CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commiss 00021143	sion Filers)	2 Total pages fi	led: 18
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Tracy O.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST King		SUFFIX	01/15/2025	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 333 East Main Street	「/SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked Amount
ADDRESS Change of Address	Suite 1 Uvalde, TX 78801				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Cheryl B.				
	NICKNAME	LAST King		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PC 333 East Main Street) BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
(Residence or Business)	Suite 1 Uvalde , TX 78801					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHOI (830) 278-7601	NE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Exceeded modified eporting limit	15th day after ca appointment (offi	
9 PERIOD COVERED	Month Day Year 07/01/2024	TH	IROUGH	Month Day 12/31/202	Year 24	
10 ELECTION	ELECTION DATE Month Day Year		rimary eneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Dist	trict 80 Uvalde		12 OFFICE SOUGHT	(if known)	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 118

13 C / OH NAME	King, Tracy O. (The	Honorable)	14 Filer ID 00021143	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	ROM candidate / officeholder. These expenditures may have been made without the candidate's or of consent. Candidates and officeholders are required to report this information only if they receive				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 1,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 5,076.51	
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 70,857.78	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 180,775.17	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required t	companying report is o be reported by me	
		The Ho	norable Tracy O. Kinç	3	
			of Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 118						
	8 FILER NAME King, Tracy O. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00021143						
	E SUBTOTALS SCHEDULE	SUBT	OTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	51,487.73			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	19,370.05			
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBUTION)NS	S		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/118		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
_		O. (The Honorable)				00021143
4	Date 12/01/2024	 Full name of contributor out-of-state PAC (ID#: Harward, Heather (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$1,000.00
		Austin, TX 78757				
8	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self employed)	

SCHEDULE F1

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

Fees Office Overhead/fr
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lenal Sept/res Salaries/Manes/C

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/25 Rpt: 5/118	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	07/10/2024	Anna's Flowers & More
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.12	2002 Avenue M
		Hondo, TX 78861
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gift for campaign or officeholder purposes
_	Commission ONII V if divers	Condidate/Officeholder name Office country
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	08/14/2024	Anna's Flowers & More
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.12	2002 Avenue M
		Hondo, TX 78861
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gift for campaign or officeholder purposes
		Gilt for campaigh or officeriolider purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 11/14/2024	Payee name Anna's Flowers & More
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.12	2002 Avenue M
		Hondo, TX 78861
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		above)
1	Total pages Schedule F1:		iccion Eiloro\
-	Sch: 2/25 Rpt: 6/118	King, Tracy O. (The Honorable) 00021143	ission Filets)
4	Date	5 Payee name	
	07/22/2024	Citi Cards	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,604.08	PO Box 78045	
		Phoenix, AZ 85045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Credit card payment for compaign or offi	ooholdor
		Credit card payment for campaign or offi purposes	centituei
_	Complete ONLY if direct		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Dete	1 -	
	Date	Payee name	
	08/21/2024	Citi Cards	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,257.45	PO Box 78045	
		Phoenix, AZ 85045	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Credit card payment for campaign or offi	caholdar
		purposes	ccrioiaci
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	y	
-	Date	Payee name	
	09/23/2024	Citi Cards	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,966.14		
	Ψ2,500.14	1.0.557.15540	
		Phoenix, AZ 85045	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Credit card payment for campaign or offi	oobolder
		purposes	cerioluei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/25 Rpt: 7/118	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	10/21/2024	Citi Cards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,178.77	PO Box 78045
		Phoenix, AZ 85045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment for campaign or officeholder
		purposes
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,389.89	PO Box 78045
		Phoenix, AZ 85045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment for campaign or officeholder
		purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	12/23/2024	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,522.57	PO Box 78045
		Phoenix, AZ 85045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card payment for campaign or officeholder purposes
		μιτρύσες
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	lers)
L	Sch: 4/25 Rpt: 8/118		King, Tracy	O. (The Honorabl	e)					00021143		
4	Date	5	Payee name									
	12/20/2024		Coastal Ber	d Community For	undation							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$285.00		Rotary Club	of Corpus Christi								
			921 N Chap	arral Rd Ste 210								
			Corpus Chri	sti, TX 78401								
8	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Made		,				de of Texas. Com		
	LA LADITORL		Candidate/C	Officeholder/Politic	al Commi	ittee		_		officeholder living		_
								טוומנוטוו וטר (can	npaign or on	ficeholder purposes	5
_	Complete ONLY if direct	Ļ	Candidata/Off	poholdor nama		effice acco	laht			Office ha	ald.	
9	Complete ONLY if direct expenditure to benefit C/O		Januluale/Offi	ceholder name		ffice sou	igrit			Office he	:iu	
	Date		Payee name									
	07/20/2024		Coleman Ho	orton & Company								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$75.00		400 E. Nopa	al Street								
			Uvalde, TX	78801								
	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/							de of Texas. Com		
	-							ш		officeholder living	paign or officehold	ρr
								purposes	C1 V	ioco ioi calli	paign of officeriold	U 1
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		ffice sou	l Ight			Office he	eld	
	expenditure to benefit C/O				O		.g. 10			211100 110	- -	
\vdash	Date	Π	Payee name									
	08/25/2024		,	orton & Company								
_		\vdash			State:	Zip Co	nde					
	Amount (\$) \$190.00		Payee address 400 E. Nopa		Siale,	∠ıµ CC	Jue					
	Φ130.00		-του ∟. Νυβα	a Jueet								
			Uvalde, TX	78801					_			
	PURPOSE OF	(a)		e Categories listed at the t	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Accounting/	Banking						de of Texas. Com officeholder living		
								_			paign or officehold	er
								purposes	J. V		g 5. 5.110511010	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	L ight			Office he	eld	
	expenditure to benefit C/OI						J					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/25 Rpt: 9/118	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	09/20/2024	Coleman Horton & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	400 E. Nopal Street
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Accounting services for campaign or officeholder
		purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/20/2024	Coleman Horton & Company
-	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	400 E. Nopal Street
	,	
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting services for campaign or officeholder
		purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/21/2024	Country Gardens & Seed
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.94	403 S. Getty Street
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/25 Rpt: 10/118	King, Tracy O. (The Honorable)	00021143
4	Date	5 Payee name	•
	09/26/2024	Country Gardens & Seed	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$68.19	403 S. Getty Street	
		Uvalde, TX 78801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Gift for campaign or officeholder purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
⊨	Data		
	Date	Payee name	
	11/08/2024	Country Gardens & Seed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.26	403 S. Getty Street	
		Uvalde, TX 78801	
	PURPOSE OF	, (************************************	Description
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Gift for campaign or officeholder purposes
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/30/2024	Country Gardens & Seed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$270.58	403 S. Getty Street	
		•	
		Uvalde, TX 78801	
	PURPOSE		Description
	OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	2.psss	Check if Austin, TX, officeholder living expense
			Gift for campaign or officeholder purposes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/25 Rpt: 11/118	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	12/01/2024	Country Gardens & Seed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.26	403 S. Getty Street
		Uvalde, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Gift for campaign or officeholder purposes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitare to beliefit C/Oi	<u>'</u>
	Date	Payee name
	12/04/2024	Dimmit County Livestock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 236
		Carrizo Springs, TX 78834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Donation for earlipaign of emechanic purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	07/01/2024	Duran, Cesario (Mr.)
\vdash		
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 701 West Lake Street
	\$100.00	701 West Lake Street
		Crystal City, TX 78839
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract labor for campaign or officeholder purposes
		Contract labor for campaign or omocriotic purposes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/25 Rpt: 12/118	2 FILER NAME Sing, Tracy O. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00021143
4 Date 08/01/2024	5 Payee name Duran, Cesario (Mr.)
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 701 West Lake Street
	Crystal City, TX 78839
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/01/2024	Duran, Cesario (Mr.)
Amount (\$) \$100.00	Payee address; City; State; Zip Code 701 West Lake Street
	Crystal City, TX 78839
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 10/01/2024	Payee name Duran, Cesario (Mr.)
Amount (\$) \$100.00	Payee address; City; State; Zip Code 701 West Lake Street
	Crystal City, TX 78839
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/25 Rpt: 13/118	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	11/01/2024	Duran, Cesario (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	701 West Lake Street
		Crystal City, TX 78839
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract labor for campaign or officeholder purposes
		Contact tabor for sampaign or omcontroller purposed
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/01/2024	Duran, Cesario (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	701 West Lake Street
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes
		Contact labor for sampaign or omcontrol or purposed
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/02/2024	Elder, Joe (Mr.)
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	420 W. Oppenheimer
		Uvalde, TX 78801
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Supplies for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 10/25 Rpt:	King, Tracy O. (The Honorable)	00021143
4	Date	5 Payee name	
	10/09/2024	Hondo Anvil Herald	
6	Amount (\$) \$49.00	7 Payee address; City; State; Zip Code 1601 Avenue K	
		Hondo, TX 78861	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	' 663	outside of Texas. Complete Schedule T. TX, officeholder living expense
		l	for campaign or officeholder purposes
			. 0
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	07/10/2024	IRS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$233.00	PO Box 1214	
		Charlotte, NC 28201-1214	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	puteido of Toyas, Completo Schodulo T
	EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T. TX, officeholder living expense
		I □	npaign or officeholder purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/14/2024	IRS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$233.00	PO Box 1214	
L		Charlotte, NC 28201-1214	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T.
		·	TX, officeholder living expense npaign or officeholder purposes
		Taxes for can	npagn of officerolder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch. 11/25 Rpt: Sch. 11/25 Rpt: King, Tracy O. (The Honorable) 5 Payee name IRS 6 Amount (\$) FURPOSE OF EXPENDITURE 4 Candidate/Officeholder name Candidate/Officeholder name Christe, NC 28201-1214 Charlotte, NC 28201-1214 Charlotte, NC 28201-1214 Charlotte, NC 28201-1214 Charlotte, NC 28201-1214 Charlotte Contract Labor Candidate/Officeholder name Chrice sought Charlotte, NC 28201-1214 Charlott	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
4 Date 09/13/2024 5 Payee name IRS 7 Payee address; City; State; Zip Code 6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 1214 Charlotte, NC 28201-1214 8 PURPOSE OF EXPENDITURE 1 (a) Category; (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Second color Seco	Sch: 11/25 Rpt:	King, Tracy O. (The Honorable)	00021143
Purpose OF EXPENDITURE Payee address; City; State; Zip Code	4 Date	5 Payee name	•
\$233.00 PO Box 1214 Charlotte, NC 28201-1214 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office sought Office held Office held Payee name IRS PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Date 10/04/2024 Amount (\$) Payee address; City; State; Zip Code Po Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date 11/15/2024 Charlotte, NC 28201-1214 Date 11/15/2024 Payee name 11/15/2024 Charlotte, NC 28201-1214 Payee name 11/15/2024 Charlotte, NC 28201-1214 Payee name 11/15/2024 Charlotte, NC 28201-1214 Payee address; City; State; Zip Code Payee name 11/15/2024 Charlotte, NC 28201-1214 Payee name 11/15/2024 Charlotte, NC 28201-1214 Charlotte, NC 28201-1214 Payee name 11/15/2024 Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code Payee address; City; State; Zip Code Po Box 1214 Charlotte, NC 28201-1214 Purpose Office held Charlotte, NC 28201-1214 Charlotte, NC 28201-1214 Purpose Office held Charlotte (NP) poperso	09/13/2024	IRS	
Charlotte, NC 28201-1214 8 PURPOSE OF EXPENDITURE (a) Category (See Categories Reted at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if austin, TX, officeholder inwing expense Taxes for campaign or officeholder purposes 9 Complete ONLY if direct expenditure to benefit C/OH Date 10/04/2024 Amount (\$) Payee name 11/04/2024 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if austin, TX, officeholder of Texas, Complete Schedule T. Check if Austin, TX, officeholder in Tx axes for campaign or officeholder purposes Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2024 Amount (\$) Payee name 11/15/2024 Amount (\$) Payee address; City; State; Zip Code PO Box 1214 Charlotte, NC 28201-1214 Purpose (a) Category (See Categories listed at the top of this schedule) Charlotte, NC 28201-1214 Purpose (a) Category (See Categories listed at the top of this schedule) Charlotte, NC 28201-1214 Purpose (a) Category (See Categories listed at the top of this schedule) Charlotte, NC 28201-1214 Purpose (a) Category (See Categories listed at the top of this schedule) Charlotte, NC 28201-1214 Purpose (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder in time outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder in thing appense	6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
Purpose	\$233.00	PO Box 1214	
Purpose			
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Salaries/Wages/Contract Labor Check if Taxvel outside of Texas. Complete Schedule T.		(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE Payee name (a) Category (see Categories listed at the top of this schedule) Date Expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
9 Complete ONLY if direct expenditure to benefit C/OH Date			
Date 10/04/2024			raxes for campaigh or officeriolider purposes
Date 10/04/2024	9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
Amount (\$)			gnt Onice netu
Amount (\$)	Dato	Pausa nama	
Amount (\$)		1	
\$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date Payee name I1/15/2024 Amount (\$) Payee address; City; State; Zip Code \$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder Invine Schedule) Office sought Office held Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2024 Amount (\$) Payee name 11/15/2024 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if Austin, TX, officeholder Iving expense Taxes for campaign or officeholder purposes Office sought Office held Office held Office held Charlotte, NC 28201-1214 (b) Description Check if Austin, TX, officeholder Iving expense (b) Description Check if Austin, TX, officeholder Iving expense	, ,]	de
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Taxes for campaign or officeholder purposes Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2024 Payee name IRS Amount (\$) Payee address; City; State; Zip Code \$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	\$233.00	PO 80X 1214	
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Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Taxes for campaign or officeholder purposes		Charlotte, NC 28201-1214	
EXPENDITURE Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Taxes for campaign or officeholder purposes Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2024 Payee name IRS Amount (\$) Payee address; City; State; Zip Code \$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/15/2024 IRS Amount (\$) Payee address; City; State; Zip Code PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Taxes for campaign or officeholder purposes Office sought Office held Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Salaries/Wages/Contract Labor	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/15/2024 IRS Amount (\$) Payee address; City; State; Zip Code PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Office sought Office held Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Date Payee name 11/15/2024 IRS Amount (\$) Payee address; City; State; Zip Code PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Date 11/15/2024			ght Office held
Amount (\$) Payee address; City; State; Zip Code \$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	expenditure to benefit C/O	Н	
Amount (\$) Payee address; City; State; Zip Code \$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Date	Payee name	
\$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	11/15/2024	IRS	
\$233.00 PO Box 1214 Charlotte, NC 28201-1214 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address; City; State; Zip Cc	ode
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Charlotte, NC 28201-1214	
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	PURPOSE		(h) Description
Check if Austin, TX, officeholder living expense	OF		
Taxes for campaign or officeholder purposes	EXPENDITURE	Sulation ranges, Serial act Europe	
			Taxes for campaign or officeholder purposes
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			ght Office held
oxponditure to benefit O/O/1	experience to belieff 6/0	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 12/25 Rpt:	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	12/16/2024	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$233.00	PO Box 1214
		Charlotte, NC 28201-1214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Taxes for campaign or officeholder purposes
_	Opening the ONE Wife disease	Out district Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	LEC Legacy, LTD
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	333 E. Main Street
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent for campaign or officeholder purposes
		Transfer dampaign of officers purposed
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/24/2024	LEC Legacy, LTD
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	333 E. Main Street
	4000.00	200 E. Main Greet
		Uvalde, TX 78801
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt:	King, Tracy O. (The Honorable)		00021143
4	Date	5 Payee name		•
	09/01/2024	LEC Legacy, LTD		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$350.00	333 E. Main Street		
		Uvalde, TX 78801		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Rent for campaign or officeholder purposes
				Trent for earnpaigh of officeriolder purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		ynı	Office field
	Date	Payee name		
	10/01/2024	LEC Legacy, LTD		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$350.00	333 E. Main Street		
		Uvalde, TX 78801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Rent for campaign or officeholder purposes
				Trent for campaign or officeriolaer purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Office Hold
	Date	Davis roma		
	11/01/2024	Payee name LEC Legacy, LTD		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$350.00	333 E. Main Street		
		Uvalde, TX 78801		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Rent for campaign or officeholder purposes
				p
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	J	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 14/25 Rpt:	King, Tracy O. (The Honorable) 00021143	
4	Date	5 Payee name	_
	12/01/2024	LEC Legacy, LTD	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$350.00	333 E. Main Street	
		Uvalde, TX 78801	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Rent for campaign or officeholder purposes	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	12/01/2024	LEC Legacy, LTD	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$350.00	333 E. Main Street	
		Uvalde, TX 78801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Rent for campaign or officeholder purposes	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	10/09/2024	Laredo Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	2310 San Bernado Avenue	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Dues for campaign or officeholder purposes	
L	Complete ONII V if direct	Candidate/Officeholder name Office sought	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/25 Rpt:	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	07/03/2024	Laredo Next Generation Rotary Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO BOx 451742
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation for earlpaign of officeriolder purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	the state of the s
	Date	Payee name
	08/14/2024	Lopez, Eddie (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	323 W. Garden
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes
		Contract labor for campaign or emberioract purposes
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/14/2024	Lopez, Eddie (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	323 W. Garden
		Uvalde, TX 78801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes
		Contract labor for campaign or officeriolder purposes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 16/25 Rpt:	King, Tracy O. (The Honorable)	00021143
4 Date	5 Payee name	•
08/25/2024	Mid Rio Grande Border AHEC	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$200.00	1505 Calle del Norte	
	Suite 430	
	Laredo, TX 78041	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Donation for campaign or officeholder purposes
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O		Till Office field
Date	Payee name	
09/26/2024	Reading, Jared (Mr.)	
