CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00036483		2 Total pages filed: 83
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Phillip S.			Date Received ELECTRONICALLY FILED
	NICKNAME Phil	LAST King		SUFFIX	07/15/2025
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1913				Receipt # Amount
Change of Address	Weatherford, TX 76086				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	Jimmy R.			
	NICKNAME	LAST		SUFFIX	
		Day			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	925 Santa Fe Drive, Ste. 1	101			
(Residence or Business)	Weatherford, TX 76086				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (817) 550-6300	NE NUMBER E	EXTENSION		
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	TH	HROUGH	Month Day 06/30/202	Year 5
10 ELECTION	ELECTION DATE Month Day Year	Р	rimary	ELECTION TYPE Runoff	Other
		G	General	Special	_
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Senator District 10				
	-			•	
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 83

13 C / OH NAME	King, Phillip S. (The I	lonorable)	14 Filer ID 00036483	•	ommission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have i	or political expenditures made by popeen made without the candidate's eport this information only if they re	or officeholder's	knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
16 CONTRIBUTION TOTALS			ONS (OTHER THAN PLEDGES, L TIONS MADE ELECTRONICALL)		0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	78,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITUR	RES	\$	6,026.04
	4. TOTAL POLITIC	AL EXPENDITURES		\$	134,745.39
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NED AS OF THE LAST DAY OF T	THE \$	798,891.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NDING LOANS AS OF THE LAST	S S	0.00
17 AFFIDAVIT				· · · · · ·	
		true and co	affirm, under penalty of perjury, tha rrect and includes all information re 15, Election Code.		
			The Honorable Phillip		
			Signature of Candidate or 0	Jiliceriolaei	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to co	ertify which, witness my hand ar	d seal of office.		
Signature of offi	cer administering	Printed name of officer ac	ministering Title	of officer adminis	tering oath
-	, and the second		-		-

SUBTOTALS - C/OH

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

					3 of 83
18 FILEI King	R NAM	(Ethi	ics Commission Filers)		
20 SCHI NAM	EDULE E OF S		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	78,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				133,572.21
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	50,000.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,173.18
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	16,594.46

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/83			
2	FILER NAME King, Phillip	S. (The Honorable)			3	Filer ID (Ethics Commission 00036483	on Filers)
4			7	Amount of Contribution (\$)	\$1,000.00		
0	Principal occu	Austin, TX 78701	2)	Employer (See Instructions	,, 		
0	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	·)		
	Date 06/30/2025	Full name of contributor Charter Communications Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Date 06/30/2025	Full name of contributor Clevenger, Don Contributor address; City; S Sunnyvale, TX 75182	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
	Principal occu SVP	pation / Job title (See Instructions	5)	Employer (See Instructions Oncor	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Coleman, Katherine Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$2,500.00		
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions O'Melveny & Myers	5)		
Date Full name of contributor out-of-state PAC (ID#:) DTH Strategies Contributor address; City; State; Zip Code Austin, TX 78701		•	Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/5 Rpt: 5/83	
2	FILER NAME King, Phillip	S. (The Honorable)			3	Filer ID (Ethics Commission 00036483	on Filers)
4	Date 06/30/2025	 5 Full name of contributor Focused Advocacy Politica 6 Contributor address; City; Sta 			7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78746			Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Greer, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		Roanoke, TX 76262	1		<u> </u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) COO Oncor		5)				
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00		
		Austin, TX 78702					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Henry, Matthew Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$3,500.00		
	Dallas, TX 75218 Principal occupation / Job title (See Instructions) SVP Employer (See Instructions) Oncor		Employer (See Instructions Oncor	<u>l</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) Homepac of Texas Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/5 Rpt: 6/83	
2	FILER NAME King, Phillip	S. (The Honorable)			3	Filer ID (Ethics Commission 00036483	on Filers)
4	Date 06/30/2025	5 Full name of contributor Moak Casey PAC6 Contributor address; City; Sta	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$1,000.00
_	District	Austin, TX 78701	1.	2 Frankrije (Ozakativski			
8	Principal occu	pation / Job title (See Instructions)	,	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor NRG Energy, Inc. PAC Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77002					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 06/30/2025	Full name of contributor Nye, Jr., Erle Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$20,000.00
		Dallas, TX 75225					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Oncor	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Perot, Jr, Ross Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$5,000.00		
	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions Hillwood Development	5)		
	Date 06/30/2025	Full name of contributor Rural Friends of TX Electr Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/83	
2	FILER NAME King, Phillip	S. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00036483
4	Date 06/28/2025	 Full name of contributor		7	Amount of Contribution (\$) \$2,500.00
		Austin, TX 78716			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	i)	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Weekley Properties	<u> </u>	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Whitley, Gregory Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
		l			

NETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/83
	3 Filer ID (Ethics Commission Filers) 00036483
5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$1,500
Austin, TX 78701	
pal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)
	O/2025 Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/65 Rpt: 9/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/29/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.59	PO Box 81226
		Seattle, WA 98108
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/08/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.64	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/24/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.45	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder office supplies
		onicenduel onice supplies
_	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/Politica Credit Card Payment	/ - Il Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 F	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 2/65 Rpt: 10/83	ŀ	King, Phillip S. (The Honorable)				00036483
4	Date	5 F	Payee name			•	
	02/25/2025	ı	Amazon.com				
6	Amount (\$) \$36.78	F	Payee address; City; State; PO Box 81226 Seattle, WA 98108	Zip Coo	de		
8	PURPOSE	<u> </u>		idule)	(b) Description		
	OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder office supplies				officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office sought Office held				
	Date	F	Payee name				
	05/28/2025	/	Amazon.com				
	Amount (\$) Payee address; City; State; Zip Code						
	\$25.00	F	PO Box 81226				
		5	Seattle, WA 98108				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)	ш	, TX,	de of Texas. Complete Schedule T. officeholder living expense f gift
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Of	ffice souç	yht		Office held
	Date	F	Payee name				
L	06/11/2025		Amazon.com				
	Amount (\$) \$50.00	l	Payee address; City; State; PO Box 81226	Zip Coo	de		
			Seattle, WA 98108				
	PURPOSE OF EXPENDITURE	ı	Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)		, TX,	de of Texas. Complete Schedule T. , officeholder living expense f gift
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name Of	ffice souç	yht		Office held

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/65 Rpt: 11/83	2 FILER NAME Sing, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date	F. David name
4	02/13/2025	5 Payee name American Legislative Exchange Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2900 Crystal Drive, 6th Floor
		Arlington, VA 22202
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder membership dues
		Cinconduct memberering adde
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	American Legislative Exchange Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$625.00	2900 Crystal Drive, 6th Floor
		Arlington, VA 22202
	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
		officeholder staff conference registration fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	01/31/2025	Arlington Police Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 2318
		Arlington, TX 76004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		sponsorship support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
Leal Services

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

	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: 4/65 Rpt: 12/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/06/2025	Arlington Police Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 2318
		Arlington, TX 76004
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sponsorship support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/20/2025	Austin Land & Cattle
	Amount (\$)	Payee address; City; State; Zip Code
	\$361.67	1205 Lamar Blvd
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder staff meeting
		Sinceriolaer stail meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/27/2025	Bateman, Molly
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 1913
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Every Accounting/Banking Fee Consulting Expense For Contributions/ Donations Made By - Giff Candidate/Officeholder/Political Committee Legislations (Consulting Consulting Consult

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/65 Rpt: 13/83	2 FILER NAME Sing, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date 01/31/2025	5 Payee name Bateman, Molly
6	Amount (\$) \$2,250.00	7 Payee address; City; State; Zip Code P.O. Box 1913
8	PURPOSE OF EXPENDITURE	Weatherford, TX 76086 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/26/2025	Payee name Bateman, Molly
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code P.O. Box 1913 Weatherford, TX 76086
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 04/25/2025	Payee name Bateman, Molly
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code P.O. Box 1913
		Weatherford, TX 76086
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
•	Sch: 6/65 Rpt: 14/83	King, Phillip S. (The Honorable)	3)
4	Date	5 Payee name	
	05/27/2025	Bateman, Molly	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 1913	
_	DUDDOGE	Weatherford, TX 76086	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		campaign staff compensation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
	Date	Payee name	
	06/27/2025	Bateman, Molly	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 1913	
		Weatherford, TX 76086	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		campaign staff compensation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/10/2025	Best Buy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$740.96	7601 Penn Ave South	
		Richfield, MN 55423	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/\\ _!\\\	Check if Austin, TX, officeholder living expense	
		officeholder staff office equipment	
	Operation ONE V. C. P.		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr Legal Services Sa

