 2110 Fort Worth Hwy Weatherford, TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name King, Phil | |
| Amount (\$) \$294.75 | Payee address; City; State; Zip Code 2110 Fort Worth Hwy Weatherford, TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense for mobile phone |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 18/24 Rpt: 32/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 08/21/2024 | 5 Payee name Legislative Solutions |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code P.O. Box 5643 Austin, TX 78763 |
|----------------------------------|--|

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

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

| | |
|--------------------|-------------------------|
| Date 07/05/2024 | Payee name Lume Cube |
|--------------------|-------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$286.19 | Payee address; City; State; Zip Code 2231 Rutherford Rd Suite 100 Carlsbad, CA 92008 |
|-------------------------|--|

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

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

| | |
|--------------------|-------------------------|
| Date 07/23/2024 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|--|
| Amount (\$) \$98.07 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 500 Atlanta, GA 30308 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign email and data base marketing service |
|-------------------------------|---|--|

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 19/24 Rpt: 33/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
|--|---|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 08/23/2024 | 5 Payee name Mailchimp |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$98.07 | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 500 Atlanta, GA 30308 |
|---------------------------------|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign email and data base marketing service |
|---------------------------------|---|--|

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

| | |
|--------------------|-------------------------|
| Date 09/23/2024 | Payee name Mailchimp |
|--------------------|-------------------------|

| | |
|------------------------|--|
| Amount (\$) \$98.07 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 500 Atlanta, GA 30308 |
|------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign email and data base marketing service |
|------------------------|--|---|

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

| | |
|--------------------|--|
| Date 09/18/2024 | Payee name Michael Barber for County Commissioner |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$520.51 | Payee address; City; State; Zip Code P.O. Box 873 Crowley, TX 76036 |
|-------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to campaign |
|------------------------|---|---|

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 20/24 Rpt: 34/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/26/2024 | 5 Payee name Perkins, Shanda | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code P.O. Box 743 Burleson, TX 76097 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/26/2024 | Payee name Perkins, Shanda | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code P.O. Box 743 Burleson, TX 76097 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name Perkins, Shanda | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code P.O. Box 743 Burleson, TX 76097 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 21/24 Rpt: 35/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/09/2024 | 5 Payee name Pink Luncheon | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 100 Willow Bend Drive, 2nd Floor Willow Park, TX 76087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship support |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/23/2024 | Payee name Republican Women of Arlington | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO Box 14317 Arlington, TX 76094 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship support |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/21/2024 | Payee name Safelite Auto Glass | |
| Amount (\$) \$575.74 | Payee address; City; State; Zip Code 1902 Fort Worth Hwy Weatherford, TX 76086 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle windshield replacement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 22/24 Rpt: 36/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 08/01/2024 | 5 Payee name TDCJ | |
| 6 Amount (\$) \$532.59 | 7 Payee address; City; State; Zip Code P.O. Box 4013 Huntsville, TX 77342 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift for constituent |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/23/2024 | Payee name TDJC | |
| Amount (\$) \$441.66 | Payee address; City; State; Zip Code P.O. Box 4013 Huntsville, TX 77342 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift for constituent |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2024 | Payee name Texas Home School Coalition | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 6502 Slide Rd Lubbock, TX 75035 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship support |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 23/24 Rpt: 37/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 08/16/2024 | 5 Payee name Texas Right to Life |
|-----------------------------|--|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 4500 Bissonnet St #305 Bellaire, TX 77401 |
|------------------------------------|---|

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

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

| | |
|--------------------|-----------------------------------|
| Date 08/17/2024 | Payee name Texas Right to Life |
|--------------------|-----------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4500 Bissonnet St #305 Bellaire, TX 77401 |
|---------------------------|--|

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

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

| | |
|--------------------|-----------------------------------|
| Date 07/01/2024 | Payee name Texas Values Action |
|--------------------|-----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 1005 Congress Ave, Suite 830 Austin, TX 78701 |
|-------------------------|--|

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

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 24/24 Rpt: 38/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/01/2024 | 5 Payee name Westenhover, Ashley | |
| 6 Amount (\$) \$1,250.00 | 7 Payee address; City; State; Zip Code Post Barton Creek Austin, TX 78746 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/31/2024 | Payee name Westenhover, Ashley | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code Post Barton Creek Austin, TX 78746 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2024 | Payee name Westenhover, Ashley | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code Post Barton Creek Austin, TX 78746 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff compensation |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule G: Sch: 1/3 Rpt: 39/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/15/2024 | 5 Payee name AT&T Mobility | |
| 6 Amount (\$) \$98.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder mobile phone |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 08/15/2024 | Payee name AT&T Mobility | |
| Amount (\$) \$98.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder mobile phone |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 09/15/2024 | Payee name AT&T Mobility | |
| Amount (\$) \$98.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder mobile phone |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule G: Sch: 2/3 Rpt: 40/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 08/09/2024 | 5 Payee name Shell | |
| 6 Amount (\$) \$49.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 107 West I-20 Weatherford, TX 76087 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle fuel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/13/2024 | Payee name Shell | |
| Amount (\$) \$48.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 107 West I-20 Weatherford, TX 76087 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle fuel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2024 | Payee name Shell | |
| Amount (\$) \$50.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1203 South Parkway Alvarado, TX 76009 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign vehicle fuel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule G: Sch: 3/3 Rpt: 41/43 | 2 FILER NAME King, Phillip S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 07/26/2024 | 5 Payee name Timberline Grill | |
| 6 Amount (\$) \$30.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 8500 Pena Blvd Denver, CO 80249 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 42/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/03/2024 | 5 Name of person from whom amount is received First Clearing <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Weatherford, TX 76086 | 8 Amount (\$) \$447.22 |
| 7 Purpose for which amount is received campaign account interest <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 08/01/2024 | Name of person from whom amount is received First Clearing <hr/> Address of person from whom amount is received; City; State; Zip Code Weatherford, TX 76086 | Amount (\$) \$448.76 |
| Purpose for which amount is received campaign account interest <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 07/01/2024 | Name of person from whom amount is received First Clearing <hr/> Address of person from whom amount is received; City; State; Zip Code Weatherford, TX 76086 | Amount (\$) \$433.68 |
| Purpose for which amount is received campaign account interest <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 07/02/2024 | Name of person from whom amount is received King, Phil <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76086 | Amount (\$) \$248.94 |
| Purpose for which amount is received reimbursement of personal mileage for June 2024 <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 08/05/2024 | Name of person from whom amount is received King, Phil <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76086 | Amount (\$) \$273.96 |
| Purpose for which amount is received reimbursement of personal mileage for July 2024 <input type="checkbox"/> Check if political contribution returned to filer | | |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 43/43 |
| 2 FILER NAME King, Phillip S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00036483 |
| 4 Date 09/02/2024 | 5 Name of person from whom amount is received King, Phil | 8 Amount (\$) \$235.86 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76086 | |
| | 7 Purpose for which amount is received reimbursement of personal mileage for August 2024 <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 08/13/2024 | Name of person from whom amount is received King, Phil | Amount (\$) \$108.25 |
| | Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76086 | |
| | Purpose for which amount is received campaign office supplies <input type="checkbox"/> Check if political contribution returned to filer | |