Amount (\$)	Payee address; City; State; Zip Cod	۵
\$131.80	163 Gibson Lane	
Ψ131.00	103 GIDSOIT LAITE	
	Uvalde, TX 78801	
PURPOSE OF	, ,	(b) Description
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage for campaign or officeholder purposes
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	Н	
Date	Payee name	
10/20/2024	Reading, Jared (Mr.)	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$150.00	163 Gibson Lane	
	Uvalde, TX 78801	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Mileage for campaign or officeholder purposes
		200
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
onpondituro to bonont 0/0	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	us Expense	Salaries/V		e /Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment			The Instruction (Guide explains	how to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 17/25 Rpt:		King, Tracy	O. (The Hono	rable)					00021143	
4	Date	5	Payee name								
	08/10/2024		Sine Die Sch	holarship Four	ndation						
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$500.00		4907 South	Crest Drive							
			Austin, TX 7	8746							
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations M	1ade By			=			nplete Schedule T.
			Candidate/C	Officeholder/Po	olitical Comr	nittee		—		officeholder livin	g expense fficeholder purposes
								Donation to	can	iipaigii oi oi	incendider purposes
9	Complete ONLY if direct	<u> </u>		ceholder name		Office sou	aht			Office h	eld.
ľ	expenditure to benefit C/OI		zarialaate/Onic	cholder flame		Office 300	grit			Office fi	Ciu
_	Date	Г	Daves name								
	09/05/2024		Payee name TDCJ								
	Amount (\$)	\vdash	Payee addres	ss; City;	State	e; Zip Co	do				
	\$920.13		PO Box 401		Siale	s, Zip Co	ue				
	Ψ920.13		FO BOX 401	.5							
			Huntsville, T	Y 772/12							
	DUDDOCE	(-)				1	(h)				
	PURPOSE OF	(a)		e Categories listed a		hedule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		Gill/Awaius/	'Memorials Ex	pense			=		officeholder livin	
								Gifts for camp	oaiç	gn or officel	nolder purposes
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name		Office sou	ght			Office h	eld
	experialiture to benefit C/OI	''									
	Date		Payee name								
	10/03/2024		TDCJ								
	Amount (\$)		Payee address	ss; City;	State	e; Zip Co	de				
	\$3,031.00		PO Box 401	3							
			Huntsville, T	X 77342							
	PURPOSE OF	(a)		e Categories listed a		hedule)	(b)	Description			
	EXPENDITURE		Office Overh	nead/Rental E	xpense			ш		de of Texas. Con officeholder livin	nplete Schedule T.
								_			fficeholder purposes
										. 5	1 . 1
	Complete ONLY if direct		 Candidate/Offic	ceholder name		Office sou	ght			Office h	eld
	expenditure to benefit C/OI										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 18/25 Rpt:	2 FILER NAME King, Tracy O. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00021143
Ļ	·	
4	Date 07/01/2024	5 Payee name Teeple , Charles (Mr.)
Ļ		
6	Amount (\$) \$1,950.00	7 Payee address; City; State; Zip Code 1301 South Capitol of Texas Hwy.
	φ1,930.00	A 134
		Austin , TX 78746
8	PURPOSE	1
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Rent for Austin residence.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2024	Teeple , Charles (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,950.00	1301 South Capitol of Texas Hwy.
		A 134
		Austin , TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Rent for Austin residence
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/01/2024	Teeple , Charles (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,950.00	1301 South Capitol of Texas Hwy.
		A 134
		Austin , TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent for Austin residence
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Gu		-	s/Contract Labor		OTHER (enter a	strict a category not listed above)	
ļ_	T	<u> </u>			ide explains now to	compi	ctc till3 lollil.	1_	E1 15	/Eilite O E'l	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 19/25 Rpt:		King, Tracy	O. (The Honora	ble)				00021143		
4	Date	5	Payee name								
	10/01/2024		Teeple , Cha	arles (Mr.)							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$1,950.00		•	Capitol of Texas	•						
	Ψ1,000.00		A 134	Supitor or Toxac							
				70740							
			Austin , TX	78746							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense		_			nplete Schedule T.	
							ш.		, officeholder livin	g expense	
							Rent for Aust	וווו ו	esiderice		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office s	ought			Office h	eld	
	experialiture to benefit C/Oi										
	Date		Payee name								
	11/01/2024		Teeple , Cha	arles (Mr.)							
	Amount (\$)	T	Payee addres	ss; City;	State; Zip	Code					
	\$1,950.00		1301 South	Capitol of Texas	s Hwy.						
	,		A 134								
		$ldsymbol{ld}}}}}}$	Austin , TX								
	PURPOSE OF	(a)		e Categories listed at th		(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Exp	ense		=		ide of Texas. Con , officeholder livin	nplete Schedule T.	
							Rent for Aust			у ехрепзе	
							rent for 7 asi		Colderioe		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	seholder name	Office s	ought			Office h	old	
	expenditure to benefit C/O		Januluale/Onic	ceriolaer flame	Office 3	ougni			Office II	Ciu	
		_									
	Date		Payee name								
	12/01/2024		Teeple , Cha	arles (Mr.)							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$1,950.00		1301 South	Capitol of Texas	s Hwy.						
			A 134								
			Austin , TX	78746							
	PURPOSE	(2)				(h)	Description				
	OF	رم) 		e Categories listed at th		(6)	Description Check if travel	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Reiilai Exp	lerise		ш		, officeholder livin	•	
							Rent for Aust				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office s	ouaht			Office h	eld	
	expenditure to benefit C/O				230 0	gt			30311		
H											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	_egal Services	·		/ages	s/Contract Labor		OTHER (enter a	strict category not listed abo	ve)
				The Instruction G	uide explains h	low to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 20/25 Rpt:		King, Tracy	O. (The Honora	able)					00021143		
4	Date	5	Payee name									
	07/25/2024		Texas Work	force Commiss	ion							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$7.50		101 E. 15th									
			Austin, TX 7	8701								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sche	dule)	(b)	Description				
	OF			ges/Contract La		,uu.o,			outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			_				_		officeholder living		
								Taxes for can	npa	aign or office	eholder purpose	S
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	experiantare to benefit Grot											
	Date		Payee name									
	10/21/2024		Texas Work	force Commiss	ion							
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$7.50		101 E. 15th									
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			ges/Contract La							plete Schedule T.	
	EXI ENDITORE							ш		officeholder living		_
								raxes for car	npa	aign or onice	eholder purpose	5
	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholdor namo		ffice cou	aht			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		,anuluate/Onic	enoluei name	O	ffice sou	gni			Office II	eiu	
_	D :	_										
	Date	ı	Payee name	Dotob								
	07/10/2024	-	The Flower I									
	Amount (\$)	ı	Payee addres		State;	Zip Co	de					
	\$60.12		214 S. Getty	,								
			Uvalde, TX 7	78801								
	PURPOSE OF			e Categories listed at t		dule)	(b)	Description				
	EXPENDITURE		Gift/Awards/	Memorials Exp	ense					officeholder living	plete Schedule T.	
								_			older purposes	
								oampe	·9'			
	Complete ONLY if direct		Candidate/Offic	eholder name	n	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI				J		J			200 11		
H												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 21/25 Rpt:	King, Tracy O. (The Honorable) 00021143						
4	Date	5 Payee name						
	09/20/2024	The Flower Patch						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$60.62	214 S. Getty						
		Uvalde, TX 78801						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Gift/Awards/Memorials Expense						
		Gift for campaign or officeholder purposes						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
	Date	Payee name						
	10/20/2024	The Flower Patch						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$133.24	214 S. Getty						
		Uvalde, TX 78801						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Gift for campaign or officeholder purposes						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	н						
_	Date	Payee name						
	10/04/2024	Uvalde Area A&M Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	236 Myrtle St						
	7=00.00							
		Uvalde, TX 78801						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee						
		Donation for campaign of officerolder purposes						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 22/25 Rpt:	King, Tracy O. (The Honorable) 00021143					
4	Date	5 Payee name					
	07/14/2024	Uvalde Leader News					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$30.00	110 N. East Street					
		Uvalde, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Advertising for campaign or officeholder purposes					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/14/2024	Uvalde Leader News					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$25.00	110 N. East Street					
		Uvalde, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Advertising for campaign or officeholder purposes					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·					
	D :						
	Date	Payee name					
	10/23/2024	Uvalde Volunteer Fire Department					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$150.00	123 South Getty Street					
		Uvalde, TX 78801					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		Donation for earripaign or officeriolder purposes					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 23/25 Rpt:	King, Tracy O. (The Honorable)
	Эсп. 23/25 Крt.	King, fracy O. (The Honorable)
4	Date	5 Payee name
	08/20/2024	Uvalde Volunteer Fire Department
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	123 South Getty Street
		Uvalde, TX 78801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation for campaign of officerolder purposes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/01	•
	Date	Payee name
	07/01/2024	Zepeda, Guadalupe (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$843.50	217 Victoria Street
	φ0+3.30	ZII Victoria Street
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary for campaign or officeholder purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
	Date	Payee name
	08/01/2024	Zepeda, Guadalupe (Ms.)
-	Amount (\$)	Payee address; City; State; Zip Code
	\$843.50	217 Victoria Street
	Ψ043.30	217 Victoria Street
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Salary for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 24/25 Rpt:	King, Tracy O. (The Honorable) 00021143	
4	Date	5 Payee name	_
l	08/16/2024	Zepeda, Guadalupe (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$236.90	217 Victoria Street	
l			
l		Laredo, TX 78040	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Mileage for campaign or officeholder purposes	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI	1	
Г	Date	Payee name	_
l	09/01/2024	Zepeda, Guadalupe (Ms.)	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$843.50	217 Victoria Street	
l			
l		Laredo, TX 78040	
H	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Salary for campaign or officeholder purposes	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialiture to beriefit C/Oi		
	Date	Payee name	
l	10/01/2024	Zepeda, Guadalupe (Ms.)	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$843.50	217 Victoria Street	
l			
l		Laredo, TX 78040	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Salary for campaign or officeholder purposes	
L			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	sponditare to benefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment		The Instruction Guide explains how to co	ompl	olete this form.
1	Total pages Schedule F1: Sch: 25/25 Rpt:	2	FILER NAME King, Tracy O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00021143
4	Date 11/01/2024	5	Payee name Zepeda, Guadalupe (Ms.)		I
6	Amount (\$) \$843.50	7	Payee address; City; State; Zip Co 217 Victoria Street Laredo, TX 78040	ode	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary for campaign or officeholder purposes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	t Office held
	Date 12/01/2024		Payee name Zepeda, Guadalupe (Ms.)		
	Amount (\$) \$843.50		Payee address; City; State; Zip Co 217 Victoria Street Laredo, TX 78040	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary for campaign or officeholder purposes
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	t Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 1/89 Rpt: 30/118	King, Tracy O. (The	e Honorable)	00021143					
4 CREDIT CARD ISSUER		ncial institution Citi	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0	08	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$31.73	07/26/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	El Herradero de Jal	lisco	224 W Mai	in St				
			Uvalde, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		· • • • • • • • • • • • • • • • • • • •			
X Political	Food/Beverage Exper	*	Meeting to	r campaign or c	micenolaer pu	rposes		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$5.71	07/31/2024						
PAYEE	(a) Payee name	(a) Payee name (b) Pa		ddress;	City,	State,	Zip Code	
	Luft Inc	185 Berry Street						
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 94107					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or officeholder purposes					
X Political	Travel Out of District			, p. 3				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$55.66	08/02/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			407 E Gar	den St				
	Uvalde Country Clu	ıb						
			Uvalde, T					
PURPOSE OF	(a) Category (See Categories listed at the top	of their coloradials)	(b) Descripti					
EXPENDITURE	Food/Beverage Exper	,	Meeting fo	r campaign or c	officeholder pu	rposes		
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)							
Sch: 2/89 Rpt: 31/118	King, Tracy O. (The	King, Tracy O. (The Honorable)						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 3,526.08				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$40.26	08/03/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	5 Points Market		401 S Getty St					
			Uvalde, TX 78801					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Travel In District	of this schedule)	Fuel for campaign or offi	ceholder purposes				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$9.70	07/04/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	luft los		185 Berry Street					
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 94107					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u>—</u>	Travel Out of District	or and concadio)	Taxi for campaign or officeholder purposes					
X Political								
Non-Political	`	of Texas. Complete Schedule T.		X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH		Tax = 1 (a)	1() = . () =					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$58.19	07/02/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code				
			224 W Main St					
	El Herradero de Jal	lisco						
			Uvalde, TX 78801					
PURPOSE OF	(a) Category	of this schodule)	(b) Description					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meeting for campaign or	officeholder purposes				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Insti	ruction Guide explains how	to complete	this form.				