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/65 Rpt: 15/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/03/2025	Brannon, Kevin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	1911 Lorraine Avenue
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting
		Campaigh constanting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payee name
	01/27/2025	Brannon, Kevin
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1911 Lorraine Avenue
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting
		Campaigh Constituing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/26/2025	Brannon, Kevin
		Payee address; City; State; Zip Code
	Amount (\$) \$4,000.00	1911 Lorraine Avenue
	Φ4,000.00	1911 Lonaine Avenue
		AN THE TOO
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign consulting
	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 comp	plete t	this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 8/65 Rpt: 16/83	King, Phillip S. (The Honorable)		00036483	
4	Date	5 Payee name		•	_
l	03/29/2025	Brannon, Kevin			
6	Amount (\$)	7 Payee address; City; State; Zip Code	e		_
	\$4,000.00	1911 Lorraine Avenue			
l					
l		Allen, TX 75002			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) De	escription	_
l	OF	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE		-	Check if Austin, TX, officeholder living expense	
l			ca	ampaign consulting	
Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
┕	'				
l	Date	Payee name			
L	04/28/2025	Brannon, Kevin			
l	Amount (\$)	Payee address; City; State; Zip Code	е		
l	\$4,000.00	1911 Lorraine Avenue			
l					
l		Allen, TX 75002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)		escription	
l	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
l	Check if Austin, TX, officeholder living expense campaign consulting				
			001	an pargin concaraing	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	_
	expenditure to benefit C/OI				
F	Date	Payee name			_
	05/27/2025	Brannon, Kevin			
⊢	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>		
l	\$4,000.00	1911 Lorraine Avenue			
l	·				
		Allen, TX 75002			
⊢	PURPOSE		h) De	escription	
l	OF	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Concenting Expones		Check if Austin, TX, officeholder living expense	
			ca	ampaign consulting	
L					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
L	experience to beliefit 6/01	·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/65 Rpt: 17/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/26/2025	Brannon, Kevin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	1911 Lorraine Avenue
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting
		Campaigh constituing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	05/04/2025	Cafe Creme
	Amount (\$)	Payee address; City; State; Zip Code
	\$349.29	1834 E Oltorf St
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meal for legislative committee meeting
		medi for legislative confinitee meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	Davies same
	Date 02/05/2025	Payee name Catch Digital Strategy
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2714 Washington St #163
		Greenvile, TX 75401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign graphic design and website maintenance
		campaign graphic design and website maintenance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/65 Rpt: 18/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/06/2025	Catch Digital Strategy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.00	2714 Washington St #163
		Greenvile, TX 75401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		campaign graphic design and website maintenance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
-	Data	
	Date	Payee name
┡	05/01/2025	Chuy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.17	1728 Barton Springs Rd
L		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder staff meeting
l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/26/2025	Chuy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.87	1728 Barton Springs Rd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		officeholder staff meeting
	Operation Chilly 2.	Overdildete (Office healther manner
	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
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 11/65 Rpt: 19/83	King, Phillip S. (The Honorable)		00036483	
4 Date	5 Payee name			
04/15/2025	Clayton Spangler Photo Design			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$649.00	235 Point Lick Drive			
	Charleston, WV 25306			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel of	outside of Texas. Con	
LXI LINDITORE			, TX, officeholder livin	g expense
		Senate panor	апис рпосо	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office h	old
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		giit	Onice n	ciu
Data	Т -			
Date 03/25/2025	Payee name			
	Cleburne Pregnancy Center			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$250.00	100 S Main Street			
	Cleburne, TX 76033			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense		outside of Texas. Con , TX, officeholder livin	
		sponsorship s		у олроноо
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office h	eld
expenditure to benefit C/O	Н			
Date	Payee name			
01/24/2025	Compass Climate Storage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$120.00	3750 E IH 20			
	Hudson Oaks, TX 76087			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead/Rental Expense		outside of Texas. Con	nplete Schedule T.
EXPENDITURE	Since evernous/Nemail Expense	Check if Austin,	, TX, officeholder livin	g expense
		campaign sto	rage rental	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
experientale to beliefft C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit 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: 12/65 Rpt: 20/83	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	
	02/03/2025	Compass Climate Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$130.00	3750 E IH 20	
		Hudson Oaks, TX 76087	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		campaign sto	orage remai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
,	expenditure to benefit C/O		Office field
	Date	Dove name	
	03/03/2025	Payee name Compass Climate Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.00	3750 E IH 20	
	Ψ130.00	3730 E 11720	
		Hudson Oaks, TX 76087	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Pontal Expanse	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nerital Expense	ı, TX, officeholder living expense
		campaign sto	orage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/02/2025	Compass Climate Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.00	3750 E IH 20	
		Hudson Oaks, TX 76087	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		campaign sto	orage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 13/65 Rpt: 21/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
L	05/02/2025	Compass Climate Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	3750 E IH 20
		Hudson Oaks, TX 76087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	THE LIBERT ONL	Check if Austin, TX, officeholder living expense
		campaign storage rental
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OF	
	Date	Payee name
L	06/02/2025	Compass Climate Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	3750 E IH 20
		Hudson Oaks, TX 76087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign storage rental
		campaign storage rental
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/23/2025	Cowtown Republican Women
\vdash		·
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 470152
	\$1,041.98	F.O. DUX 4/U102
		F. () W. (I. T.) 704.47
		Fort Worth, TX 76147
	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
		ouripaigh donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card F ayment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/65 Rpt: 22/83	King, Phillip S. (The Honorable)	00036483
4 Date	5 Payee name	
01/19/2025	Defender Outdoors Clay Sports Ranch	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1,000.00	8270 Aledo Rd	
	Fort Worth, TX 76126	
8 PURPOSE OF	(continued in the continued in	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Clay Shoot tournament fundraising event deposit for
		October event
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experiental to benefit 3/3		
Date	Payee name	
04/15/2025	Department of the Treasury	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2,458.00		
	Ogden, UT 84201	
PURPOSE OF	((b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		tax payment on campaign funds
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit 0,0	1	
Date	Payee name	
01/03/2025	East Parker Chamber of Commerce	
Amount (\$)	Payee address; City; State; Zip Co	de
\$25.00	100 Chuckwagon Trail	
	Willow Park, TX 76087	
PURPOSE OF		(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		officeholder staff attendance at membership
		luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	л 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/Do 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:						
Sch: 15/65 Rpt: 23/83	King, Phillip S. (The Honorable) 00036483					
4 Date	5 Payee name					
03/05/2025	East Parker Chamber of Commerce					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$25.00	100 Chuckwagon Trail					
	Willow Park, TX 76087					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	officeholder staff attendance at membership luncheon					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
03/31/2025	East Parker Chamber of Commerce					
Amount (\$)	Payee address; City; State; Zip Code					
\$25.00	100 Chuckwagon Trail					
	Willow Park, TX 76087					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense officeholder staff attendance at membership					
	luncheon					
Complete ONL V if direct	Candidate/Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
Date	Payae name					
05/06/2025	Payee name East Parker Chamber of Commerce					
Amount (\$)	Payee address; City; State; Zip Code					
\$25.00	100 Chuckwagon Trail					
	Willow Park, TX 76087					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense officeholder staff attendance at membership					
	luncheon					
Complete ONLY if direct						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide e	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 16/65 Rpt: 24/83	King, Phillip	S. (The Honorable)					00036483	
4	Date	5 Payee name							
	06/05/2025	East Parke	Chamber of Comm	erce					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$25.00	100 Chuck	vagon Trail						
		Willow Park	x, TX 76087						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	nse			=		de of Texas. Com officeholder living	
						_			at membership
						luncheon			·
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
_	Date	Payee name							
	01/23/2025	1	Chamber of Comm	erce					
_	Amount (\$)	Payee addre		State; Zip C	odo				
	\$100.00	100 Chuck	-	State, Zip C	oue				
	Ψ100.00	100 Chack	vagori rran						
		Willow Park	x, TX 76087						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	nse			<u></u>		de of Texas. Com officeholder living	
						registration fo			
						J			
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	01/19/2025	Felts Photo	graphy						
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$410.58	1012 Tremo		эши, цр э					
	,								
		Weatherfor	d, TX 76086						
	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expens	е				de of Texas. Com officeholder living	
						campaign pho			, 0,,00,100
						1 .9 1			
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	4			-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