1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
	Sch: 3/89 Rpt: 32/118	King, Tracy O. (The Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$ 3,526.08			
6	PAYMENT	(a) Amount Charged \$10.54	(b) Date of Charge 07/02/2024	(c) Date(s)	Credit Card Issue	er Paid			
7	PAYEE	(a) Payee name Evett's BBQ	301 East Main Street			City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Meeting for campaign or of			officeholder p	urposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	expense		
9 e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$26.58	(b) Date of Charge 07/03/2024	(c) Date(s)	Credit Card Issue	er Paid			
	PAYEE (a) Payee name The Open Range Bakery & Cafe		akery & Cafe	(b) Payee 2211 E. M Uvalde,	Main Street	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meeting for campaign or officeholder purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	expense		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$123.60	(b) Date of Charge 07/03/2024	(c) Date(s)	Credit Card Issue	er Paid			
	PAYEE (a) Payee name Affordable Storage #4		(b) Payee 260 W No Uvalde, 1	orth Lane	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political Non-Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Descrip Storage f	or campaign or o	officeholder po			
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck ii Austiii, TX	Office held	Apeliae		
е	xpenditure to benefit C/OH	Candidate/Officeriolati	That To Office	Jougin		Cince field			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	3 Filer ID (Ethics 0	Commission Filers)							
Sch: 4/89 Rpt: 33/118	King, Tracy O. (The	e Honorable)							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	T	3,526.08				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$42.59	07/03/2024							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State, Zip Code				
	Exxon Jourdanton		3220 Zanderson Ave Jourdanton, TX 78026						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Fuel for campaign or offic	eholder purposes					
X Political	Travel In District		- content content paragraph on content						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$52.55	07/05/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State, Zip Code				
	Exxon Jourdanton		3220 Zanderson Ave						
			Jourdanton, TX 78026						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for campaign or officeholder purposes						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$103.79	07/06/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code				
	Walmart Super Cer	ntor 702	3100 East Main Street						
	Walifiait Super Cer	ilei 702							
			Uvalde , TX 78801						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	-#:					
	Office Overhead/Ren	•	Supplies for campaign or	oπicenoider purp	oses				
X Political									
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living expens	е				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
	Sch: 5/89 Rpt: 34/118	King, Tracy O. (The Honorable)				00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI [*]	UNITEMIZED TURES TO A CREDIT	\$ 3,526.08			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$42.52	07/08/2024						
7	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
		5 Points Market		401 S Getty	∕ St				
L				Uvalde, TX					
8	PURPOSE OF	(a) Category	of this colored (Is)	(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel In District	of this scriedule)	Fuel for car	npaign or office	eholder purpo:	ses		
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$6.92	07/09/2024						
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
				185 Berry Street					
		Lyft, Inc.		Suite 5000					
				San Francis	sco, CA 94107				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
		Travel Out of District	of this scriedule)	Taxi for campaign or officeholder purposes					
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
		\$16.86	07/09/2024						
Г	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
				2900 E Mai	n				
		Oasis Outback							
L				Uvalde, TX					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description					
	EXPENDITURE	Food/Beverage Expe	· ·	Meeting for campaign or officeholder purposes					
	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.						
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 6/89 Rpt: 35/118	King, Tracy O. (The	King, Tracy O. (The Honorable)			00021143					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$ 3,526.08					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid					
	\$29.77	07/11/2024								
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Uvalde Country Clu	ıb	407 E Gar	den St						
			Uvalde, T							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		· • • • • • • • • • • • • • • • • • • •					
X Political	Food/Beverage Exper	· ·	Meeting to	r campaign or c	micenolaer pu	rposes				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid					
	\$73.87	07/11/2024								
PAYEE	(a) Payee name	•	(b) Payee address; City, State			State,	Zip Code			
	Border Foundry Re	staurant		herson Road						
			Laredo, TX 78045							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Meeting for campaign or officeholder purposes							
X Political	. sea, zereiage zape									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
	\$176.05	07/12/2024								
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
			407 E Gar	den St						
	Uvalde Country Clu	ıb								
			Uvalde, T							
PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti							
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe	•	Meeting fo	r campaign or c	officeholder pu	rposes				
X Political			<u> </u>							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH	•									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission File						
Sch: 7/89 Rpt: 36/118	00021143							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	\$	\$ 3,526.08			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid				
	\$15.42	07/12/2024						
7 PAYEE	1000 Zaragosa		City,	State,	Zip Code			
	La Posada Hotel - F	Restaurant						
8 PURPOSE OF	(a) Category		Laredo, TX 78040 (b) Description					
EXPENDITURE	(See Categories listed at the top		Meeting for campaig	an or officeholder p	urposes			
X Political	Food/Beverage Expe	nse	incoming for campang	у о. оооо.ао. р	a. pooco			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xnense			
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	***************************************			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid				
	\$154.52	07/12/2024						
PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code		
	La Posada Hotel		1000 Zaragosa					
			Laredo, TX 78040					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Lodging for campaign or officeholder purposes					
X Political	Traver in District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid				
	\$26.80	07/13/2024	(o) Dato(o) Orount Gare	7 100d01				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
			407 E Garden St					
	Uvalde Country Clu	JD						
			Uvalde, TX 78801					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	an ar afficabaldar a				
X Political	Food/Beverage Exper	•	Meeting for campaign or officeholder purposes					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 8/89 Rpt: 37/118	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$7.68	07/13/2024							
7	PAYEE	(a) Payee name El Herradero de Jal	lisco	(b) Payee 224 W M		City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descri						
ľ	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe				r officeholder purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$43.83	07/13/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		5 Points Market		401 S G	etty St					
L				+	TX 78801					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descri	otion campaign or offic	eholder purp	oses			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held				
е	expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$36.81	07/14/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Herman Sons Stea	khauaa	577 US I	Highway 90					
		Heiman Sons Stea	KIIOUSE							
L				+	X 78861					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri		- ff : - -				
	_	Food/Beverage Exper	· ·	Meeting	for campaign or	omcenolder p	urposes			
1	X Political									
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX		expense			
	Complete ONLY if direct Candidate/Officeholder name Offi					Office held				
е	expenditure to benefit C/OH									
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 9/89 Rpt: 38/118	King, Tracy O. (The	e Honorable)		00021143					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,520	6.08				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$377.73	07/14/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code				
	JW Marriot Hill Cou	intry Resort	23808 Resort Parkway San Antonio, TX 78261						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Lodging for campaign or o	officeholder purposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(c) Date(s) Credit Card Issue	r Paid						
	\$9.99	07/16/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code				
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94107	,					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi for campaign or office	eholder purposes					
X Political	Travel Out of District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held					
expenditure to benefit C/OH			•						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$10.58	07/17/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code				
	Luft Inc		185 Berry Street						
	Lyft, Inc.		Suite 5000						
			San Francisco, CA 94107	7					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description						
EXPENDITURE	Travel Out of District	or this scriedule)	Taxi for campaign or office	eholder purposes					
X Political									
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	· ·				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 10/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0)8	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$7.99	07/18/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Lyft, Inc.		185 Berry Suite 5000 San Franc					
8 PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or offic	eholder purpos	ses		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$27.50	07/18/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	The Cloak Room			rado Street				
DUDDOOT 05	(a) Catagoni		Austin, TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Meeting for campaign or officeholder purposes					
X Political								
Non-Political	\ \(\frac{1}{2} \)	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH		L (1) = 1 (1)	1/15 / / 1/2					
PAYMENT	(a) Amount Charged \$44.29	(b) Date of Charge 07/21/2024	(c) Date(s) (Credit Card Issue	r Paid			
PAYEE	(a) Payee name	l	(b) Payee at	ddress:	City,	State,	Zip Code	
			401 S Gett		J.,	Otato,	p	
	5 Points Market		102000	.,				
			Uvalde, TX	< 78801				
PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for ca	mpaign or offic	eholder purpos	ses		
X Political	Haver III DISTIICE							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total	pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)			
Sch:	11/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4 CRED ISSUE	DIT CARD ER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8			
6 PAYN	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$70.85	07/23/2024								
7 PAYE	E	(a) Payee name Herman Sons Steal	khouse	(b) Payee a 577 US Hi	ighway 90	City,	State,	Zip Code			
				Hondo, TX							
EXPE	POSE OF ENDITURE Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descript Meeting fo		or officeholder purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense				
9 Comp	lete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held					
expendi	ture to benefit C/OH										
PAYN	MENT	(a) Amount Charged \$144.78	(b) Date of Charge 07/23/2024	(c) Date(s)	Credit Card Issue	r Paid					
PAYE		(a) Davisa nama		(h) Davisa a	ddua a a .	City	Ctata	7in Cada			
PAIL	- L	(a) Payee name		(b) Payee a 1000 Zara		City,	State,	Zip Code			
		La Posada Hotel			•						
		(-) O-t		Laredo, TX							
	POSE OF ENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Lodging for campaign or officeholder purposes							
X	Political	Travel In District		Loaging for campaign or officeholder purposes							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense				
	lete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
	ture to benefit C/OH	()		143543							
PAYN	MENT	(a) Amount Charged \$55.00	(b) Date of Charge 07/06/2024	(c) Date(s) (Credit Card Issue	r Paid					
PAYE	E	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Cricket Wireless LL	С	575 Moros	se Dr. NE						
				Atlanta, G	A 30324						
PURF	POSE OF	(a) Category		(b) Descript							
EXPE	NDITURE	(See Categories listed at the top	,	Phone for	campaign or of	ficeholder pur	poses				
X	Political	Office Overhead/Rent	aı ⊑xpense								
<u> </u>	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living ex	rpense				
	elete <u>ONLY</u> if direct ture to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(3	,	,
1	' ~						ics Commis	sion Filers)
	Sch: 12/89 Rpt:	King, Tracy O. (The	ing, Tracy O. (The Honorable)					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0	08
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$25.48	07/06/2024					
7	PAYEE	(a) Payee name Evett's BBQ			t Main Street	City,	State,	Zip Code
L		() 2 :			TX 78801			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	•	officeholder purposes		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9	' 				Office held			
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$32.20	(b) Date of Charge 07/07/2024	(c) Date(s)) Credit Card Issue	r Paid		
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Sunrise Restaurant		501 W. N	Main Street			
L				Uvalde, ⁻	TX 78801			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes				
	Non-Political	(a)	of Towns Committee Colombials T		Observation TV	-#		
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Check if Austin, 1X,	officeholder living exp	pense	
6	expenditure to benefit C/OH			o coug		GGGG.G		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$7.45	07/08/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
Lyft, Inc.			185 Berr Suite 500 San Fran	-				
Н	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi for o	campaign or office	eholder purpos	ses	
X Political Travel Out of District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	-	Office held		
E	expenditure to benefit C/OH							
ĺ								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME										
Sch: 13/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 3,526.08							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid							
	\$9.85	07/08/2024									
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code							
	USPS - Uvalde		103 S.Getty								
			Uvalde, TX 78801								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	or of the later of							
X Political	Office Overhead/Ren	•	Postage for campaign or	or officeriolder purposes							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid							
	\$8.67	07/09/2024									
PAYEE	PAYEE (a) Payee name			City, State, Zip Code							
	Luft Inc		185 Berry Street								
	Lyft, Inc.		Suite 5000								
			San Francisco, CA 9410	7							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
l <u>—</u>	Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid							
	\$49.07	07/14/2024									
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code							
			1151 US Why 90								
	Walmart 4102										
			Castroville, TX 78009								
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description								
EXPENDITURE	Office Overhead/Ren	,	Supplies for campaign o	r officeholder purposes							
X Political		1									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (I	Ethics Commiss	sion Filers)		
	Sch: 14/89 Rpt:	King, Tracy O. (The	King, Tracy O. (The Honorable)							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$	3,526.0	08		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid				
		\$2.42	07/16/2024							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Lyft, Inc.		185 Berr Suite 500 San Fran		7				
8	PURPOSE OF	(a) Category		(b) Descri	otion					
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or offic	iceholder purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	g expense			
	9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held						
expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$7.59	07/16/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Luft Inc		185 Berr	y Street					
		Lyft, Inc.		Suite 500	00					
					ncisco, CA 9410	7				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or officeholder purposes						
		Travel Out of District	or this scriedale)	Taxi for campaign or officeholder purposes						
	x Political									
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living				
١.	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
Le	expenditure to benefit C/OH	(a) Amount Chaused	(h) Data of Charge	(a) Data(a)	Cuadit Cand Iaa	an Daid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$9.05	07/16/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
l		Lyft, Inc.		185 Berr						
		Lyit, iiic.		Suite 500						
					icisco, CA 9410	7				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
		Travel Out of District		l axi for o	ampaign or offic	cenolaer purp	ooses			
1	X Political									
	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, T	K, officeholder living				
	Complete ONLY if direct Candidate/Officeholder name Off					Office held				
е	expenditure to benefit C/OH									
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete this	form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
	Sch: 15/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED TURES TO A CREDIT	\$	3,526.0	08	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid			
		\$56.92	07/17/2024						
7	PAYEE	(a) Payee name		(b) Payee add		City,	State,	Zip Code	
		Oasis Outback		2900 E Maii	n				
L				Uvalde, TX					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description		<i>-</i>			
		Food/Beverage Expe	· ·	Meeting for	campaign or c	officeholder pu	rposes		
	X Political								
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
	9 Complete ONLY if direct Candidate/Officeholder name Officependiture to benefit C/OH			e sought		Office held			
-	<u>'</u>	() (T (1) = 1 (2)	1() = . () =					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid			
		\$8.06	07/17/2024						
	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
		Lyft, Inc.		185 Berry S	treet				
		Lyit, inc.		Suite 5000					
L				San Francisco, CA 94107					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Tayl for campaign or officeholder purposes					
	X Political	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Taxi for campaign or officeholder purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Э	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid			
		\$9.45	07/17/2024						
Г	PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code	
		Luft Inc		185 Berry S	treet				
		Lyft, Inc.		Suite 5000					
L					co, CA 94107				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		. 1 1.1			
	X Political	Travel Out of District	or this seriedule)	Taxi for campaign or officeholder purposes					
	Non-Political	of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense						
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)		
	Sch: 16/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	3,526.0)8		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$11.70	07/17/2024							
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Lyft, Inc.		185 Berry Suite 500 San Fran						
8	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or offic	iceholder purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense			
	9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$37.03	07/19/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Uvalde Country Clu	ıb	407 E G	arden St					
L					ΓX 78801					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip	otion for campaign or d	officeholder p	urposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	•			
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$36.35	07/21/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Cuprice Dectaurent		501 W. N	lain Street					
		Sunrise Restaurant								
L					TX 78801					
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		rr l l .				
	_	Food/Beverage Exper	*	Meeting	for campaign or o	otticenolder pi	urposes			
1	X Political									
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,		xpense			
	Complete ONLY if direct Candidate/Officeholder name Off					Office held				
e	expenditure to benefit C/OH									
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
Total pages Schedule F4: 2 FILER NAME 3						cs Commis	sion Filers)
Sch: 17/89 Rpt:	King, Tracy O. (The	(ing, Tracy O. (The Honorable) Name of financial institution 5 TOTAL OF UNITEMIZED					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,526.0)8
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
	\$11.66	07/23/2024					
7 PAYEE	(a) Payee name Border Foundry Re	staurant		Pherson Road	City,	State,	Zip Code
0. PUPPOSE OF	(a) Catagon		Laredo, 7				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Meeting 1	for campaign or c	officeholder pur	poses	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
	\$75.38	07/25/2024					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Uvalde Country Clu	ıb	407 E Ga	arden St			
			Uvalde, 7	TX 78801			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Meeting for campaign or officeholder purposes				
X Political	Food/Beverage Expe	nse		or our pargin or o	oonoido. pai	pooco	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	⁻ Paid		
	\$136.97	07/26/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Uvalde Country Clu	ıb	407 E Ga	arden St			
			Uvalde, 1	TX 78801			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		Meeting 1	for campaign or c	officeholder pur	poses	
X Political	Food/Beverage Expe	1120					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 18/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0	08	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$35.76	07/27/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Hangar 6 Air Cafe		249 Airpor	t Blvd				
			Uvalde, T	< 78801				
8 PURPOSE OF	(a) Category	of this schodule)	(b) Descripti					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Meeting fo	r campaign or o	officeholder pu	rposes		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$8.48	07/29/2024						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Luft Inc		185 Berry	Street				
	Lyft, Inc.		Suite 5000)				
				isco, CA 94107				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or officeholder purposes					
X Political	Travel Out of District		Taxi ioi ca	impaign or ome	enoluer purpos			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$8.49	07/29/2024						
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code	
	1. 6. 1		185 Berry	Street				
	Lyft, Inc.		Suite 5000)				
			San Franc	isco, CA 94107				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti					
l <u> </u>	Travel Out of District	of this scriedule)	Taxi for ca	mpaign or offic	eholder purpos	ses		
X Political								
Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 19/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0)8	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$34.56	08/02/2024						
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	Julios BBQ and gril	I	501 S Gett	ry				
			Uvalde, TX	78801				
8 PURPOSE OF	(a) Category		(b) Descripti					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	*	Meeting fo	r campaign or c	r officeholder purposes			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$7.67	08/07/2024						
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	luft las		185 Berry	Street				
	Lyft, Inc.		Suite 5000	1				
				isco, CA 94107				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
l <u> </u>	Travel Out of District	or triis scriedule)	Taxi for campaign or officeholder purposes					
X Political								
Non-Political	(*)	of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH		I	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$7.68	08/08/2024						
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code	
		P	224 W Mai	in St				
	El Herradero de Jal	IISCO						
			Uvalde, TX	78801				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti					
l <u> </u>	Food/Beverage Exper	,	Meeting fo	r campaign or c	officeholder pu	irposes		
X Political								
Non-Political	1 1 2 L	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
	Sch: 20/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
		\$35.89	08/09/2024							
7	PAYEE	(a) Payee name 5 Points Market		(b) Payee 401 S Ge		City,	State,	Zip Code		
				Uvalde, TX 78801						
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip	•					
	EXPENDITURE X Political	Travel In District	or this scriedule)	Fuel for campaign or officeholder purposes						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge									
	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)) Credit Card Issue	r Paid				
		\$30.64	08/12/2024							
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		HEB #4		201 E Ma	ain St					
				Uvalde,	TX 78801					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for campaign or officeholder purposes						
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
		\$37.73	08/12/2024							
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		0.01014 0.040		1498 US	hwy 90 E					
		Circle K -Castroville								
L					le, TX 78009					
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				ption	a b a l d = :: :=				
	Travel Out of District			Fuel for (campaign or offic	enolaer purpos	ses			
	X Political									
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	name Office	e sought		Office held					
L	expenditure to benefit C/OH									
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)			
	Sch: 21/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0	08			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$8.17	08/13/2024								
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Lyft, Inc.		185 Berr Suite 500 San Fran		7					
8	PURPOSE OF	(a) Category		(b) Descrip	otion						
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or offic	eholder purp	oses				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	Credit Card Issue	er Paid					
		\$10.76	08/13/2024								
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code			
		1.44 1		185 Berr	y Street						
		Lyft, Inc.		Suite 500	00						
L					ncisco, CA 94107	7					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description							
		Travel Out of District	of this scriedule)	Taxi for campaign or officeholder purposes							
	X Political										
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$7.27	08/14/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Lyft Inc		185 Berr	y Street						
		Lyft, Inc.		Suite 500							
L					ncisco, CA 94107	7					
1	PURPOSE OF (a) Category (See Category listed at the top of this schedule)			(b) Descrip		. 1 1.1.					
	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			l axi for o	campaign or offic	eholder purp	oses				
	X Political										
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX		expense				
	Complete ONLY if direct	name Office	e sought		Office held						
е	expenditure to benefit C/OH										
l											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 22/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
		\$137.53	08/16/2024						
7	PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee 407 E Ga	arden St	City,	State,	Zip Code	
L		() 0 :			TX 78801				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge								
	PAYMENT	(a) Amount Charged \$104.77	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuei	r Paid			
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		Hangar 6 Air Cafe		249 Airpo	ort Blvd				
					TX 78801				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption for campaign or c	officeholder pu	poses		
	Non-Political		of Towns Committee Colorada In T		Observation TV	-#Cbb			
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	officeholder living exp	ense		
e	expenditure to benefit C/OH			o ooug		000 1.0.u			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
		\$36.35	07/24/2024						
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Exxon Mobil Laredo	0	16672 H	ighway 83 North				
L				Laredo,	TX 78045				
	PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Travel In District			(b) Description Fuel for campaign or officeholder purposes					
	X Political								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	name Office	e sought		Office held				
L	expenditure to benefit C/OH								
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)			
	Sch: 23/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0	08			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid					
		\$27.80	07/24/2024								
7	PAYEE	(a) Payee name La Posada Hotel - F	Restaurant	(b) Payee 1000 Zar		City,	State,	Zip Code			
8	PURPOSE OF	(a) Category		(b) Descrip							
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Meeting for campaign or officeholder purposes							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	Credit Card Issue	r Paid					
		\$151.88	07/30/2024								
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code			
		ALC Steaks		1205 No	rth Lamar						
				Austin, T	X 78703						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Meeting	otion for campaign or (officeholder p	ourposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living	exnense				
┝	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii / tastiii, 17k	Office held	Схрепос				
lе	expenditure to benefit C/OH			J							
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$10.48	07/30/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
				185 Berr	y Street						
		Lyft, Inc.		Suite 500	00						
				San Fran	ncisco, CA 94107	7					
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip							
	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			Taxi for o	campaign or offic	eholder purp	oses				
1	X Political										
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX	, officeholder living	expense				
	Complete ONLY if direct	name Office	e sought		Office held		<u> </u>				
е	expenditure to benefit C/OH										
Ī	<u> </u>										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(3	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)	
	Sch: 24/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
		\$48.44	07/30/2024						
7	PAYEE	(a) Payee name ALC Steaks		(b) Payee 1205 No	address; rth Lamar	City,	State,	Zip Code	
_				Austin, T					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
ex	expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge								
	PAYMENT	(a) Amount Charged \$33.28	(b) Date of Charge 07/30/2024	(c) Date(s)) Credit Card Issue	r Paid			
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		Texas Chili Parlor		1409 Lav	aca Street				
				Austin, T	X 78701				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip	ption for campaign or c	officeholder pu	rposes		
	Non-Political	(a) Charle if the soul and side	of Towns Committee Calcadula T		Observation TV	-#			
┝		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	officeholder living exp	pense		
	Complete ONLY if direct complete to benefit C/OH	Canadate/Officeriolaer	name Onice	Jougni		Office field			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
		\$5.40	08/01/2024						
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Lyft, Inc.		185 Berr Suite 500	-				
					ncisco, CA 94107				
	PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Taxi for campaign or officeholder purposes					
	X Political								
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	oense		
	Complete ONLY if direct Candidate/Officeholder name Off					Office held			
ex	penditure to benefit C/OH								
l									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)						
Sch: 25/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.	08						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$123.60	08/03/2024									
7 PAYEE	(a) Payee name Affordable Storage	#4	(b) Payee address; 260 W North Lane	City, State,	Zip Code						
			Uvalde, TX 78801								
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description								
EXPENDITURE	Office Overhead/Rent		Storage for campaign or	officeholder purposes							
X Political											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT				er Paid							
	\$8.67	08/05/2024									
PAYEE (a) Payee name			(b) Payee address;	City, State,	Zip Code						
			185 Berry Street								
	Lyft, Inc.		Suite 5000								
			San Francisco, CA 9410	7							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes								
X Political	Travel Out of District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$9.67	08/05/2024									
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code						
			185 Berry Street	,	•						
	Lyft, Inc.		Suite 5000								
			San Francisco, CA 9410	7							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)			ceholder purposes							
Travel Out of District				·							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held							
expenditure to benefit C/OH			-								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Inst	ruction Guide explains how	to complete	this form.	(,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)	
	Sch: 26/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$55.00	08/06/2024						
7	PAYEE	(a) Payee name Cricket Wireless LL	.c	(b) Payee 575 More	address; ose Dr. NE	City,	State,	Zip Code	
					GA 30324				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Phone for campaign or officeholder purposes					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense		
9		Candidate/Officeholder	name Office	e sought		Office held			
-	expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge				-				
	PAYMENT	(a) Amount Charged \$30.44	(b) Date of Charge 08/08/2024	(c) Date(s)) Credit Card Issuer	r Paid			
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		Murphy Oil Compai	ny	P.O. Box	7000				
L					o, AR 71738-700	0			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descri	otion campaign or office	eholder purpos	ses		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	<u> </u>	Office held			
	PAYMENT	(a) Amount Charged \$7.74	(b) Date of Charge 08/12/2024	(c) Date(s)) Credit Card Issuei	r Paid			
	PAYEE	(a) Payee name Lyft, Inc.		(b) Payee 185 Berr Suite 500	y Street	City,	State,	Zip Code	
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			(b) Descri			ses			
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	pense		
E	Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name				Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	is form.	(9-	.,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)		
Sch: 27/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,526.0	08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$21.78	08/12/2024							
7 PAYEE	(a) Payee name Texas Chili Parlor		(b) Payee ac	•	City,	State,	Zip Code		
			Austin, TX						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meeting for	on r campaign or c	officeholder pu	rposes			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge			Credit Card Issue	r Paid				
\$14.65 08/14/2024									
PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code		
	Lyft, Inc.		185 Berry S Suite 5000 San Franci						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Taxi for call	on mpaign or office	eholder purpos	ses			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u>	Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	-	Office held				
PAYMENT	(a) Amount Charged \$28.45	(b) Date of Charge 08/15/2024	(c) Date(s) C	Credit Card Issuei	r Paid				
PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee ac 407 E Gard Uvalde, TX	den St	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(b) Description Meeting for	on r campaign or c	officeholder pu	rposes					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	oense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	ionalitate to benefit Groff								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commis	sion Filers)			
	Sch: 28/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$13.99	08/15/2024								
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code			
		Lyft, Inc.		185 Berry Suite 500 San Fran		,					
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for c	ampaign or offic	eholder purpos	es				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
e	xpenditure to benefit C/OH			_							
	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	Credit Card Issue	r Paid					
	\$72.00 08/15/2024										
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code			
		USPS Administration	on	475 L'Enf	ant Plaza SW						
				Washington, DC 20260							
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description PO Box for campaign or officeholder purposes							
	Non-Political	(a) Charle if traval autoida	of Texas. Complete Schedule T.	<u> </u>	Chapte if Austin TV	office holder living over					
-	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Crieck if Austin, 1X,	officeholder living exp	ense				
e	xpenditure to benefit C/OH				One dia One del Innere						
	PAYMENT	(a) Amount Charged \$65.01	(b) Date of Charge 08/16/2024	(c) Date(s)	Credit Card Issue	i Palu					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Walmart Super Center 782				t Main Street						
┡		(-) O-t		Uvalde,							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	for campaign or	officeholder nu	rnnses				
	X Political Office Overhead/Rental Expense		tal Expense	Supplies	ioi campaign oi	onicenoider pa	iposes				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			edule T. Check if Austin, TX, officeholder living expense							
				e sought		Office held					
e	xpenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 29/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,526.0	08		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$33.65	08/18/2024							
7	PAYEE	(a) Payee name Sunrise Restaurant		(b) Payee 501 W. M	address; Iain Street	City,	State,	Zip Code		
				Uvalde, 7	ΓX 78801					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip		officeholder p	ourposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
ех	penditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$137.54	(b) Date of Charge 08/26/2024	(c) Date(s)	Credit Card Issue	r Paid				
	PAYEE (a) Payee name		•	(b) Payee	address;	City,	State,	Zip Code		
		Uvalde Country Clu	ıb	407 E Ga						
<u> </u>		(a) Oatawa		Uvalde, 7						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Meeting f	for campaign or d	officeholder p	ourposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living	expense			
	Complete ONLY if direct spenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$27.65	08/29/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Uvalde Country Clu	ıb	407 E Ga	arden St					
				Livaldo 3	TV 70001					
\vdash	PURPOSE OF	(a) Category		Uvalde, 7 (b) Descrip						
	EXPENDITURE (See Categories listed at the top of this schedule)			Meeting for campaign or officeholder purposes						
	X Political Food/Beverage Expense		nse		-	•				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			1	Check if Austin, TX,	officeholder living	expense			
	Complete ONLY if direct	e sought	<u> </u>	Office held						
ex	penditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 30/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	3,526.0)8		
6	PAYMENT	(a) Amount Charged \$269.77	(b) Date of Charge 08/30/2024	(c) Date(s	Credit Card Issue	er Paid				
7	PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee 407 E Ga		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living	expense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
۲	PAYMENT	(a) Amount Charged	(b) Data of Charge	(a) Data(a	Cradit Card Issue	or Doid				
	PATMENT	(a) Amount Charged \$10.75	(b) Date of Charge 09/04/2024	(c) Date(s	Credit Card Issue	er Palu				
	PAYEE (a) Payee name Lyft, Inc.			(b) Payee 185 Berr Suite 500 San Frar	y Street	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Taxi for o	otion campaign or offic	ceholder purp	oses			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living	expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$71.14	(b) Date of Charge 09/04/2024	(c) Date(s	Credit Card Issue	er Paid				
	PAYEE (a) Payee name Affordable Storage #4				address; orth Lane FX 78801	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Descri	for campaign or					
$ldsymbol{f eta}$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX	c, officeholder living	expense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)			
	Sch: 31/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	 \$	3,526.0)8			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
		\$96.78	09/06/2024							
7	PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee address; 407 E Garden St	City,	State,	Zip Code			
L				Uvalde, TX 78801						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign	n or officeholder pu	urposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	kpense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	-				
€	expenditure to benefit C/OH									
	PAYMENT (a) Amount Charged (b) Date of Charge		(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
	\$55.00 09/06/2024		09/06/2024							
Г	PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code			
		Cricket Wireless LL	.C	575 Morose Dr. NE						
L				Atlanta, GA 30324						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Phone for campaign or officeholder purposes						
l	X Political	Office Overfleau/Refit	iai Expense							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	kpense				
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$22.47	(b) Date of Charge 09/08/2024	(c) Date(s) Credit Card	Issuer Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Exxon Hondo		Hwy 90						
L				Hondo, TX 78861						
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		of this schedule)	(b) Description Fuel for campaign or officeholder purposes						
	X Political									
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule									
e	Complete ONLY if direct candidate/Officeholder name complete complete control candidate/Officeholder name complete control candidate/Officeholder name candidate/Officeholder name			e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 32/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$50.00	09/08/2024					
7	PAYEE	(a) Payee name TXTAG		(b) Payee 12719 B	address; urnet Road	City,	State,	Zip Code
				Austin, T				
8	8 PURPOSE OF EXPENDITURE [X] Political (a) Category (See Categories listed at the top of this schedule) Fees				ption ampaign for office	eholder purpos	es	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	iense	
9	(0)			e sought		Office held		
expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$39.29	09/10/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		5 Points Market		401 S G	etty St			
				Uvalde, ⁻	TX 78801			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Fuel for campaign or officeholder purposes				
	X Political	Traver in District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$28.10	09/11/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Oasis Outback		2900 E N	<i>M</i> ain			
L				Uvalde,	TX 78801			
	PURPOSE OF EXPENDITURE	RE (See Categories listed at the top of this schedule)		(b) Description Meeting for campaign or officeholder purposes				
	X Political Food/Beverage Expense							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
ĺ								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)			
	Sch: 33/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid					
		\$177.80	08/04/2024								
7	PAYEE	(a) Payee name The Galt House Jod	ckey Silks	(b) Payee address; City, State, Zip Code 140 N Fourth St , 2nd Floor West Tower Louisville, KY 40202							
8	PURPOSE OF	(a) Category		(b) Descrip	otion						
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Meeting	for campaign or c	officeholder pur	poses				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense				
			e sought		Office held						
ex	xpenditure to benefit C/OH		T (1) = 1 (2)	1/12/1/1							
	PAYMENT	(a) Amount Charged \$4.67	(b) Date of Charge 08/05/2024	(c) Date(s)) Credit Card Issue	r Paid					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Lyft, Inc.		185 Berry Suite 500 San Fran	=						
	PURPOSE OF	(a) Category		(b) Descrip	otion						
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or office	eholder purpos	es				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense				
ex	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid					
		\$9.66	08/05/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Lyft, Inc.		185 Berry Suite 500 San Fran							
PURPOSE OF (a) Category				(b) Descrip							
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or office	eholder purpos	es				
	X Political										
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
ex	xpenditure to benefit C/OH										
ı											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 34/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0	08
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$9.66	08/06/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Lyft, Inc.		185 Berr Suite 50 San Frar	=			
8	PURPOSE OF	(a) Category		(b) Descri	ption			
	X Political Travel Out of District				campaign or office	eholder purpos	es	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			•	Check if Austin, TX,	officeholder living exp	ense	
9				e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$9.68	08/06/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Lyft, Inc.		185 Berr	=			
		Lyit, iiic.		Suite 50				
L		() 2 :			ncisco, CA 94107			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	obolder nurnes	00	
	—	Travel Out of District	,	T dxi ioi (campaign or office	enoluei puipos	62	
	X Political				_			
L	Non-Political	` ' =	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$78.69	08/09/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Lhualda Causatsu Ch	.I.	407 E G	arden St			
		Uvalde Country Clu	ID					
L					TX 78801			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	officabaldar aus	noccc	
		Food/Beverage Expe		ivieeurig	for campaign or o	micenolaer pur	poses	
X Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX,	officeholder living exp	ense	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	· ·	THER (enter a category not listed a	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics Commis	sion Filers)
	Sch: 35/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143	,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.0	08
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid	
		\$18.75	08/15/2024			
7	PAYEE	(a) Payee name The Cloak Room		(b) Payee address; 1300 Colorado Street	City, State,	Zip Code
Ļ		(-) O-t		Austin, TX 78701		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or c	officeholder purposes	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			Check if Austin, TX,	officeholder living expense	
9				e sought	Office held	
е	expenditure to benefit C/OH					
	PAYMENT	(a) Amount Charged \$4.99	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuer	r Paid	
	PAYEE (a) Payee name Lyft, Inc.			(b) Payee address; 185 Berry Street Suite 5000 San Francisco, CA 94107	City, State,	Zip Code
┝	PURPOSE OF	(a) Category		(b) Description		
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or office	eholder purposes	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
	PAYMENT	(a) Amount Charged \$151.11	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuer	r Paid	
	PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee address; 407 E Garden St	City, State,	Zip Code
				Uvalde, TX 78801		
	PURPOSE OF EXPENDITURE X Political	1 ' ' ' '		(b) Description Meeting for campaign or c	officeholder purposes	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				<u> </u>	officeholder living expense	
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.		-9,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	sion Filers)	
Sch: 36/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	. OF UNITEMIZED NDITURES GED TO A CREDIT	\$	3,526.0	08	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$43.59	08/19/2024						
7 PAYEE	(a) Payee name Exxon Hondo		(b) Payee Hwy 90	address;	City,	State,	Zip Code	
			Hondo, TX 78861					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	abaldar musus			
	Travel Out of District	, , , , , , , , , , , , , , , , , , ,	Fuerior	campaign or offic	enoluer purp	oses		
X Political								
Non-Political	`	of Texas. Complete Schedule T.						