1 Total pages Schedule F1: 2 FILER NAME Sch: 17/65 Rpt: 25/83 King, Phillip S. (The Honorable) 5 Payee name Filanagin, Judy 6 Amount (\$) FOR Category (see Categories listed at the top of this schedule) Candidate/Officeholder name 7 Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Campaign staff compensation Office held Date 01/31/2025 Payee name Filanagin, Judy Amount (\$) Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Date 01/31/2025 Payee address; City; State; Zip Code P.O. Box 906 Weatherford, TX 76086 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if rared outside of Texas. Complete Schedule T. Check in Austin, TX. difficeholder libring expenses campaign staff compensation (b) Description Check if rared outside of Texas. Complete Schedule T. Check it Austin, TX. difficeholder libring expenses campaign staff compensation Complete QNLY if direct expenditure to benefit C/OH Date OZIZ5/2025 Payee name Flanagin, Judy Amount (\$) Payee name Flanagin, Judy Payee address; City; State; Zip Code Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
4 Date
Flanagin, Judy
7 Payee address; City; State; Zip Code Weatherford, TX 76086 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor 9 Complete ONLY if direct expenditure to benefit C/OH Date O1/31/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) City of the sought of Texas. Complete Schedule T. Comparison of the schedule of Texas. Complete Schedule T. Comparison of the sc
Sponsormal Research P.O. Box 906 Weatherford, TX 76086 ## PURPOSE OF EXPENDITURE Candidate/Officeholder name
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9 Complete QNLY if direct expenditure to benefit C/OH Date
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/31/2025 Payee name Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if Lavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation Complete ONLY if direct expenditure to benefit C/OH Date ONLY if direct expenditure to benefit C/OH Date Payee name Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
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Date 01/31/2025
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O1/31/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. Box 906 Weatherford, TX 76086 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation Complete ONLY if direct expenditure to benefit C/OH Date Payee name O2/25/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code Weatherford, TX 76086 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 Candidate/Officeholder name O2/25/2025 Payee name Flanagin, Judy Payee address; City; State; Zip Code
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Weatherford, TX 76086 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation Complete ONLY if direct expenditure to benefit C/OH Date 02/25/2025 Payee name Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation Complete ONLY if direct expenditure to benefit C/OH Date 02/25/2025 Payee name Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
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Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 02/25/2025 Amount (\$) Payee address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign staff compensation Office sought Office held Office held Office held Office held Salaries/Wages/Contract Labor Office sought Office held Office held Office held Office held Salaries/Wages/Contract Labor Office sought Office held
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Complete ONLY if direct expenditure to benefit C/OH Date Payee name Olycopy Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/25/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
Date Payee name 02/25/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
Date Payee name 02/25/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
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02/25/2025 Flanagin, Judy Amount (\$) Payee address; City; State; Zip Code
Amount (\$) Payee address; City; State; Zip Code
\$500.00 P.O. Box 906
4555.55 T.E. 25X 555
Weatherford, TX 76086
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EXPENDITURE Salaties/ Wages/ Contract Labor Check if Austin, TX, officeholder living expense
campaign staff compensation
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Complete ONLY if direct Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·							
	Sch: 18/65 Rpt: 26/83	King, Phillip S. (The Honorable) 00036483							
4	Date	5 Payee name							
	03/26/2025	Flanagin, Judy							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$500.00	P.O. Box 906							
		Weatherford, TX 76086							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense campaign staff compensation							
		The proof of the state of the s							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/25/2025	Flanagin, Judy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	P.O. Box 906							
		Weatherford, TX 76086							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		campaign staff compensation							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	05/27/2025	Flanagin, Judy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	P.O. Box 906							
		Weatherford, TX 76086							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		campaign staff compensation							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 19/65 Rpt: 27/83	King, Phillip S. (The Honorable) 00036483					
4	Date	5 Payee name					
	06/25/2025	Flanagin, Judy					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	P.O. Box 906					
		Weatherford, TX 76086					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense campaign staff compensation					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	01/27/2025	Ford Motor Credit					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$922.32	P.O. Box 650575					
	7022.02						
		Dallas, TX 76265					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense					
		campaign vehicle lease payment					
	Operation ONE Wife discont	Out that Off a half are a section of the section of					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/26/2025	Ford Motor Credit					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$922.32	P.O. Box 650575					
	Dallas TV 76265						
		Dallas, TX 76265					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		campaign vehicle lease payment					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/65 Rpt: 28/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	03/26/2025	Ford Motor Credit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$922.32	P.O. Box 650575
		Dallas, TX 76265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		campaign venicle lease payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	04/28/2025	Ford Motor Credit
	Amount (\$)	Payee address; City; State; Zip Code
	\$922.32	P.O. Box 650575
		Dallas, TX 76265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		campaign venicle lease payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/27/2025	Ford Motor Credit
	Amount (\$) \$922.32	Payee address; City; State; Zip Code P.O. Box 650575
	Φ922.32	P.O. BOX 030375
		D. H. TV 7005
		Dallas, TX 76265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign vehicle lease payment
	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: 21/65 Rpt: 29/83	King, Phillip S. (The Honorable) 00036483					
4	Date	5 Payee name					
	06/26/2025	Ford Motor Credit					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$922.32	P.O. Box 650575					
		Dallas, TX 76265					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.					
		Expense					
		campaign vehicle lease payment					
_	Commission ONII V if divers	Condidate/Officeholder name Office sought Office hold					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/13/2025	Frederick Douglass Republicans of Tarrant County PAC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	P.O. Box 170912					
		Arlington, TX 76003					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		sponsorship support					
		Speniesis-iip cappeit					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name					
	03/04/2025	Frigidaire					
	Amount (\$) \$316.89	Payee address; City; State; Zip Code					
	Ф310.09	10200 David Taylor Drive					
		Charlotte, NC 28262					
	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					
		refrigerator for committee office					
		Terringeration for committee office					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memor Legal Services							Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction	Guide explains h	ow to com	plet	e this form.						
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commis	sion Filers)		
	Sch: 22/65 Rpt: 30/83	King	, Phillip S. (The Hone	orable)					00036483				
4	Date	5 Paye	e name										
	01/02/2025		es at the Terrace										
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Cod	le							
	\$2,534.71	_	S. Mopac Expressv	/ay	•								
	·												
		Austi	n, TX 78746										
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8	PURPOSE OF		JOTY (See Categories listed		dule)	(D) [Description Check if travel of	nuteir	de of Teyas Com	plete Schedule T.			
	EXPENDITURE	Oilic	e Overhead/Rental E	Expense		ŀ	_		officeholder living				
							ு ent and utiliti						
9	Complete ONLY if direct	Candic	late/Officeholder name	Of	fice soug	ht			Office he	eld			
	expenditure to benefit C/OI	1											
	Date	Pave	e name										
	02/03/2025	_	es at the Terrace										
	Amount (\$)	Pave	e address; City;	State:	Zip Cod	le							
	\$2,520.95	,	2301 S. Mopac Expressway										
	Ψ2,320.33	2001	3. Mopae Expressi	idy									
		Aucti	n TV 70746										
			n, TX 78746		1.								
	PURPOSE OF		JORY (See Categories listed		dule) ((b) [Description	outoi	do of Toyon Com	nloto Cobodulo T			
	EXPENDITURE	Offic	e Overhead/Rental E	Expense		ŀ	_		de of Texas. Com officeholder living				
							ent and utiliti						
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	Complete ONLY if direct	Candic	late/Officeholder name	Of	fice soug	ht			Office he	eld			
	expenditure to benefit C/OI	1											
	Date	Pave	e name										
	03/03/2025		es at the Terrace										
	Amount (\$)	Pave	e address; City;	State:	Zip Cod	le							
	\$2,513.72		S. Mopac Expressv										
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		Διιετί	n, TX 78746										
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	PURPOSE OF		JORY (See Categories listed	•	dule)	(D) [Description Check if travel of	nutsir	de of Texas Com	plete Schedule T.			
	EXPENDITURE	Oilic	e Overhead/Rental E	Expense		ŀ			officeholder living				
						r	ு ent and utiliti						
	Complete ONLY if direct	Candid	late/Officeholder name	Of	fice soug	ht			Office he	eld			
	expenditure to benefit C/OI	1			Ū								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Capilidate/(fficebolder/Politics 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/Political Committee Credit Card Payment				Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction Gu	ide explains how to	comp	lete	this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)	
	Sch: 23/65 Rpt: 31/83		King, Phillip	S. (The Honora	ble)					00036483			
4	Date	5	Payee name										
	04/02/2025		Gables at th										
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code							
	\$2,529.23		2301 S. Mor	oac Expressway									
			Austin, TX 7	8746									
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b) De	escription					
	OF EXPENDITURE			nead/Rental Exp				Check if travel or	outsio	de of Texas. Co	mplete Schedule T		
EXPENDITORE				X Check if						officeholder livir			
					re	ent and utilitie	es	at Austin a	partment				
_		<u> </u>											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Office	sough	Į.			Office h	iela		
_													
	Date		Payee name	_									
	05/02/2025		Gables at th	e Terrace									
	Amount (\$)		Payee addres	•	State; Zip	Code							
	\$2,525.53		2301 S. Mor	oac Expressway									
			Austin, TX 7	8746									
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b) <u>D</u>	escription					
	EXPENDITURE		Office Overh	nead/Rental Exp	ense		L X	≓			mplete Schedule T		
								ent and utilitie					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t			Office h	neld		
	expenditure to benefit C/OI	Н											
_	Date		Payee name										
	06/02/2025		Gables at th	e Terrace									
	Amount (\$)		Payee addres		State; Zip	Code							
	\$2,514.62		•	pac Expressway									
	·		·										
			Austin, TX 7	8746									
	PURPOSE	(a)		e Categories listed at th	- 4 # 41-i 1 11\	(h) D	escription					
	OF	(4)		e Categories listed at th nead/Rental Exp		(5)	, D		outsio	de of Texas. Co	mplete Schedule T		
	EXPENDITURE		011100 01011	rodd/ (orital Exp			X	_					
							re	ent and utilitie	es	at Austin a	partment		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office	sough	t			Office h	neld		
	onponditure to beliefft G/Of	•											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/65 Rpt: 32/83 King, Phillip S. (The Honorable) 00036483 4 Date Payee name 03/24/2025 Galaxy Cafe 6 Amount (\$) Payee address; City; State; Zip Code \$239.24 1000 West Lynn Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense officeholder staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/15/2025 Galaxy Cafe Amount (\$) Payee address; City; State; Zip Code \$315.58 1000 West Lynn Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense officeholder staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2025 Galaxy Cafe Amount (\$) Payee address; City: State; Zip Code \$122.54 1000 West Lynn Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense officeholder staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 25/65 Rpt: 33/83	King, Phillip S. (The Honorable) 00036483								
4	Date	5 Payee name								
	01/02/2025	Google, Inc.								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$53.73	1600 Amphitheater Pkwy.								
		Mountain View, CA 94043								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		campaign email service								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
	Date	Payee name								
	02/03/2025	Google, Inc.								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$53.73	1600 Amphitheater Pkwy.								
		Mountain View, CA 94043								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		campaign email service								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	1								
	Date	Payee name								
	03/03/2025	Google, Inc.								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$53.73	1600 Amphitheater Pkwy.								
		Mountain View, CA 94043								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense campaign email service								
		Sampagh sman sormes								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/65 Rpt: 34/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	04/02/2025	Google, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheater Pkwy.
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign email service
		campaign email service
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheater Pkwy.
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email service
		ouripaign ornal convice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	06/02/2025	Payee name Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheater Pkwy.
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email service
		Gampaign Gmail GG17165
	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 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/65 Rpt: 35/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/23/2025	Grace House Ministries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	919 Eureka St
		Weatherford, TX 76086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship support
		Sponsorship support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Power name
	01/07/2025	Payee name HEB Curbside
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.27	646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol office refreshments and supplies
		Capitol onido tonido ana cappiloo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/25/2025	HEB Curbside
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.80	646 S. Flores St.
	Ψ02.00	040 S. 1 10103 St.
		San Antonio, TX 78204
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol office refreshments and supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ttee L	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							OTHER (enter a category not listed above)			
				The Instruction G	uide explains	how to co	mple	ete this form.						
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commiss	ion Filers)		
	Sch: 28/65 Rpt: 36/83	Kiı	ng, Phillip S	S. (The Honora	able)					00036483				
4	Date	5 Pa	yee name											
	01/28/2025	HE	EB Curbsid	е										
6	Amount (\$)	7 Pa	yee address	s; City;	State;	Zip Co	de							
	\$96.94	64	16 S. Flores	St.										
		Sa	an Antonio,	TX 78204										
8	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sch	edule)	(b)	Description						
	OF EXPENDITURE			ead/Rental Ex		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.			
	EXPENDITORE							Check if Austin,						
								Capitol office	ref	reshments	and supplies			
9	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	eholder name	C	Office sou	ght			Office I	neld			
	Date	Pa	yee name											
	02/27/2025	HE	EB Curbsid	е										
	Amount (\$)	Pa	yee address	s; City;	State;	Zip Co	de							
	\$191.75	64	16 S. Flores	S St.										
		Sa	an Antonio,	TX 78204										
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sch	edule)	(b)	Description						
	OF EXPENDITURE	Of	ffice Overh	ead/Rental Ex	pense			=			mplete Schedule T.			
								Capitol office refreshments and supplies						
								Capitol Office	ıeı	resimients	and supplies			
	Complete ONLY if direct	Can	ndidate/Office	eholder name		Office sou	aht			Office I	neld			
	expenditure to benefit C/O		ididate/Offici	enoluei name		office sou	grit			Office	ieiu			
	Data													
	Date 04/03/2025	l	iyee name EB Curboid	0										
			EB Curbsid											
	Amount (\$)		yee address	•	State;	Zip Co	de							
	\$48.09	64	l6 S. Flores	S St.										
		_												
		Sa	an Antonio,	TX 78204										
	PURPOSE OF			Categories listed at t		edule)	(b)	Description						
	EXPENDITURE	Of	ffice Overh	ead/Rental Ex	pense			Check if travel of Check if Austin,			mplete Schedule T.			
								Capitol office						
								, -		- 1	12.12 - 2.2			
	Complete ONLY if direct	Can	ndidate/Office	eholder name	C	Office sou	ght			Office I	neld			
	expenditure to benefit C/O						-							
l														