9 Complete ONLY if direct Candidate/Officeholder name Offi expenditure to benefit C/OH			e sought		Office held			
PAYMENT (a) Amount Charged (b) Date of Charge) Credit Card Issue	r Daid			
FAIMENT	\$148.47	08/23/2024	(c) Date(s	y Credit Card 155de	raid			
PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code	
	Uvalde Country Clu	ıb	407 E G	arden St				
			Uvalde,	TX 78801				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Meeting for campaign or officeholder purposes					
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged \$31.56	(b) Date of Charge 08/23/2024	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code	
	1155 444		201 E. N	1ain Street				
	HEB 441							
			+	TX 78801				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	·			
l <u> </u>	Office Overhead/Rent		Supplies	for campaign or	officeholder	purposes		
X Political								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	- · · · - · · (- · · · · · · · · · · · ·	g,	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)		
Sch: 37/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$	3,526.0	08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	\$36.88	08/26/2024						
7 PAYEE	(a) Payee name Hangar 6 Air Cafe		(b) Payee address; City, State, Zip Code 249 Airport Blvd					
			Uvalde, TX 78801					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	Food/Beverage Exper		Meeting for campaign	or officeholder p	urposes			
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
· · · · · · · · · · · · · · · · · · ·			e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	\$7.93	09/03/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			185 Berry Street					
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 94	107				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes					
X Political	Traver Out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	\$6.43	09/05/2024						
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
			185 Berry Street	•		·		
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 94	107				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi for campaign or o	officeholder purpo	oses			
X Political	X Political Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	-			
expenditure to benefit C/OH			-					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)			
Sch: 38/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.	08			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$43.32	09/07/2024						
7 PAYEE	(a) Payee name Oasis Outback		(b) Payee address; 2900 E Main	City, State,	Zip Code			
			Uvalde, TX 78801					
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description					
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or officeholder purposes					
X Political								
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Somplete Sites in amost			e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$34.52	09/08/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Exxon Hondo		Hwy 90					
			Hondo, TX 78861					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Fuel for campaign or officeholder purposes					
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$280.05	09/13/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Hilton Hotel - San A	Antonio	12828 San Pedro Ave					
	Hillon Hotel - San F	AIILOIIIO						
			San Antonio , TX 78216					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	. ((: - - - - - - - -				
X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			Lodging for campaign or officeholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 39/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$	3,526.0	08
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$7.68	09/17/2024					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Lyft, Inc.		185 Berry S Suite 5000 San Franci	Street sco, CA 94107			
8	PURPOSE OF	(a) Category		(b) Description	on			
	EXPENDITURE X Political	(See Categories listed at the top of this schedule) Travel Out of District Taxi for campaign or office			eholder purpos	ses		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH				_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$9.07	09/18/2024					
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
				185 Berry	Street			
		Lyft, Inc.		Suite 5000				
L				San Franci	sco, CA 94107			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Taxi for campaign or officeholder purposes				
	X Political	Travel Out of District						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living ex	pense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$40.02	09/20/2024					
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
l		Lhadda Carrator Ch	.t.	407 E Gard	den St			
		Uvalde Country Clu	ID					
L				Uvalde, TX				
	PURPOSE OF	(a) Category	of this schodulo)	(b) Description				
1	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or officeholder purposes				
	X Political							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)				
Sch: 40/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$39.16	09/21/2024									
7 PAYEE	(a) Payee name		(b) Payee 2900 E M		City,	State,	Zip Code				
	Oasis Outback		2900 L Maiii								
			Uvalde, T	X 78801							
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip								
EXPENDITURE X Political	Food/Beverage Expe	•	Meeting f	or campaign or o	officeholder p	ourposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense					
			e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$39.67	09/12/2024									
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code				
	Uvalde Country Clu	ıb	407 E Ga	rden St							
			Uvalde, T	X 78801							
PURPOSE OF	(a) Category		(b) Descrip	tion							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or officeholder purposes								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$39.33	09/14/2024									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	5 Points Market		401 S Ge	tty St							
	5 Points Market										
	(a) Cataman		Uvalde, T								
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Descrip	ampaign or offic	eholder nurn	0888					
X Political	Travel In District			anpaign of onle	onolaci puip						
Non-Political		Check if Austin, TX,	officeholder living	ovnonco							
Complete ONLY if direct					Office held	evhense					
expenditure to benefit C/OH	2 3 3 3 3 3 3 3 3.	2,110			00 11010						
	I										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)							
Sch: 41/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143									
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$	3,526.0)8							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid									
	\$7.38	09/18/2024											
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code							
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94	1 107									
8 PURPOSE OF	(a) Category		(b) Description										
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes										
Non-Political (c) Check if travel outside of Texas. Complete Schedule T			Check if Austi	in, TX, officeholder living ex	rpense								
9 Complete ONLY if direct	omplete ONLY if direct Candidate/Officeholder name Office			Office held									
expenditure to benefit C/OH													
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Is	ssuer Paid									
	\$8.88	09/18/2024											
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code							
	1. 6. 1		185 Berry Street										
	Lyft, Inc.		Suite 5000										
			San Francisco, CA 94	1107									
PURPOSE OF	(a) Category	(4)	(b) Description										
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes										
X Political	Trainer dat di Biotiliot												
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	rpense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held									
expenditure to benefit C/OH													
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid									
	\$99.78	09/19/2024											
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code							
			1205 North Lamar										
	ALC Steaks												
			Austin, TX 78703										
PURPOSE OF	(a) Category		(b) Description										
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meeting for campaign	n or officeholder pu	ırposes								
X Political	T TOOUTDEVELOUE EXPE	HJG											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expense										
Complete ONLY if direct	Candidate/Officeholder	name Offic	Office sought Office held										
expenditure to benefit C/OH													

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)			
	Sch: 42/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,526.0)8			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$7.98	09/19/2024								
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code			
		Lyft, Inc.		185 Berry Suite 500 San Fran		,					
8	PURPOSE OF	(a) Category		(b) Descrip							
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	ampaign or offic	eholder purpo	oses				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living e	xpense				
9	9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$32.48	09/21/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Uvalde Country Clu	ıb	407 E Ga	arden St						
L				Uvalde, 1	TX 78801						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Meeting t	otion for campaign or d	officeholder p	urposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense				
H	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought		Office held					
e	expenditure to benefit C/OH										
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$42.98	09/23/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		E Dointo Market		401 S Ge	etty St						
		5 Points Market									
L				Uvalde, 1							
	PURPOSE OF (a) Category (See Categories listed at the tap of this cabadule)			(b) Descrip		. 1 1.1					
1	EXPENDITURE (See Categories listed at the top of this schedule) Travel In District			Fuel for c	ampaign or offic	enolaer purpa	oses				
1	X Political										
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,		xpense				
	Complete ONLY if direct	name Office	e sought		Office held						
Le	expenditure to benefit C/OH										
ı											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
Sch: 43/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,5	526.08	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$60.76	09/24/2024				
7 PAYEE	(a) Payee name Oasis Outback		(b) Payee address; 2900 E Main	City, St	ate, Zip Code	
			Uvalde, TX 78801			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description Meeting for campaign or	officeholder purpose	es	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$5.67	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code	
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94107	7		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Taxi for campaign or office			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$85.46	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name ALC Steaks		(b) Payee address; 1205 North Lamar Austin, TX 78703	City, St	ate, Zip Code	
PURPOSE OF EXPENDITURE X Political	SPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			officeholder purpose	es	
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense		
Complete ONLY if direct						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 44/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.08						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
		\$239.81	09/24/2024								
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code						
		Chick-Fil-A		503 W MLK Blvd							
L		() 2 :		Austin, TX 78701							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	office holder purposes						
	X Political	Food/Beverage Expe		Meeting for campaign or	oniceriolder purposes						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
е	xpenditure to benefit C/OH			1							
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Cr			(c) Date(s) Credit Card Issue	er Paid						
		\$84.99	09/26/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
		Uvalde Country Clu	ıb	407 E Garden St							
				Uvalde, TX 78801							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	office holder purposes						
		Food/Beverage Expe	· ·	Meeting for campaign or officeholder purposes							
	X Political										
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, officeholder living expense						
۵	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
Ë	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
		\$44.96	09/26/2024	(5) 2415(5) 2.5411 2414 15545							
		φ44.90	09/20/2024								
H	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
				5959 Las Colinas Blvd							
		ExxonMobil Corpor	ate								
				Irving, TX 75039-2298							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description							
	EXPENDITURE	Travel Out of District	of this scriedule)	Fuel for campaign or office	ceholder purposes						
	X Political										
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense						
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
H											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)				
Sch: 45/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143						
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,526.0)8				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuei	r Paid						
	\$36.45	09/29/2024									
7 PAYEE	(a) Payee name Sunrise Restaurant		(b) Payee ad 501 W. Ma	n Street	City,	State,	Zip Code				
			Uvalde, TX								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for	on campaign or c	officeholder pu	ırposes					
Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living ex	pense					
9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH					Office held						
PAYMENT (a) Amount Charged (b) Date of Charge ((c) Date(s) C	redit Card Issuer	r Paid						
	\$59.98	09/29/2024									
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code				
	Walmart Super Cer	nter 782	3100 East	Main Street							
			Uvalde , T								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies fo	on r campaign or	officeholder p	urposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living ex	nense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	1 6.100.00.17.10.00.11, 17.1,	Office held						
PAYMENT	(a) Amount Charged \$412.50	(b) Date of Charge 09/29/2024	(c) Date(s) C	redit Card Issuei	r Paid						
PAYEE	(a) Payee name URBN Driver		(b) Payee ad 301 Airport Uvalde, TX	Blvd	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel In District				(b) Description Transportation for campaign or officeholder purposes						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living ex	pense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
2 / 2000000 27011	permittire to benefit C/On										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Onicerolder/Folitica		ruction Guide explains how	ŭ	THEN (effet a category flot listed above)		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 46/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$41.14	09/30/2024				
7 PAYEE	(a) Payee name Exxon Mobile, Uval	de	(b) Payee address; East Main Street	City, State, Zip Code		
			Uvalde, TX 78801			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Travel In District	or true concuancy	Fuel for campaign or office	enoider purposes		
X Political						
Non-Political	(c) Check if travel outside		, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held			
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(h) Data of Charge	(c) Date(s) Credit Card Issue	r Doid		
PATWENT	(a) Amount Charged \$38.58	(b) Date of Charge 10/01/2024	(c) Date(s) Cledit Card Issue	i Palu		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	ExxonMobil Corpor	ate	5959 Las Colinas Blvd			
			Irving, TX 75039-2298			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Fuel for campaign or office	eholder purposes		
Non-Political	() 🗖					
<u> </u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense Office held		
Complete ONLY if direct expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$7.04	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name JW Marriot Hill Cou	ntry Resort	(b) Payee address; 23808 Resort Parkway San Antonio, TX 78261	City, State, Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Meeting for campaign or officeholder purposes			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)			
Sch: 47/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$	\$ 3,526.08				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid					
	\$12.33	10/01/2024								
7 PAYEE	(a) Payee name JW Marriot Hill Cou	intry Resort	(b) Payee addres 23808 Resort F	Parkway	City,	State,	Zip Code			
	(a) Catamani		San Antonio, T	X 78261						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for car	mpaign or o	officeholder pu	rposes				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				eck if Austin, TX,	officeholder living exp	pense				
9 Complete ONLY if direct Candidate/Officeholder name Office so			e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid					
	\$30.96	10/01/2024								
PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code			
	JW Marriot Hill Cou	intry Resort	23808 Resort F	Parkway						
			San Antonio, T	X 78261						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes							
X Political			<u> </u>							
Non-Political	(1)	of Texas. Complete Schedule T.		eck if Austin, TX,	officeholder living exp	oense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid					
	\$523.02	10/01/2024								
PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code			
	JW Marriot Hill Cou	intry Resort	23808 Resort F	Parkway						
			San Antonio, T	X 78261						
PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Lodging for campaign or officeholder purposes							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	oense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)		
	Sch: 48/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0	08		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$5.58	10/03/2024							
7	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code						
		Lyft, Inc.		185 Berr Suite 500 San Frar	=					
8	PURPOSE OF	(a) Category		(b) Descri	ption					
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for (campaign or offic	eholder purpo:	ses			
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
9	Complete ONLY if direct Candidate/Officeholder name Of					Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$125.40	10/03/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		La Posada Hotel		1000 Zai	ragosa					
L					TX 78040					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Lodging for campaign or officeholder purposes						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense			
Н	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	<u> </u>	Office held	·			
e	expenditure to benefit C/OH									
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$14.64	10/03/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Doudou Founday Do	ataat	7718 Mc	Pherson Road					
		Border Foundry Re	Staurant							
					TX 78045					
1	PURPOSE OF (a) Category (See Categories listed at the tap of this cabadula)			(b) Descri	•					
1	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meeting	for campaign or o	oπicenoider pu	irposes			
	X Political									
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name O				Office held				
е	expenditure to benefit C/OH									
ĺ										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commiss	sion Filers)					
	Sch: 49/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143	,					
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.08						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
		\$25.80	10/04/2024								
7	PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee address; 407 E Garden St	City, State,	Zip Code					
Ļ	PURPOSE OF	(a) Category		Uvalde, TX 78801 (b) Description							
8	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense Meeting for comparison of the schedule of this schedule of this schedule of the sched				officeholder purposes						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
9				e sought	Office held						
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$226.79	(b) Date of Charge 10/04/2024	(c) Date(s) Credit Card Issue	r Paid						
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code					
		La Posada Hotel		1000 Zaragosa							
L				Laredo, TX 78040							
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Lodging for campaign or officeholder purposes							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
	PAYMENT	(a) Amount Charged \$25.58	(b) Date of Charge 10/05/2024	(c) Date(s) Credit Card Issue	r Paid						
	PAYEE (a) Payee name Exxon Mobile, Uvalde		(b) Payee address; East Main Street	City, State,	Zip Code						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District		Uvalde, TX 78801 (b) Description Fuel for campaign or offic	eholder purposes							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.					officeholder living expense						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
l											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)				
Sch: 50/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$55.00	10/06/2024									
7 PAYEE	(a) Payee name Cricket Wireless LL	.c	(b) Payee 575 More	address; ose Dr. NE	City,	State,	Zip Code				
				GA 30324							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description (b) Phone fo	otion or campaign or off	ficeholder purp	oses					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	pense					
9 Complete ONLY if direct Candidate/Officeholder name Office					Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$14.47	(b) Date of Charge 10/06/2024	(c) Date(s)) Credit Card Issue	r Paid						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Sunrise Restaurant	t	501 W. N	Aain Street							
				TX 78801							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TY	officeholder living exp	nense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Greek ii Adami, 1X,	Office held	Jense					
PAYMENT	(a) Amount Charged \$6.09	(b) Date of Charge 10/09/2024	(c) Date(s)) Credit Card Issue	r Paid						
PAYEE	(a) Payee name Lyft, Inc.	I	(b) Payee 185 Berry Suite 500 San Fran	y Street	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	PENDITURE (See Categories listed at the top of this schedule) Travel Out of District			(b) Description Taxi for campaign or officeholder purposes							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	pense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder purposes (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense (c) Date of Charge (c) Date of Charge (c) Date of Charge (d) Payee address; City, State, Zip Control of Complete Schedule T. (d) Payee address; City, State, Zip Control of Complete Schedule T. (e) Payee address; City, State, Zip Control of Complete Schedule T. (e) Payee address; City, State, Zip Control of Complete Schedule T. (f) Payee address; City, State, Zip Control of Cont		The Instruction Guide explains how to complete this form.									
A CREDIT CARD ISSUER Name of financial institution see previous S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
SSUER See previous EXPENDITURES CARGED TO A CREDIT CARD (a) Amount Charged S33.71 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name Uvalde Country Club (b) Payee address; 407 E Garden St Uvalde, TX 78801 (c) Description Meeting for campaign or officeholder purposes Political Polymeter Candidate/Officeholder name Office sought (a) Amount Charged S81.48 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Description Meeting for campaign or officeholder purposes Office held Office		Sch: 51/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
S33.71 10/10/2024	4				EXPEN CHARG	IDITURES		3,526.0)8		
PAYEE	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
Uvalde Country Club			\$33.71	10/10/2024							
Second Point Complete Complete Complete Schedule Second Point Complete	7	PAYEE		ıb	407 E Ga	arden St	City,	State,	Zip Code		
EXPENDITURE Size Categories ilisted at the top of this schedule) Food/Beverage Expense Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH	Ļ	DUDDOCE OF	(a) Catagony								
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$81.48 10/04/2024 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$81.48 10/04/2024 (d) Payee andress; City, State, Zip Complete Schedule Toward Issuer Paid PURPOSE OF EXPENDITURE Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Complete Schedule Toward Issuer Paid (c) Date of Charge (c) Date(s) Credit Card Issuer Paid Date of Charge (c) Date of	°	EXPENDITURE	(See Categories listed at the top		1 ' '		officeholder pu	ırposes			
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$81.48 (b) Date of Charge 10/04/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name Herman Sons Steakhouse (b) Payee address; City, State, Zip Co 577 US Highway 90 Hondo, TX 78861 (b) Description Meeting for campaign or officeholder purposes Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Description Meeting for campaign or officeholder purposes Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Affordable Storage #4 PURPOSE OF EXPENDITURE (a) Payee name Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF EXPENDITURE (a) Category (b) Description Storage for campaign or officeholder purposes Storage for campaign or officeholder purposes Storage for campaign or officeholder purposes City, State, Zip Co 260 W North Lane Uvalde, TX 78801 (b) Description Storage for campaign or officeholder purposes		Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
PAYMENT (a) Amount Charged \$81.48 (b) Date of Charge 10/04/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Co 577 US Highway 90 Herman Sons Steakhouse PURPOSE OF EXPENDITURE Political Occupance	9						Office held				
PAYEE (a) Payee name Herman Sons Steakhouse (b) Payee address; City, State, Zip Co 577 US Highway 90 Hondo, TX 78861 (c) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Office holder name Office sought (c) Candidate/Office holder name Office sought Office held \$123.60 PAYEE (a) Payee name (b) Payee address; City, State, Zip Co Meeting for campaign or officeholder purposes (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held \$123.60 \$10/04/2024 PAYEE (a) Payee name Affordable Storage #4 Uvalde, TX 78801 (b) Pascription Storage for campaign or officeholder purposes (b) Payee address; City, State, Zip Co 260 W North Lane PURPOSE OF EXPENDITURE Office Overhead/Rental Expense Office Schedule Office Campaign or officeholder purposes	е	xpenditure to benefit C/OH									
PAYEE (a) Payee name Herman Sons Steakhouse (b) Payee address; City, State, Zip Co 577 US Highway 90 Hondo, TX 78861 (b) Description Meeting for campaign or officeholder purposes (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (a) Amount Charged \$123.60 (b) Date of Charge \$123.60 (c) Date(s) Credit Card Issuer Paid (a) Amount Charged \$123.60 (b) Payee address; City, State, Zip Co Meeting for campaign or officeholder purposes (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Co 260 W North Lane PURPOSE OF EXPENDITURE Affordable Storage #4		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
Herman Sons Steakhouse Herman Sons Steakhouse			\$81.48	10/04/2024							
Herman Sons Steakhouse Hondo, TX 78861		PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political			Herman Sons Stea	khouse	577 US I	Highway 90					
See Categories listed at the top of this schedule Food/Beverage Expense	L										
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge 10/04/2024 (a) Payee name (b) Payee address; City, State, Zip Control 260 W North Lane Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Payee address; City, State, Zip Control 260 W North Lane (b) Description (b) Description (c) Description (c		EXPENDITURE	(See Categories listed at the top		1 ' '		officeholder pu	ırposes			
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$123.60 10/04/2024 (b) Date of Charge 10/04/2024 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Control		Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense			
PAYEE (a) Payee name Affordable Storage #4 (b) Payee address; City, State, Zip Co 260 W North Lane Uvalde, TX 78801 PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. State City State Zip Co 260 W North Lane	е		Candidate/Officeholder	name Office	e sought		Office held				
PAYEE (a) Payee name Affordable Storage #4 (b) Payee address; City, State, Zip Co 260 W North Lane Uvalde, TX 78801 (b) Payee address; City, State, Zip Co 260 W North Lane (b) Payee address; City, State, Zip Co 260 W North Lane (b) Payee address; City, State, Zip Co 260 W North Lane (b) Payee address; City, State, Zip Co 260 W North Lane Uvalde, TX 78801 (b) Description Storage for campaign or officeholder purposes (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
Affordable Storage #4 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political (c) Taylor databases (d) Valde, TX 78801 (b) Description Storage for campaign or officeholder purposes (c) Taylor databases (d) W North Lane (b) Description Storage for campaign or officeholder purposes (d) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T. (d) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense			\$123.60	10/04/2024							
Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense X Political Non-Political C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			Affordable Ctorogo	<i>1</i> 1.4	260 W N	orth Lane					
PURPOSE OF EXPENDITURE X Political Non-Political Non-Political C Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense C Check if Austin, TX, officeholder living			Allordable Storage	#4							
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Storage for campaign or officeholder purposes Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	L										
Office Overhead/Rental Expense Non-Political Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	I	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 ` ′		efficabal-l	wa a a			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Office Overhead/Rental Expense			Storage 1	ior campaign or c	nncenolaer pu	rposes			
		Division Deliving									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						Check if Austin, TX,		pense			
expenditure to benefit C/OH	 		Candidate/Officeholder	name Office	e sought		Office held				
experimitare to benefit G/OFF	╚	Aponditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)									
	Sch: 52/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143											
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0	08									
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid											
		\$121.68	10/11/2024														
7	PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee at 407 E Gard	den St	City,	State,	Zip Code									
L				Uvalde, T													
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti Meeting fo	ion ir campaign or c	officeholder pu	ırposes										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense										
	9 Complete ONLY if direct Candidate/Officeholder name Officependiture to benefit C/OH			e sought		Office held											
F	PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) (Credit Card Issue	r Paid											
		\$332.04	10/11/2024	(6) 2416(6) (orean eara resuci	T Calc											
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code									
		3-D Impressions		2420 E. Ma	ain Street												
L				Uvalde, T													
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Advertising for campaign or officeholder purposes													
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense										
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held											
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid											
		\$33.62	10/12/2024														
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code									
		Exxon Mobile, Uval	de	East Main	Street												
				Uvalde, TX	< 78801												
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District			(b) Descripti Fuel for ca	ion ımpaign or office	eholder purpo	ses										
	X Political																
	Non-Political	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living ex	rpense											
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held											
F	Appenditure to beliefit 0/011	l															

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)			
Sch: 53/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526	3.08			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$37.96	10/15/2024						
7 PAYEE	(a) Payee name Exxon Hondo		(b) Payee address; Hwy 90	City, State	, Zip Code			
			Hondo, TX 78861					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Fuel for campaign or office	eholder purposes				
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$5.00	10/16/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
			185 Berry Street					
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 94107					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or officeholder purposes					
X Political	Travel Out of District		Tax for campaign or emechanic purposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$5.23	10/16/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State	, Zip Code			
			185 Berry Street					
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 94107					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or office	eholder purposes				
X Political	Traver Out of District							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 54/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0)8	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	[·] Paid			
		\$7.34	10/16/2024						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Lyft, Inc.		185 Berry Suite 5000 San Franc					
8	PURPOSE OF	(a) Category		(b) Descripti	on				
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or office	eholder purpos	ses		
	Non-Political		Check if Austin, TX,	officeholder living ex	pense				
9	Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu			Credit Card Issuer	Paid				
		\$24.96	10/16/2024						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				185 Berry	Street				
		Lyft, Inc.		Suite 5000)				
				San Francisco, CA 94107					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Taxi for campaign or officeholder purposes					
	X Political	Traver Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	⁻ Paid			
		\$89.19	10/17/2024						
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
l		Ozwisa Flavist		1700 Pena	Street				
		Carrizo Florist							
				Carrizo Sp	rings, TX 78834	4			
	PURPOSE OF (a) Category			(b) Descripti					
	EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense			Gift for campaign or officeholder purposes					
1	X Political SiturAwards/Wernondis Expense								
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule			ule T. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 55/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid				
		\$11.75	10/18/2024							
7	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code						
		Lyft, Inc.		185 Berr Suite 500 San Fran	=	7				
8	PURPOSE OF	(a) Category		(b) Descri						
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or offic	eholder purp	oses			
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense				
	9 Complete ONLY if direct Candidate/Officeholder name Off					Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid				
		\$8.58	10/19/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Lyft Inc		185 Berr	y Street					
		Lyft, Inc.		Suite 500	00					
L					ncisco, CA 94107	7				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		-11				
		Travel Out of District	or this seriedale)	Taxi for campaign or officeholder purposes						
	X Political									
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense			
ا ر	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	ar Paid				
	TATMENT			(c) Balc(s)	, ordan odra 1994c	i i aid				
		\$30.32	10/19/2024							
\vdash	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code		
				201 E Ma	ain St					
		HEB #4								
					TX 78801					
	PURPOSE OF (a) Category			(b) Descrip						
	EXPENDITURE (See Categories listed at the top of this schedule) Travel In District			Fuel for campaign or officeholder purposes						
	X Political									
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX	, officeholder living	expense			
	Complete ONLY if direct	name Office	e sought		Office held					
е	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

	The Insti	ruction Guide explains how	to complete thi	s form.	(9	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 56/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,526.0	08
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$306.60	10/21/2024					
7 PAYEE	(a) Payee name USPS - Uvalde		(b) Payee ac		City,	State,	Zip Code
	USFS - Ovalue			70004			
a PUDDOCE OF	(a) Catagony		Uvalde, TX (b) Description				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	1 ' '	r campaign or c	officeholder nu	rnoses	
X Political	Office Overhead/Rent	tal Expense	r cottage for campaign or emositional parposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$128.82	10/21/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Walmart Super Cer	nter 782	3100 East	Main Street			
			Uvalde , T	X 78801			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies for	or campaign or	officeholder pu	irposes	
X Political	Office Overflead/Nerii	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$15.68	10/24/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			501 W. Ma	in Street			
	Sunrise Restaurant	•					
			Uvalde, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		· CC · · · I · · I · I · · · · ·		
X Political	Food/Beverage Exper	•	Meeting for campaign or officeholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX.	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH			-				
	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(g)	,			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)			
Sch: 57/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.0	08			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$30.67	10/24/2024						
7 PAYEE	(a) Payee name Uvalde Country Clu	ıb	(b) Payee address; 407 E Garden St	City, State,	Zip Code			
			Uvalde, TX 78801					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	· · · · · · · ·				
	Food/Beverage Exper		Meeting for campaign or	officeholder purposes				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense				
Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH			_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$12.99	10/28/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
			185 Berry Street					
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 9410	7				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
EXPENDITURE X Political	Travel Out of District	or triis scriedule)	Taxi for campaign or offic	ceholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$29.54	11/05/2024						
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code			
			1409 Lavaca Street	•	·			
	Texas Chili Parlor							
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule)			Meeting for campaign or	officeholder purposes				
X Political	Food/Beverage Expe	1136						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
CAPETIGITATE TO DETICITE C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)		
Sch: 58/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.	08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$24.90	11/06/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	HEB 441		201 E. Main Street				
			Uvalde, TX 78801				
8 PURPOSE OF	(a) Category	-# Abib	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies for campaign or	officeholder purposes			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct							
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$6.25	11/06/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code		
	USPS - Uvalde		103 S.Getty				
			Uvalde, TX 78801				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Postage for campaign or officeholder purposes				
X Political	Office Overhead/Rent		Postage for campaign or c	omicenolaer purposes			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$42.32	11/08/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
			407 E Garden St				
	Uvalde Country Clu	ID					
			Uvalde, TX 78801				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meeting for campaign or o	officeholder purposes			
X Political	. Sour Bottorage Exper						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 59/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
	\$75.78	11/08/2024						
7 PAYEE	(a) Payee name Carmin's Flower &	Gift		lveston Street	City,	State,	Zip Code	
	(a) Cataman		Laredo, TX 78043 (b) Description					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial	•	1 ` ′	ampaign or office	holder purpose	es		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	^r Paid			
	\$40.30	11/11/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Walmart Super Cer	nter 782	3100 Eas	st Main Street				
			Uvalde ,	TX 78801				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		. (C l l. l			
X Political	Office Overhead/Reni		Supplies	for campaign or	officeholder pu	rposes		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	⁻ Paid			
	\$130.65	11/11/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Uvalde Country Clu	ıb	407 E G	arden St				
			Uvalde.	TX 78801				
PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting	for campaign or c	officeholder pur	poses		
X Political	i oourbeveraye Expe	1130						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1 Total	pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
Sch:	60/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREI	DIT CARD IER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8
6 PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$54.70	11/11/2024					
7 PAY	EE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		5 Points Market		401 S Ge				
		(-) O-t		Uvalde, T				
EXP	POSE OF ENDITURE Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descrip	ampaign or office	eholder purpo	ses	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living ex	pense	
9 Com	plete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held		
expend	liture to benefit C/OH							
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$124.59	11/14/2024					
PAY	EE	(a) Payee name		(b) Payee address; City,				Zip Code
		Border Foundry Re	staurant	7718 McI	Pherson Road			
				Laredo, 7				
EXP	POSE OF ENDITURE Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Meeting f	ition for campaign or c	officeholder pu	rposes	
ΙĦ	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Com	plete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held	-	
expend	liture to benefit C/OH							
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$25.37	11/16/2024					
PAY	EE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		 HEB #4		201 E Ma	ain St			
- DUD	DOCE OF	(a) Category		Uvalde, T				
	POSE OF ENDITURE	(See Categories listed at the top	of this schedule)	(b) Description Fuel for campaign or officeholder			ses	
X	Political	Travel In District		r der for campaign of officeriolder purposes				
I≌	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Complete Schedule T. Check if Austin, TX, officeholder living expense				
ᅳᅳ	plete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
· '	liture to benefit C/OH			-				
		1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 61/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$	3,526.0)8
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	· Paid		
	\$211.21	11/21/2024					
7 PAYEE	(a) Payee name		(b) Payee add		City,	State,	Zip Code
	ALC Steaks		1205 North	Lamar			
			Austin, TX 7				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Meeting for	n campaign or c	officeholder pu	ırposes	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$6.79	11/21/2024					
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code
	Lyft, Inc.		185 Berry S	treet			
	Lyit, iiic.		Suite 5000				
	(a) Catamani			co, CA 94107			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n npaign or office	eholder nurno	Ses	
X Political	Travel Out of District		raxi ioi can	paign or office	cholder purpo.		