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 29/65 Rpt: 37/83	King, Phillip S. (The Honorable) 00036483	
4	Date 02/06/2025	5 Payee name HEB	
L			_
6	Amount (\$) \$141.39	7 Payee address; City; State; Zip Code 1801 E 51st St Austin, TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Capitol office refreshments and supplies	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/17/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$58.33	1801 E 51st St	
		Austin, TX 78723	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Capitol office refreshments and supplies	
		Саристонно или сарриос	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/17/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$438.07	1000 East 41st St	
		Austin, TX 78751	
	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.	
		Capitol office refreshments and supplies	
		Capitol office refreshithents and supplies	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 30/65 Rpt: 38/83	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	
Ļ	05/12/2025	HEB	
6	Amount (\$) \$132.94	7 Payee address; City; State; Zip Code 1801 E 51st St	
	Φ132.94	1001 E 315(St	
		Austin, TX 78723	
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	
		Capitol office refreshments and supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
F	Date	Payee name	_
	04/07/2025	Honest Mary's	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$388.62	4800 Burnet Rd	
		Austin, TX 78756	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		meal for legislative committee meeting	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
L	06/25/2025	Johnson County Republican Party	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 210 S Main St.	
	φοσο.σσ	210 0 Main of	
		Cleburne, TX 76033	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense sponsorship of Freedom Fest event	
		Sponsorship of Freedom Fest event	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 31/65 Rpt: 39/83	King, Phillip S. (The Honorable) 00036483							
4	Date	5 Payee name							
	02/26/2025	Keep Texas Red PAC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,041.02	5430 Glen Lakes Drive							
		Suite 280							
		Dallas, TX 75231							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	LAFENDITORE	Check if Austin, TX, officeholder living expense							
		sponsorship support							
_	Opening ONE V if direct	Open Helder (Office helder warms and Office helder (Office helder							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/21/2025	King, Phil							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$143.74	2158 Fort Worth Hwy							
		Weatherford, TX 76086							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		reimbursement of Schedule G expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	02/06/2025	King, Phil							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$39.79	2158 Fort Worth Hwy							
	Ψ00.110	2135 Fort Worth Tilly							
		Weatherford, TX 76086							
	DUDDOOF	I and							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		reimbursement of Schedule G expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/65 Rpt: 40/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	02/18/2025	King, Phil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.95	2158 Fort Worth Hwy
		Weatherford, TX 76086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
		. o.m.da. comounidad de disposico
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Davisa nama
	02/18/2025	Payee name King, Phil
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.97	2158 Fort Worth Hwy
		Weatherford, TX 76086
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
_	Date	Payee name
	02/21/2025	King, Phil
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.79	2158 Fort Worth Hwy
	4 2000	
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
<u> </u>	Commission ONU V If allows	Condidate Office helder some
	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 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/65 Rpt: 41/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	02/21/2025	King, Phil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	2158 Fort Worth Hwy
L		Weatherford, TX 76086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense
		Telinibul senient of serieutic of expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	03/24/2025	King, Phil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$103.81	2158 Fort Worth Hwy
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense reimbursement of Schedule G expense
		Telinibul senient of serieutic of expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/24/2025	King, Phil
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.41	2158 Fort Worth Hwy
		,
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
1		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a confidence of the	<u> </u>
1	Total pages Schedule F1: Sch: 34/65 Rpt: 42/83	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date	5 Payee name
	04/21/2025	King, Phil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.81	2158 Fort Worth Hwy
		Weatherford, TX 76086
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davisa nama
	06/06/2025	Payee name King, Phil
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.80	2158 Fort Worth Hwy
		Weatherford, TX 76086
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2025	King, Phil
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.81	2158 Fort Worth Hwy
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		reimbursement of Schedule G expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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		ory not listed above)
_	Tatal as a second of Education Education	_ ,	in Commission Filess
1	Total pages Schedule F1: Sch: 35/65 Rpt: 43/83		iics Commission Filers)
4	Date	5 Payee name	
	06/29/2025	King, Phil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.31	1 2158 Fort Worth Hwy	
		Weatherford, TX 76086	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete S	
	LAI LINDITORE	Check if Austin, TX, officeholder living expen	
		reimbursement of Schedule G ex	kpense
9	Complete ONLY if direct expenditure to benefit C/OI		
	experialitare to beliefit C/O	OII	
	Date	Payee name	
	03/14/2025	King, Phil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	2158 Fort Worth Hwy	
		Weatherford, TX 76086	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete S	
		reimbursement of Schedule G ex	
		Termbursement of coneduct constraints	фензе
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
—	Date	Payee name	
	06/14/2025	Legislative Solutions	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$380.00		
	Φ300.00	D PO BOX 5043	
		Austin, TX 78763	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete S	Sahadula T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete S	
		campaign advertising	130
		Jan pagn advoluting	
-	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 36/65 Rpt: 44/83	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	
	01/23/2025	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$98.07	675 Ponce De Leon Ave NE, Suite 500	
		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Onice Overnead/Nertial Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense In email and data base marketing service
		Campaig	in email and data base marketing service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/24/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	675 Ponce De Leon Ave NE, Suite 500	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Office Overhead/Rental Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense In email and data base marketing service
		Campaig	in email and data base marketing service
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/24/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	675 Ponce De Leon Ave NE, Suite 500	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Office Overhead/Rental Expense	travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Austin, TX, officeholder living expense
		сатрау	n email and data base marketing service
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	S.1100 11010
I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/65 Rpt: 45/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	04/23/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$98.07	675 Ponce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email and data base marketing service
		campaign email and data base marketing service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	05/23/2025	Mailchimp
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$98.07	675 Ponce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email and data base marketing service
		Sampaigh shian and data sacs marksting convict
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
⊨	Date	Payee name
l	06/23/2025	Mailchimp
L		·
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$98.07	675 Ponce De Leon Ave NE, Suite 500
		Atlanta, GA 30308
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		campaign email and data base marketing service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiencies to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/65 Rpt: 46/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	04/15/2025	Milk & Cookies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.81	1515 W 35th St, Building C
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meal for legislative committee meeting
		medi ioi iogleidaive committee meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2025	More Hands
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.88	8000 Anderson Square #107
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		 X Check if Austin, TX, officeholder living expense Cleaning service at Austin apartment
		dicarring service at rasain aparament
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	01/25/2025	More Hands
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.88	8000 Anderson Square #107
		Austin, TX 78757
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		 X Check if Austin, TX, officeholder living expense Cleaning service at Austin apartment
		Gleaning Service at Austin apartment
_	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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica						Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains how t	o comp	olete this form.						
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission	Filers)		
	Sch: 39/65 Rpt: 47/83	King, Phillip S. (The Honorable)				00036483				
4	Date	Payee name								
	02/08/2025	More Hands								
6	Amount (\$)	Payee address; City; State; Zip	Code							
U	\$155.88	8000 Anderson Square #107	Coue	•						
	Ψ133.00	5000 Anderson Square #107								
		Austin, TX 78757								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b	Description						
	OF EXPENDITURE	Office Overhead/Rental Expense		=		ide of Texas. Com				
				Cleaning serv		, officeholder living at Δustin au				
				cicaring serv	100	at rastiii a	oditinent			
9	Complete ONLY if direct	Candidate/Officeholder name Office	sough	+		Office he	old.			
9	expenditure to benefit C/O	Candidate/Officeriolider frame	Sough	·		Office He	au			
	Date	Payee name								
	02/22/2025	More Hands								
	Amount (\$)	Payee address; City; State; Zip	Code							
	\$155.88	8000 Anderson Square #107								
		Austin, TX 78757								
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense		ш		ide of Texas. Com				
	LAFENDITORE			ш		, officeholder living				
				cleaning serv	ICE	at Austin a	partment			
			Щ.							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office	sough	t		Office he	eld			
	<u>'</u>									
	Date	Payee name								
	03/08/2025	More Hands								
	Amount (\$)	Payee address; City; State; Zip	Code	•						
	\$155.88	8000 Anderson Square #107								
		Austin, TX 78757								
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense				ide of Texas. Com	•			
	EXI ENDITORE					, officeholder living				
				cleaning serv	ICE	at Austin a	partment			
		- "								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office	sough	t		Office he	eld			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services The Instruction Guide explain		Vages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 40/65 Rpt: 48/83	l	S. (The Honorable)					00036483	•	,
4	Date	5 Payee name								
	03/22/2025	More Hand	s							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$155.88	8000 Ande	rson Square #107							
		Austin, TX	78757							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			_		de of Texas. Comp		
						Check if Austin, cleaning serv		officeholder living		
						cicaring serv	100	at rastin ap	oditilient	
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	-								
	Date	Payee name								
	04/05/2025	More Hand	S							
	Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$175.88	8000 Ande	rson Square #107							
		Austin, TX	78757							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Comp officeholder living		
						Check if Austin, cleaning serv				
						cicaring serv	100	at / tustiii ap	ditilient	
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name			·		_			
	04/23/2025	More Hand	S							
	Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$155.88	8000 Ande	rson Square #107							
		Austin, TX	78757							
	PURPOSE OF		ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Comp		
						Check if Austin, cleaning serv		officeholder living		
						Sicaring Serv	100	at / tubilli ap	on a mort	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/O			55 550	<i>3</i>			200 110		
H										
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V		/Contract Labor		OTHER (enter a	category not listed a	bove)
	,		The Instruction Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 41/65 Rpt: 49/83	King, Philli	o S. (The Honorable)					00036483		
4	Date	5 Payee name	?							
	05/03/2025	More Hand	ls							
6	Amount (\$)	7 Payee addre	ess; City; Star	te; Zip Co	de					
	\$155.88	8000 Ande	rson Square #107							
		Austin, TX	78757							
_	DUDDOCE				(h)	<u> </u>				
8	PURPOSE OF		See Categories listed at the top of this s	schedule)	(D)	Description	nutei	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Office Over	rhead/Rental Expense					, officeholder living		
						cleaning serv	ice	at Austin ap	partment	
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H								
	Date	Payee name	<u> </u>							
	05/18/2025	More Hand								
	Amount (\$)	Payee addre		te; Zip Co	do					
	\$155.88	′	,	ie, zip co	ue					
	φ100.00	8000 Ande	rson Square #107							
			70757							
		Austin, TX	/8/5/	,						
	PURPOSE OF		See Categories listed at the top of this s	schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense			□		ide of Texas. Com , officeholder living		
						Check if Austin, cleaning serv				
						ologiming conv		at Haothi ap	odi di Torre	
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/O		nocholder hame	011100 000	9			Omoo no	, id	
	Data									
	Date	Payee name								
	06/03/2025	More Hand								
	Amount (\$)	Payee addre	•	te; Zip Co	de					
	\$155.88	8000 Ande	rson Square #107							
		Austin, TX	78757							
	PURPOSE	(a) Category (s	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			_		ide of Texas. Com		
						_		, officeholder living		
						cleaning serv	ice	at Austill af	ai ii ii C III	
	Commission ONU V If allows	Condition 120	Saabaldau vaara	O#:	auk ±			O#:!	اما	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	gnt			Office he	eia	
	,									