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$30.86	11/21/2024					
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code
	Walmart 4102		1151 US W	ny 90			
	vvaimait 4102						
	(a) Oatawari		Castroville,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n campaign or (officeholder ni	ırnnsas	
X Political	Office Overhead/Ren	tal Expense	Supplies for	oampaign or t	omocnoidei pi	ai poses	
Non-Political	(c) Chock if traval outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ov	nense	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	CHECK II AUSUII, TX,	Office held	helise	
expenditure to benefit C/OH							
	I						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 62/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0	08		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
		\$270.63	11/21/2024							
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code		
		Capitol Gift Shop		1400 Cong	gress Avenue					
				Austin, TX						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gifts for ca	ampaign or offic	eholder purpo	ses			
l	X Political	Gill/Awarus/Memorial	s Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ĺ	Check if Austin, TX,	officeholder living ex	oense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
		\$34.34	10/22/2024							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		HEB #4		201 E Maii	n St					
				Uvalde, T	K 78801					
Г	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for campaign or officeholder purposes						
	X Political	Traver in District								
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	Paid				
		\$230.00	10/22/2024							
\vdash	PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code		
l		(ay i ay ou manne		301 Airpor		,	,			
l		URBN Driver		0027po.						
				Uvalde, T	K 78801					
Г	PURPOSE OF	(a) Category		(b) Descripti						
	EXPENDITURE (See Categories listed at the top of this schedule)				ation services fo	r campaign or	officehol	der		
	X Political	Travel In District purposes								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	oense			
	Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete t	his form.	(,,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 63/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$30.35	10/24/2024					
7	PAYEE	(a) Payee name		(b) Payee a 201 E Ma		City,	State,	Zip Code
		HEB #4						
				Uvalde, T	X 78801			
8	PURPOSE OF	(a) Category	-f.4b-i	(b) Descrip				
l	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for ca	ampaign or offic	eholder purpo	oses	
l	X Political							
l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
l	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$35.25	10/24/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		5 Points Market		401 S Ge	tty St			
l				Uvalde, T	X 78801			
H	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for campaign or officeholder purposes				
l	X Political			<u> </u>				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,		expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a)	Cradit Card Issue	r Doid		
	PATIVIENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	i Paiu		
		\$30.57	10/24/2024					
\vdash	PAYEE	(a) Payee name	I	(b) Payee a	address;	City,	State,	Zip Code
l				301 East	Main Street			
l		Evett's BBQ						
l				Uvalde , 1	TX 78801			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meeting for	or campaign or o	officeholder p	urposes	
	X Political	. Jour Beverage Expen						
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office				officeholder living e	expense	
	Complete ONLY if direct	if direct Candidate/Officeholder name Office sought						
е	xpenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 64/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0)8	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$40.99	10/25/2024						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Uvalde Country Clu	ıb	407 E Gar	den St				
			Uvalde, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti					
X Political	Food/Beverage Exper	*	Meeting for campaign or officeholder purposes					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	Office sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	e (c) Date(s) Credit Card Issuer Paid					
	\$34.04	10/27/2024						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	HEB #4		201 E Mai	n St				
			Uvalde, T	< 78801				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Fuel for campaign or officeholder purposes					
X Political	Traver in District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$11.77	10/29/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code	
			185 Berry	Street				
	Lyft, Inc.		Suite 5000)				
			San Franc	isco, CA 94107	•			
PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or offic	eholder purpo:	ses		
X Political			<u> </u>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 65/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,526.0	08
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$43.75	10/29/2024					
7	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
		The Cloak Room		1300 Color	ado Street			
L				Austin, TX 78701				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description				
	EXPENDITURE	Food/Beverage Expe	•	Meeting for campaign or officeholder purposes				
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH		T	1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$6.80	10/30/2024					
Г	PAYEE	(a) Payee name		(b) Payee address; City, S				Zip Code
		1.46 1		185 Berry S	Street			
		Lyft, Inc.		Suite 5000				
L				 	sco, CA 94107			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or officeholder purposes				
	X Political	Travel Out of District	or this seriedule)	l axi for car	npaign or οπιce	enolaer purpo:	ses	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$28.10	10/30/2024					
Г	PAYEE	(a) Payee name	ı	(b) Payee ad	ldress;	City,	State,	Zip Code
				2900 E Ma	in			
		Oasis Outback						
L		Uvalde, TX 78801						
	PURPOSE OF (a) Category			(b) Description				
	_	PENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meeting for campaign or officeholder purposes			
	X Political							
L	Non-Political	(*) —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 66/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
	\$14.47	10/31/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address; Iain Street	City,	State,	Zip Code
	Sunrise Restaurant	İ	JOI VV. IV	iaiii Siieet			
			Uvalde, T	X 78801			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip				
EXPENDITURE X Political	Food/Beverage Expe	•	Meeting for campaign or officeholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$26.11	10/31/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Walmart Super Cer	nter 782	3100 Eas	t Main Street			
	vvaimart Super Ser	1101 702	Llvaldo -	TX 78801			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top			for campaign or	officeholder p	urposes	
X Political	Office Overhead/Ren	tal Expense				•	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid		
	\$74.37	11/01/2024					
	Ψ14.51	11/01/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
	Julios BBQ and gril	1	501 S Ge	etty			
	Julios BBQ and gm	ı					
			Uvalde, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		officeholder o	irnococ	
X Political	Food/Beverage Expe	•	Meeting for campaign or officeholder purposes				
Non-Political	(a) D object ***	of Towns Committee Co. 1.1. T.	<u> </u>		-#		
<u> </u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Janaidate/Onicendidei	name Office	c 30ugiii		Omice Held		
,	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form	1.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 67/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$	3,526.0)8
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$38.35	11/02/2024					
7 PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
	Uvalde Country Clu	ıb	407 E Garden S	t			
			Uvalde, TX 7880	01			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		·		
X Political	Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	Meeting for campaign or officeholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$296.36	11/02/2024					
PAYEE	(a) Payee name		(b) Payee address	City,	State,	Zip Code	
	Hampton Inn - Carr	izo Springs	2651 US Hwy 83	3			
			Carrizo Springs,	TX 78834	1		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Lodging for cam	paign or o	fficeholder p	urposes	
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX,	officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		I	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid		
	\$33.65	11/03/2024					
PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code
	Sunrise Restaurant		501 W. Main Str	eet			
	Surinse Restaurant	L					
			Uvalde, TX 7880	01			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	Food/Beverage Expe	•	Meeting for cam	paign or o	fficeholder p	urposes	
X Political							
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		k if Austin, TX,	officeholder living e	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
	•		-				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)		
	Sch: 68/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,526.0	08		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
		\$123.60	11/04/2024							
7	PAYEE	(a) Payee name Affordable Storage	#4		address; orth Lane FX 78801	City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	*	1 ' '	for campaign or c	officeholder pu	rposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge									
	PAYMENT	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid					
		\$108.24	11/05/2024							
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		Microsoft Corporate	e Office HQ		osoft Way					
L					d, WA 98052-732	.9				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Software	otion for campaign or	officeholder p	urposes			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$46.91	11/05/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		LIED Online #100		20935 US	S Highway 281 N					
		HEB Online #108								
L					nio, TX 78258					
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descrip						
1		Office Overhead/Rent	,	Supplies	for Austin reside	nce				
	X Political									
	Non-Political	of Texas. Complete Schedule T.		X Check if Austin, TX,		pense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
E	expenditure to benefit C/OH									
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete this	form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 69/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$	3,526.0)8	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	r Paid			
		\$292.10	11/03/2024						
7	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code	
		Hampton Inn - Carr	izo Springs	2651 US Hw	y 83				
L				<u> </u>	ngs, TX 78834	4			
8	PURPOSE OF	(a) Category	of this cabadula)	(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel In District	of this scriedule)	Lodging for	campaign or o	officeholder pu	rposes		
	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9				e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT (a) Amount Charged (b) Date of Char			(c) Date(s) Cr	edit Card Issuer	r Paid			
	\$5.84 11/04/2024								
Г	PAYEE (a) Payee name			(b) Payee add	ress;	City,	State,	Zip Code	
				185 Berry S	treet				
		Lyft, Inc.		Suite 5000					
				San Francis	co, CA 94107				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
	EXPENDITURE	Travel Out of District	of this scriedule)	Taxi for campaign or officeholder purposes					
l	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	r Paid			
		\$25.25	11/04/2024						
Г	PAYEE	(a) Payee name	•	(b) Payee add	lress;	City,	State,	Zip Code	
		E		Hwy 90					
		Exxon Hondo							
L				Hondo, TX 7	78861				
	PURPOSE OF	(a) Category	of this sahadula)	(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Fuel for cam	paign or office	eholder purpo	ses		
1	X Political								
L	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)				
Sch: 70/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,526.0	08				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$9.82	11/05/2024									
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Luft Inc		185 Berry Street								
	Lyft, Inc.		Suite 500	00							
			San Francisco, CA 94107								
8 PURPOSE OF	(a) Category		(b) Descrip	otion							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for c	ampaign or offic	eholder purp	oses					
X Political	Traver out or District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$84.24	11/05/2024									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	ALC Steaks		1205 Nor	th Lamar							
			Austin, T	X 78703							
PURPOSE OF	(a) Category		(b) Descrip	otion							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or officeholder purposes								
X Political	T Ood/Deverage Exper	1130									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living	expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$55.00	11/06/2024									
PAYEE	(a) Payee name	<u>I</u>	(b) Payee	address;	City,	State,	Zip Code				
			575 Morc	se Dr. NE	•		·				
	Cricket Wireless LL	.C									
			Atlanta, C	GA 30324							
PURPOSE OF	(a) Category		(b) Descrip								
EXPENDITURE	(See Categories listed at the top		Phone fo	r campaign or of	ficeholder pu	ırposes					
X Political	Office Overhead/Rent	aı ⊨xpense			·						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule				officeholder living	expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						
l	1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	sion Filers)			
	Sch: 71/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,526.0)8			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$25.24	11/09/2024								
7	PAYEE	(a) Payee name Murphy Oil Compar	пу	(b) Payee a	7000	City,	State,	Zip Code			
L		() 2 :		El Dorado, AR 71738-7000							
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Fuel for campaign or officeholder purposes							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH (a) Amount Charged (b) Date of Charge										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$52.69	11/12/2024								
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
		Oasis Outback		2900 E M	ain						
				Uvalde, T	X 78801						
	PURPOSE OF	(a) Category	of this colored (Is)	(b) Descrip							
	EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Meeting f	or campaign or d	officeholder _l	purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$67.15	(b) Date of Charge 11/14/2024	(c) Date(s)	Credit Card Issue	r Paid					
	PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code			
l			T.	407 E Ga	rden St						
		Uvalde Country Clu	ID								
				Uvalde, T	X 78801						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip							
	EXPENDITURE	Food/Beverage Exper		Meeting f	or campaign or o	officeholder _l	purposes				
1	X Political	J. P									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	' ~					3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 72/89 Rpt:	King, Tracy O. (The	King, Tracy O. (The Honorable)					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$125.40	11/14/2024					
7	PAYEE	(a) Payee name La Posada Hotel		(b) Payee 1000 Zar	ragosa	City,	State,	Zip Code
L		() 2 :			TX 78040			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descri	otion for campaign or c	officeholder pui	rposes	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
9				e sought		Office held		
expenditure to benefit C/OH								
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss) Credit Card Issuer	Paid			
		\$75.78	11/15/2024					
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code
		Carrizo Florist		1700 Pe	na Street			
				Carrizo S	Springs, TX 78834	4		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gift for campaign or officeholder purposes				
	X Political	Gift/Awards/Memorial	s Expense	GIIL IOI C	ampaign or office	noider purpose	<i>-</i>	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e:	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$105.51	11/15/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		La Posada Hotel		1000 Zar	agosa			
				Laredo,	TX 78040			
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)		of this schedule)	(b) Description Lodging for campaign or officeholder purposes				
	X Political Travel In District							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
_							· · · · ·	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					ics Commiss	sion Filers)				
Sch: 73/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD	RES	\$	3,526.0)8				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issue	r Paid						
	\$30.39	11/20/2024									
7 PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code				
	HEB #4		201 E Main St	t							
			Uvalde, TX 78	8801							
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description								
EXPENDITURE X Political	Travel In District	of this scriedule)	Fuel for camp	aign or offic	eholder purpo:	ses					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living ex	pense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			r Paid								
	\$36.99	11/20/2024									
PAYEE	•	(b) Payee addre	ess;	City,	State,	Zip Code					
	Exxon Hondo		Hwy 90								
			Hondo, TX 78	861							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Fuel for campaign or officeholder purposes								
X Political	Traver Out of District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	r Paid						
	\$5.11	11/21/2024									
PAYEE	(a) Payee name	1	(b) Payee addre	ess;	City,	State,	Zip Code				
			185 Berry Stre	eet							
	Lyft, Inc.		Suite 5000								
			San Francisco	o, CA 94107							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campa	aign or office	eholder purpos	ses					
X Political											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living ex	pense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
			•		•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 74/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	3,526.0)8	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$44.32	11/22/2024						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Uvalde Country Clu	ıb	407 E Gar	den St				
			Uvalde, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Food/Beverage Exper	*	Meeting to	r campaign or o	officeholder pu	irposes		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$8.27	11/22/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	1.4.1		185 Berry	Street				
	Lyft, Inc.		Suite 5000)				
				isco, CA 94107				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or officeholder purposes					
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$8.08	11/25/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			185 Berry	Street				
	Lyft, Inc.		Suite 5000)				
			San Franc	isco, CA 94107				
PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti					
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or offic	eholder purpos	ses		
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)					
Sch: 75/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.	08					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$8.54	11/25/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code					
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94107	7						
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or offic	ceholder purposes						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss			er Paid							
	\$50.00	11/26/2024								
PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code					
	HEB 441		201 E. Main Street							
			Uvalde, TX 78801							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Supplies for campaign or officeholder purposes							
X Political	Office Overhead/Ren	iai Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$49.37	11/27/2024								
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code					
		. 700	3100 East Main Street							
	Walmart Super Cer	nter 782								
			Uvalde , TX 78801							
PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Supplies for campaign or	officeholder purposes						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	•	THEN (effer a category not listed	above)		