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 42/65 Rpt: 50/83	2 FILER NAME Sing, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
	301. 42/03 Kpt. 30/03	
4	Date	5 Payee name
	06/16/2025	More Hands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$177.48	8000 Anderson Square #107
		Austin, TX 78757
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		cleaning service at Austin apartment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/O	1
	Date	Payee name
	06/30/2025	More Hands
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.88	8000 Anderson Square #107
	\$200.00	ooso / Masissin equale // 101
		A
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		cleaning service at Austin apartment
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/01	'
	Date	Payee name
	04/02/2025	National Society Daughters of the American Revolution
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1334 Southern Blvd
		Claburna TV 76022
		Cleburne, TX 76033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense sponsorship support
		sponsorship support
_	Operation ONE VIII II	Open Highest Office health and a second to the second to t
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 0/01	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed abo	ve)
	ordan dara r aymon		The Instruction Gui	de explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER NA	AME				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 43/65 Rpt: 51/83	King, Ph	illip S. (The Honoral	ole)				00036483		
4	Date	5 Payee na	me							
	06/10/2025	l	Solutions							
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip Co	ode					
	\$289.90	13861 S	unrise Valley Drive							
			-							
		Herndor	ı, VA 20171							
Ļ	PURPOSE				(h)					
8	OF		(See Categories listed at the	e top of this schedule)	(a)	Description Check if travel	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE	Advertis	ing Expense					officeholder living		
						website doma				
								J		
9	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/O	4			3					
-	Date	Payee na	mo							
	01/14/2025	Office M								
				State: Zin Co	nd o					
	Amount (\$)	Payee ad	•	State; Zip Co	Jue					
	\$144.15	202 I-20								
		Weather	ford, TX 76086							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office O	verhead/Rental Exp	ense		<u> </u>			plete Schedule T.	
						ш		officeholder living	g expense	
						campaign offi	ice	supplies		
	Complete ONL V if direct	Candidata	Officeholder name	Office acu	ıabt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/Ol		Officeholder name	Office sou	agrit			Office h	eiu	
	Date	Payee na								
	05/09/2025	Office M	ax							
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode					
	\$141.45	202 I-20								
		Weather	ford, TX 76086							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF		verhead/Rental Exp				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		•			_		officeholder living	g expense	
						campaign offi	ice	supplies		
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ught			Office h	eld	
	experiulture to benefit C/OI	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr 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		mmittee	Legal Services	S		ages	Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction Gu	ide explains hov	w to com	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 44/65 Rpt: 52/83		King, Phillip	S. (The Honora	.ble)					00036483		
4	Date	5	Payee name									
	06/25/2025		Office Max									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$141.23		202 I-20									
			M	L TV 70000								
		L	Weatherford	1, 1X 76086								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedul	le) ((b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense			느			plete Schedule T.	
								—		officeholder living	g expense	
								campaign offi	ice	supplies		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offic	ce soug	ht			Office h	eld	
	experiulture to benefit C/Oi											
	Date		Payee name									
	01/10/2025		Parker Cour	nty Executive As	ssociation							
	Amount (\$)	H	Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$357.50		•	n Ave, 3rd Floor	•	,						
	φοστ.σσ		102 11040101	17.00, 0.01.1001								
			Weatherford	1, TX 76086								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedul	le) ((b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			-			plete Schedule T.	
								ш		officeholder living		
								officeholder n	ner	nbersnip au	es	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	eld	
	experialitate to benefit 6/01	'										
	Date		Payee name									
	01/23/2025		Parker Cour	nty Health Found	dation							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$1,000.00		200 S Palo I	-	·							
	, ,											
			\\\\a\dagger	1 TV 70000								
			Weatherford	1, 12 70080								
	PURPOSE OF	(a)	,	e Categories listed at th	•	le) ((b)	Description				
	EXPENDITURE			s/Donations Ma							plete Schedule T.	
			Candidate/C	Officeholder/Poli	ticai Committe	ee				officeholder living	g expense	
								campaign do	ıalı	1011		
L	Operation ONE VALUE II	L	0	b - l - l			.1			0′′′′ :	-1.1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Offic	ce soug	ınt			Office h	eia	
	Superioritate to benefit 0/01	•										