1	Total pages Schedule F4:	3 Filer ID (Ethics Comm	ission Filers)					
	Sch: 76/89 Rpt:		King, Tracy O. (The Honorable)					
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526	5.08		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$44.73	11/27/2024					
7	PAYEE	(a) Payee name Exxon, : Pearsall		(b) Payee address; 111 Interstate 35	City, State	, Zip Code		
Ļ		() 0 :		Pearsall, TX 78061				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Fuel for campaign or offic	eholder purposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9				e sought	Office held			
е	xpenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$26.17	11/29/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
		Walmart Super Cer	nter 782	3100 East Main Street				
L				Uvalde , TX 78801				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies for campaign or officeholder purposes				
	X Political	Office Overfiead/Nem	tai Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$35.12	12/01/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
		Oasis Outback		2900 E Main				
L				Uvalde, TX 78801				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)		(b) Description Meeting for campaign or o	officeholder purposes				
	X Political Food/Beverage Expense							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:						cs Commis	sion Filers)		
Sch: 77/89 Rpt:	King, Tracy O. (The	King, Tracy O. (The Honorable)							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	3,526.0)8		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$123.60	12/04/2024							
7 PAYEE	(a) Payee name Affordable Storage	#4		address; orth Lane FX 78801	City,	State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Descrip						
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	,	1 ` '	for campaign or o	officeholder pur	poses			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Car			Credit Card Issuer	Paid					
	\$55.00	12/05/2024							
PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
	Cricket Wireless LL	С	575 Mord	ose Dr. NE					
				GA 30324					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description (b) Phone fo	otion r campaign or off	ïceholder purp	oses			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	<u> </u>	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid				
	\$270.63	11/21/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	0		1400 Coi	ngress Avenue					
	Capitol Gift Shop								
			Austin, T						
PURPOSE OF EXPENDITURE	1 ' ' * '		(b) Descrip		obolder = ·····	200			
l <u> </u>	Gift/Awards/Memorial	,	Gills for (campaign or offic	enoluer purpos	ses			
X Political									
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
experiulture to beliefft C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (I	Ethics Commiss	sion Filers)					
Sch: 78/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	\$	3,526.0)8					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid							
	\$35.69	11/24/2024									
7 PAYEE	(a) Payee name Exxon Hondo		(b) Payee address; Hwy 90	City,	State,	Zip Code					
			Hondo, TX 78861								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
	Travel Out of District	of this schedule)	Fuel for campaign	or officeholder purp	ooses						
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living	j expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid							
	\$8.35	11/25/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			185 Berry Street								
	Lyft, Inc.		Suite 5000								
			San Francisco, CA	94107							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes								
X Political	Traver Out or District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living	j expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid							
	\$8.80	11/25/2024									
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code					
			185 Berry Street	,		•					
	Lyft, Inc.		Suite 5000								
			San Francisco, CA	94107							
PURPOSE OF	(a) Category		(b) Description	-							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi for campaign	or officeholder purp	oses						
X Political	Travel Out of District										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living	ı expense						
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	•						
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total	l pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch:	: 79/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143					
4 CRE ISSU	DIT CARD JER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED CARD		\$	3,526.0)8			
6 PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid					
		\$29.52	11/27/2024								
7 PAY	ΈE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code			
		Lyft Inc		185 Berry Str	eet						
		Lyft, Inc.		Suite 5000							
				San Francisc	o, CA 94107						
	POSE OF	(a) Category		(b) Description							
EXP	ENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for camp	aign or office	eholder purpo	ses				
X	Political	Travel Out of District									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
9 Com	plete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held					
expend	expenditure to benefit C/OH										
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid					
		\$26.23	11/27/2024								
PAY	EE .	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code			
		Exxon Mobile, Uval	de	East Main Sti	reet						
				Uvalde, TX 7	8801						
PUR	POSE OF	(a) Category		(b) Description							
EXP	ENDITURE	(See Categories listed at the top	of this schedule)	Fuel for campaign or officeholder purposes							
X	Political	Travel In District									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. По	heck if Austin, TX,	officeholder living ex	pense				
Com	plete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expend	diture to benefit C/OH										
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid					
		\$11.23	12/01/2024								
PAY	ΈE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code			
				224 W Main \$	St						
		El Herradero de Jal	isco								
				Uvalde, TX 7	8801						
	POSE OF	(a) Category		(b) Description							
EXP	ENDITURE	(See Categories listed at the top	·	Meeting for c	ampaign or o	officeholder pu	rposes				
Х	Political	Food/Beverage Expe	1120								
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				check if Austin, TX,	officeholder living ex	pense				
Com	plete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held					
expend	diture to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 80/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 3,526.08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$25.42	12/04/2024					
7 PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	Murphy Oil Compai	ny	P.O. Box 7				
	() 0 :			AR 71738-700	0		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		oboldor purpos	.00	
X Political	Travel In District	,	Fuel for campaign or officeholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$35.05	12/06/2024					
PAYEE	(a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code
	Uvalde Country Clu	ıb	407 E Gard	den St			
			Uvalde, TX	78801			
PURPOSE OF	(a) Category	-£4bibdul-\	(b) Descripti				
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe	•	Meeting for campaign or officeholder purposes				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$25.59	12/09/2024					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	E Deinte Merket		401 S Gett	y St			
	5 Points Market						
			Uvalde, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u> </u>	Travel In District	of this schedule)	Fuel for ca	mpaign or office	eholder purpos	ses	
X Political							
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 81/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,526.0)8
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
		\$66.14	12/16/2024					
7	PAYEE	(a) Payee name Uvalde Country Clu	ıb	407 E Garden St				Zip Code
Ļ		(-) O-t			TX 78801			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	· —	Candidate/Officeholder	name Office	e sought		Office held		
É	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 12/17/2024	(c) Date(s)) Credit Card Issuei	[*] Paid		
	PAYEE	(a) Payee name		(b) Payee address; City,			State,	Zip Code
		Lyft, Inc.		185 Berr Suite 500 San Frar	=			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri Taxi for o	ption campaign or office	eholder purpos	es	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX,	officeholder living exp	ense	
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$28.10	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issuei	Paid		
	PAYEE	(a) Payee name Oasis Outback		(b) Payee 2900 E N Uvalde,	•	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri Meeting	ption for campaign or c	officeholder pur	poses	
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г		-						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 82/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$ 3,526.08			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$41.57	12/20/2024						
7	PAYEE	(a) Payee name Walmart Super Cer	nter 782		address; st Main Street TX 78801	City,	State,	Zip Code	
8	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent	*	Supplies for campaign or officeholder purposes			urposes		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held						
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$81.19	12/20/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Carmin's Flower &	Gift	2815 Gal	lveston Street				
L				+	ΓX 78043				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip	otion ampaign or office	holder purpos	ses		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living e	xpense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held			
е	expenditure to benefit C/OH		1	T.,,					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$29.74	12/21/2024						
Г	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code	
l		Francis Mahila I bad	al a	East Mai	n Street				
		Exxon Mobile, Uval	ae						
					TX 78801				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		-11-			
1	_	Travel In District		Fuel for c	campaign or office	enoider purpo	ses		
	X Political								
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,		xpense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Le	expenditure to benefit C/OH								
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 83/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$	\$ 3,526.08	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
		\$85.47	12/22/2024					
7	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		ALC Steaks		1205 North Lamar				
L				Austin, TX 7				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		6 00 1 1 1		
		Food/Beverage Expe		Meeting for 6	campaign or c	officeholder pu	ırposes	
	X Political							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH	() 4 () 4	L (1) D (1) (1)	1() 5 () 6	E 6 11	D '1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	rPaid		
		\$9.18	12/09/2024					
	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		El Herradero de Jalisco		224 W Main	St			
				Uvalde, TX	78801			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Description Meeting for campaign or officeholder purposes				
	X Political	Food/Beverage Expe	nse					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Э	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	r Paid		
		\$258.08	12/11/2024					
	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		Claustanthy Inc		2800 Bridge	Pkwy Suite 1	01		
		Shutterfly Inc.						
L				Redwood, C				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		- ff : - - - -		
	X Political	Printing Expense	or the contoactor	Postcard for	campaign or	officeholder p	urposes	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete this fo	orm.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 84/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD		\$ 3,526.08)8
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
		\$34.68	12/11/2024					
7	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
		5 Points Market		401 S Getty St				
L				Uvalde, TX 78	3801			
8	PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
	EXPENDITURE	(See Categories listed at the top Travel In District	of this scriedule)	Fuel for camp	aign or office	eholder purpos	ses	
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CH	neck if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct			e sought		Office held		
€	expenditure to benefit C/OH							
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
		\$31.38	12/12/2024					
Г	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
				185 Berry Stre	eet			
		Lyft, Inc.		Suite 5000				
L				San Francisco	o, CA 94107			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	EXPENDITURE	Travel In District	of this scriedule)	Taxi for campaign or officeholder purposes				
l	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
		\$18.47	12/15/2024					
Г	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
			700	3100 East Ma	in Street			
		Walmart Super Cer	iter 782					
L				Uvalde , TX 7	8801			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	EXPENDITURE	Office Overhead/Ren	*	Supplies for c	ampaign or o	officeholder pu	ırposes	
	X Political		<u> </u>					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CH	neck if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 85/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 3,526.08)8		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$38.49	12/16/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Exxon Hondo		Hwy 90						
0. DUDDOOF OF	(a) Category		Hondo, T (b) Descrip						
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	1 ' '	ampaign or offic	eholder purp	holder purposes			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	(, officeholder living expense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$13.85	12/17/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Lyft, Inc.		185 Berry						
			Suite 500		,				
PURPOSE OF	(a) Category		(b) Descrip	cisco, CA 94107					
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' '	ampaign or offic	eholder purp	oses			
X Political	Travel Out of District			pa.g o. oo					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,		expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$146.00	12/19/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	USPS - Uvalde		103 S.Ge	etty					
	USF3 - Ovalue								
	(a) Oata war		Uvalde, T						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion for campaign or (officeholder r	nurnosas			
X Political	Office Overhead/Ren	tal Expense	1 ostage	ioi oainpaigii 01 (omeenouer p	ai puscs			
Non-Political	(a) Chapte if translation	of Toyon Complete Calcabilla T		Charlett Access	officeholder this	ovnones			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Check if Austin, TX,	Office held	expense			
expenditure to benefit C/OH	Janaiaato, Omocnolido	Office	o oodgiit		Cinco noid				
,	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)							
Sch: 86/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$ 3,526	5.08							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid								
	\$31.41	12/19/2024										
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code							
	Murphy Oil Compa	ny	P.O. Box 7000									
			El Dorado, AR 71738-70	000								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	:								
X Political	Travel In District		Fuel for campaign or officeholder purposes									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense								
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid								
	\$70.20	12/20/2024										
PAYEE	(a) Payee name	ee name (b) Payee address;		City, State	, Zip Code							
	Uvalde Country Clu	ıb	407 E Garden St									
			Uvalde, TX 78801									
PURPOSE OF	(a) Category	of their coloredule)	(b) Description									
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe	· ·	Meeting for campaign or officeholder purposes									
X Political												
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid								
	\$400.08	12/20/2024										
PAYEE	(a) Payee name	I	(b) Payee address;	City, State	, Zip Code							
			PO Box 7399	•	•							
	The University of To	exas Athletics										
			Austin, TX 78713									
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top	of this schedule)	Tickets for campaign or	officeholder purposes								
X Political	1 003											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1		,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 87/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 3,526.08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$75.00	12/20/2024					
7 PAYEE	(a) Payee name Walmart Super Cer	nter 782	3100 East Main Street				Zip Code
	() 0 :			TX 78801			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Supplies for campaign or officeholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expense	e	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
	\$7.68	12/20/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	El Herradero de Ja	lisco	224 W M	ain St			
			Uvalde,	TX 78801			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or officeholder purposes				
X Political	1 ood/beverage Expe	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense	е	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	· Paid		
	\$7.58	12/21/2024					
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	The University of T	ovas Athlotics	PO Box	7399			
	The oniversity of 1		Austin, T	Y 78712			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	` '		officeholder purp	oses	
X Political	Fees						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living expense	e	
Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
expenditure to benefit C/OH							
	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 88/89 Rpt:	King, Tracy O. (The	e Honorable)			00021143		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$ 3,526.08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$6.90	12/22/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Lyft, Inc.		185 Berry Suite 5000 San Franc				
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	ımpaign or offic	eholder purpos	ses	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$347.68	12/28/2024					
PAYEE	(a) Payee name	name (b) Payee address;		City,	State,	Zip Code	
	Castaways Seafood	d	337 N Alis				
				as, TX 78373			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expel	· ·	(b) Description Meeting for campaign or officeholder purposes				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$2.48	12/31/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Cuprice Destaurant		501 W. Ma	ain Street			
	Sunrise Restaurant						
			Uvalde, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		. ((: - - - - - - -		
l 👝	Food/Beverage Exper	,	Meeting to	or campaign or o	omicenolaer pu	rposes	
X Political							
Non-Political	1 1 2 L	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 89/89 Rpt:	King, Tracy O. (The	e Honorable)		00021143		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,526.08		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$29.12	12/24/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
	Evett's BBQ		301 East Main Street			
			Uvalde , TX 78801			
8 PURPOSE OF EXPENDITURE	(a) Category	of this colored (Is)	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or o	officeholder purposes		
X Political	ical					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$20.74	12/25/2024				
PAYEE (a) Payee name (b) Payee		(b) Payee address;	City, State,	Zip Code		
	Oasis Outback		2900 E Main			
			Uvalde, TX 78801			
PURPOSE OF	(a) Category	(1)	(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		Meeting for campaign or c	officeholder purposes		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$15.11	07/18/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State,	Zip Code	
			301 East Main Street			
	Evett's BBQ					
			Uvalde , TX 78801			
PURPOSE OF	(a) Category	7 11. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meeting for campaign or o	officeholder purposes		
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						