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete th	, , , , , , , , , , , , , , , , , , , ,		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 45/65 Rpt: 53/83	King, Phillip S. (The Honorable)	00036483		
4	Date	5 Payee name	<u>'</u>		
	01/27/2025	Parker County Republican Party			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$5,000.00	908 S Main St, Suite G			
		Weatherford, TX 76087			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
	OF EXPENDITURE	Travertising Expense	Check if travel outside of Texas. Complete Schedule T.		
		I — I —	Check if Austin, TX, officeholder living expense ONSOrShip Support		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
	Date	Payee name			
	02/12/2025	Parker County Republican Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	908 S Main St, Suite G			
	•	, ,			
		Weatherford, TX 76087			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE	I	Check if Austin, TX, officeholder living expense		
		Sρc	onsorship support		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
	Date	Payee name			
	04/23/2025	Parker County Sheriff's Office			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,500.00	129 Hogle Street			
		Weatherford, TX 76086			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE	I — I —	Check if Austin, TX, officeholder living expense		
		Sρc	onsorship support		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI		Cinco noiu		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/65 Rpt: 54/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/31/2025	Perkins, Shanda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 743
		Burleson, TX 76097
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff compensation
		campaign stail compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
—	Date	Payee name
	02/24/2025	Perkins, Shanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 743
		Burleson, TX 76097
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff compensation
		ouripaign stail compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/26/2025	Perkins, Shanda
	Amount (\$)	
	\$1,500.00	Payee address; City; State; Zip Code P.O. Box 743
	φ1,500.00	F.O. BOX 143
		D. J TV 7007
		Burleson, TX 76097
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/65 Rpt: 55/83	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	
	04/25/2025	Perkins, Shanda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 743	
		Burleson, TX 76097	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	— — — — — — — — — — — — — — — — — — —	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense aff compensation
		Campaign sta	ui compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Sinde Hold
_	Date	Payee name	
	05/27/2025	Perkins, Shanda	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 743	
	Ψ1,500.00	1.0. 50% 140	
		Purlocon TV 76007	
		Burleson, TX 76097	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	, TX, officeholder living expense
		campaign sta	aff compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	06/25/2025	Perkins, Shanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 743	
		Burleson, TX 76097	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		campaign sta	aff compensation
	Complete ONLY if alias -t	Candidata/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/65 Rpt: 56/83	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	•
	03/11/2025	Randall's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$64.15	2725 Exposition Blvd	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	intion
	OF		eck if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Capit	ol office refreshments and supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/17/2025	Randall's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.98	2725 Exposition Blvd	
l		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
l	OF EXPENDITURE	Onice Overnedd/Nerital Expense	cck if travel outside of Texas. Complete Schedule T.
l		,	ck if Austin, TX, officeholder living expense Ol office refreshments and supplies
		ζαριι	or onice refreshinents and supplies
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Since Hold
-	Date	Davida nama	
	05/25/2025	Payee name Randall's	
_			
	Amount (\$) \$291.16	Payee address; City; State; Zip Code 2725 Exposition Blvd	
	Φ291.10	2723 Exposition Bivu	
		A	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertical Expense	eck if traver outside of Texas. Complete Scriedule 1.
		I — I —	ol office refreshments and supplies
			••
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/65 Rpt: 57/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	01/31/2025	Rotary Club of Weatherford
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.00	P.O. Box 1124
		Weatherford, TX 76086
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 Staff quarterly membership dues
		Stair quarterly membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/22/2025	Rotary Club of Weatherford
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 1124
	\$219.00	P.O. BOX 1124
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff quarterly membership dues
		Stan quartery membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/05/2025	Payee name Ryan Data & Research
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	P.O. Box 202675
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign voter data
		campaign voter data
_	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/65 Rpt: 58/83	King, Phillip S. (The Honorable)	00036483
4		5 Payee name	
L	05/04/2025	Safelite Auto Glass	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$575.74	1902 Fort Worth Highway	
		Weetherford TV 70000	
Ļ		Weatherford, TX 76086	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			campaign vehicle windshield replacement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	02/06/2025	Salt Traders	
	Amount (\$) \$19.89	Payee address; City; State; Zip Code	
	Ф19.09	1101 S. Морас Ехру	
		Austin, TX 78746	
L	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			officeholder meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
F	Date	Payee name	
	02/19/2025	Salt Traders	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.04	1101 S. Mopac Expy	
		Austin, TX 78746	
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Officeholder meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 51/65 Rpt: 59/83	King, Phillip S. (The Honorable) 6 The Honorable (Eurics Commission Files)
4 Date	5 Payee name
03/06/2025	Salt Traders
6 Amount (\$) \$60.55	7 Payee address; City; State; Zip Code 1101 S. Mopac Expy Austin, TX 78746
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/14/2025	Salt Traders
Amount (\$)	Payee address; City; State; Zip Code
\$99.02	1101 S. Mopac Expy
PUPPOG	Austin, TX 78746
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder meeting
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/14/2025	Salt Traders
Amount (\$)	Payee address; City; State; Zip Code
\$49.00	1101 S. Mopac Expy
	Austin, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense officeholder meeting
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 52/65 Rpt: 60/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	05/27/2025	Salt Traders
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.60	1101 S. Mopac Expy
		Austin, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/31/2025	Sanctified Hope Home for Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 581
	41,000.00	110.200.001
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sponsorship support
		Sported Strip Cappert
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/12/2025	Southwest Ford
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.06	3000 Fort Worth Highway
	7200.00	a cooo i on notan inga,
		Weatherford, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign vehicle maintenance
		Campaign vehicle maintenance
	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	
_	T	<u>_</u>
1	Total pages Schedule F1: Sch: 53/65 Rpt: 61/83	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date 04/24/2025	5 Payee name Spaw Senate Account
6	Amount (\$) \$165.00	7 Payee address; City; State; Zip Code P.O. Box 12068 Austin, TX 78711
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense End of Session Gift for Lt. Gov. Patrick
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Spaw Senate Account
	Amount (\$) \$75.00	Payee address; City; State; Zip Code P.O. Box 12068 Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense legislative committees coffee fund
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/25/2025	Spaw Senate Account
	Amount (\$) \$361.25	Payee address; City; State; Zip Code P.O. Box 12068
		Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meals for Senate Messengers
	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 Co

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

	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: 54/65 Rpt: 62/83	King, Phillip S. (The Honorable) 00036483	
4	Date	5 Payee name	
	01/03/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,100.00	P.O. Box 12068	
		Austin, TX 78711	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		officeholder's lounge fee	
		omosnouser a realingaries	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	=
	01/17/2025	State Farm	
			_
	Amount (\$) \$728.00	Payee address; City; State; Zip Code 1916 Martin Drive	
	\$128.00	1916 Marun Drive	
		Weatherford TV 70000	
		Weatherford, TX 76086	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		campaign vehicle insurance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF	н	
	Date	Payee name	_
	05/25/2025	State Farm	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$543.10	1916 Martin Drive	
	Ψ040.10	1010 Martin Brive	
		Weatherford, TX 76086	
	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	
		campaign vehicle insurance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	a de la companya de	

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	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/65 Rpt: 63/83	King, Phillip S. (The Honorable)	00036483
4	Date	5 Payee name	
	03/25/2025	TDJC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$441.66	P.O. Box 4013	
		Huntsville, TX 77342	
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	
o	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	outside of Texas. Complete Schedule T.
	EXPENDITURE	Continuations/Bondions Made By	TX, officeholder living expense
			en as donation to organizations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/23/2025	Tacodeli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.22	701 S. Capital of Texas Hwy	
	72.0.22	Suite E-590	
		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Toyon Complete Schodule T
	EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T. . TX, officeholder living expense
			lative committee meeting
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/21/2025	Tacodeli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$158.34	701 S. Capital of Texas Hwy	
	,	Suite E-590	
		Austin, TX 78746	
	D. 100.00	T	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 00d/Develage Expense	TX, officeholder living expense
		ı –	lative committee meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	-	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		g Exper es/Wage	es/Contract Labor		OTHER (enter a	strict category not listed abov	e)
	Credit Card Payment			The Instruction Gu	uide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 56/65 Rpt: 64/83		King, Phillip	S. (The Honora	able)				00036483		
4	Date	5	Payee name					_			
	01/19/2025			ervative Coalitic	on						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$2,000.00		P.O. Box 26	59	·						
			Austin, TX 7	'8681							
8	PURPOSE	(a)				(h) Description				
ľ	OF	(")		e Categories listed at the		(5)	_ :	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		011100 01011	rodan tomai Exp	301.00		Check if Austin	ı, TX	officeholder living	g expense	
							officeholder b	oier	nnial dues		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	t		Office h	eld	
	expenditure to benefit C/OI	П									
	Date		Payee name								
	01/14/2025		Texas Gas S	Service							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$78.00		P.O. Box 26	9042							
			Oklahoma C	City, OK 73126							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule)	(b)) Description				
	OF EXPENDITURE			nead/Rental Exp			ш			plete Schedule T.	
	LAI LINDITORE								officeholder living		
							Utilities at Au	ısııı	гараптет		
	Complete ONLY if direct	<u> </u>	Candidata/Offic	ceholder name	Office s	ought	•		Office h	ald	
	expenditure to benefit C/OI		Januluale/Onic	centituel flame	Office	ougni	L		Office fi	eiu	
_											
	Date		Payee name	Comico							
	02/12/2025		Texas Gas S								
	Amount (\$)		Payee addres		State; Zip	Code					
	\$96.21		P.O. Box 26	9042							
			Oklahoma C	City, OK 73126							
	PURPOSE OF	(a)		e Categories listed at the		(b)) Description				
	EXPENDITURE		Office Overl	nead/Rental Exp	oense				de of Texas. Com , officeholder living	plete Schedule T. g expense	
							Utilities at Au			,p	
									-		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	t		Office h	eld	
	expenditure to benefit C/OI					-					
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		alaries/Wa		e /Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment			The Instruction G	uide explains how	v to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 57/65 Rpt: 65/83		King, Phillip	S. (The Honora	able)					00036483		
4	Date	5	Payee name									
	03/12/2025		Texas Gas S	Service								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Cod	le					
	\$146.75		P.O. Box 26	9042								
			Oklahoma C	City, OK 73126								
8	PURPOSE	⊢		-		-> (b)	Description				
ľ	OF			e Categories listed at t nead/Rental Ex		e) (.~,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 01011	ioda/i toritai Ex	50.100			X Check if Austin,	, TX,	officeholder livin	g expense	
								Utilities at Au	stir	n apartment		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	04/10/2025		Texas Gas S	Service								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					
	\$85.40		P.O. Box 26	9042								
			Oklahoma C	City, OK 73126								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedul	e) ((b)	Description				
	OF EXPENDITURE	ı		nead/Rental Ex		,					nplete Schedule T.	
	LAFENDITORE							_		officeholder livin		
								Utilities at Au	stir	ı apartment		
	0 1: 0.11.7.7.1.	Ļ			0,5					O		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offic	ce soug	ht			Office h	eld	
		_										
	Date	ı	Payee name									
	05/12/2025		Texas Gas S	Service								
	Amount (\$)	ı	Payee addres		State; Z	ip Cod	le					
	\$40.42		P.O. Box 26	9042								
			Oklahoma C	City, OK 73126								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedul	e) ((b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	pense						nplete Schedule T.	
										officeholder livin		
								Utilities at Au	Sui	гараппен		
_	Complete ONLY if direct	Щ	`andidato/Offic	ceholder name	Offic	ce soug	hŧ			Office h	eld	
	Complete ONLY if direct expenditure to benefit C/OI		zariuluale/UIII(choluel Hallle	Oilic	e soug	111			Onice n	ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 58/65 Rpt: 66/83 King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission File of the Windows) Complete this form. 3 Filer ID (Ethics Commission File of the Windows) Complete this form. 5 Payee name	ers)
Sch: 58/65 Rpt: 66/83 King, Phillip S. (The Honorable) 00036483	ers)
4 Date 5 Pavee name	
06/11/2025 Texas Gas Service	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$39.23 P.O. Box 269042	
Oklahoma City, OK 73126	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense	
X Check if Austin, TX, officenoider living expense	
Utilities at Austin apartment	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experioritare to betterit C/On	
Date Payee name	
05/27/2025 Texas Values	
Amount (\$) Payee address; City; State; Zip Code	
\$125.00 1005 Congress Ave, Suite 830	
Austin, TX 78701	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVENT Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
officeholder staff attendance at event	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
05/11/2025 Texas Values	
Amount (\$) Payee address; City; State; Zip Code	
\$500.00 1005 Congress Ave, Suite 830	
Austin, TX 78701	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense	
Check if Austin, TX, officenoider living expense	
sponsorship support	
Complete ONLY if direct. Condidate/Officeholder name	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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: 59/65 Rpt: 67/83	King, Phillip S. (The Honorable)
4	Date	5 Payee name
	06/02/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.06	P.O. Box 12068
		Austin, TX 78711
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.
		Check if Austin, TX, officeholder living expense
		staff gift gavels
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/28/2025	The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	P.O. Box 12068
		Austin, TX 78711
	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
		Senate composite photo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
_	Date	Davisa nama
	01/27/2025	Payee name The Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	P.O. Box 12068
		Austin, TX 78711
	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
		Senate photos
	Complete ONLY if allowed	Condidate/Officeholder name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/65 Rpt: 68/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/12/2025	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	P.O. Box 12068
		Austin, TX 78711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Senate video
		Schale video
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Power name
	01/30/2025	Payee name The Texas Senate
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 12068
		Austin, TX 78711
	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 SR 15 video
		SIX 13 VIUCO
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davies same
	03/05/2025	Payee name Weatherford Christian School
	Amount (\$)	Payee address; City; State; Zip Code
	\$518.15	2300 Ranger Highway
L		Weatherford, TX 76087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sponsorship support
		Sportsorship support
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 61/65 Rpt: 69/83	2 FILER NAME King, Phillip S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00036483
4	Date 03/25/2025	5 Payee name Weatherford College Foundation	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 225 College Park Drive	
8	PURPOSE OF EXPENDITURE	7 tavertising Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Support
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 01/02/2025	Payee name Westenhover, Ashley	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code Post Barton Creek Austin, TX 78746	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense aff compensation
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 02/28/2025	Payee name Westenhover, Ashley	
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code Post Barton Creek	
		Austin, TX 78746	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense aff compensation
	Complete ONLY if direct expenditure to benefit C/Oh	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 Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/65 Rpt: 70/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	04/03/2025	Westenhover, Ashley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	Post Barton Creek
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign staff compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Westenhover, Ashley
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	Post Barton Creek
	Ψ2,000.00	1 ost Barton Greek
		Avertice TV 707.40
		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign staff compensation
		campaign stail compensation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	06/05/2025	Westenhover, Ashley
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	Post Barton Creek
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign staff compensation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 63/65 Rpt: 71/83	King, Phillip S. (The Honorable) 00036483
4	Date	5 Payee name
	06/24/2025	Westenhover, Ashley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	Post Barton Creek
		Austin, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2025	Zonta Club of Parker County
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	P.O. Box 2095
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense officeholder membership dues
		Cincentitudi memberanp daec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/15/2025	Zonta Club of Parker County
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 2095
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LA LABITORE	Check if Austin, TX, officeholder living expense officeholder staff attendance at membership
		luncheon
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	O. Files D. MANS
1	Total pages Schedule F1: Sch: 64/65 Rpt: 72/83	2 FILER NAME King, Phillip S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00036483
4	Date 01/28/2025	5 Payee name Zonta Club of Parker County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	P.O. Box 2095
		Weatherford, TX 76086
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder staff attendance at membership luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/02/2025	Zonta Club of Parker County
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 2095
		Weatherford, TX 76086
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder staff attendance at membership luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2025	Zonta Club of Parker County
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	P.O. Box 2095
		Weatherford, TX 76086
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		officeholder staff attendance at membership
		luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awa Legal Se		als Expense	P S		pens ages	e /Contract Labor te this form.		Travel in District Travel Out of Dis OTHER (enter a		sted above)
1	Total pages Schedule F1:	2	FILER NAMI	E							3	Filer ID	(Ethics Cor	nmission Filers)
	Sch: 65/65 Rpt: 73/83		King, Phillip	S. (T	he Hono	rable)						00036483		
4	Date	5	Payee name											
	03/31/2025		Zonta Club	of Par	rker Cou	nty								
6	Amount (\$)	7	Payee addre	ess;	City;	S	tate; 2	Zip Co	de					
	\$20.00		P.O. Box 2	095										
L			Weatherfor	d, TX	76086									
8	PURPOSE	(a)	Category (S	ee Categ	ories listed a	at the top of th	is schedu	ıle)	(b)	Description				
	OF EXPENDITURE		Event Expe	ense								de of Texas. Com		Т.
												officeholder living		a vala i a
										officeholder s luncheon	ıaf	i allendance	at memb	ersnip
L										idi idi iddii				
9	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Off	icehold	ler name		Offi	ce sou	ght			Office he	eld	

PURCHASE OF INVESTMENTS FROM POLITICAL SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 74/83 2 FILER NAME 3 Filer ID (Ethics Commission Filers) King, Phillip S. (The Honorable) 00036483 5 Name of person from whom investment is purchased 01/06/2025 Computershare 6 Address of person from whom investment is purchased; City; State; Zip Code 150 Royall St Canton, MA 02021 Description of investment purchase of bonds in support of Israel 8 Amount of investment (\$) 50,000.00

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			nmittee	Gift/Awards/Memorial Legal Services The Instruction (s Expense				Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)	
	Sch: 1/5 Rpt: 75/83		King, Phillip	S. (The Honor	able)				00036483	
4	Date	5	Payee name							
	02/18/2025		7-Eleven							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$32.95		21735 N IH	-35						
	Reimbursement from political contributions intended		West, TX 70	6691						
8	PURPOSE	(a)	Category (se	ee Categories listed at	the top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE			ion Equipment	And Related				eck if Austin, TX, officeholder living expense	
			Expense				campaign vehicle	e fue	el	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office held	
	Date		Payee name							_
	01/21/2025		AT&T Mobil	ity						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			_
	\$143.74		PO Box 646	33						
	Reimbursement from									
	X political contributions intended		Carol Strea	m, IL 60197						
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE		Office Over	head/Rental Ex	pense			Che	eck if Austin, TX, officeholder living expense	
	LAI LIIDII OKL						campaign phone	for	the officeholder	
		_								
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought		Office held	
	C/OH									
	Date		Payee name							=
	02/21/2025		AT&T Mobil	ity						
	Amount (\$)	Т	Payee addre	ss; City;	State;	Zip Co	ode			_
	\$103.79		PO Box 646	3						
	Reimbursement from political contributions intended		Carol Strea	m, IL 60197						
	PURPOSE		Category (S	ee Categories listed at	the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE		Office Over	head/Rental Ex	pense			Che	eck if Austin, TX, officeholder living expense	
	EXI ENDITORE						campaign phone	for	the officeholder	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Legipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
			The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 2/5 Rpt: 76/83	King, Phillip	S. (The Honorable)				00036483				
4	Date	5 Payee name									
	03/24/2025	AT&T Mobi									
6	Amount (\$)	7 Payee addre	7 Payee address; City; State; Zip Code								
	\$103.81	PO Box 640	63								
	Reimbursement from										
	X political contributions intended	Carol Strea	m, IL 60197								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Over	head/Rental Expense		[Ch	neck if Austin, TX, officeholder living expense				
	LAI LADITONE				campaign phone	for	the officeholder				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held				
	Date	Payee name									
	04/21/2025	AT&T Mobi									
_	Amount (\$)	Payee addre		· 7in C	nde						
	\$103.81	1 1	Payee address; City; State; Zip Code PO Box 6463								
		FU BUX 640	1 0 000 0400								
	X Reimbursement from political contributions intended	Carol Strea	m, IL 60197								
_	PURPOSE	_	ee Categories listed at the top of this sch	nedulo)	Description	7 Ch	neck if travel outside of Texas. Complete Schedule T.				
	OF			ieuuie)		_	neck if Austin, TX, officeholder living expense				
	EXPENDITURE	Office Over	head/Rental Expense		campaign phone	_					
					Jampaign priorie	.01	33				
\vdash	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit	Canadate/Onice	noidel flame		Onice sought		Office field				
L	C/OH										
	Date	Payee name									
	06/06/2025	AT&T Mobi									
\vdash	Amount (\$)	Payee addre		; Zip Co	ode						
	\$103.80	PO Box 640		, _,p 00							
											
	X Reimbursement from political contributions intended	Carol Strea	m, IL 60197								
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Over	head/Rental Expense		[Ch	neck if Austin, TX, officeholder living expense				
					campaign phone	for	the officeholder				
L											
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ges/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
				to con	·		
1	Total pages Schedule G: Sch: 3/5 Rpt: 77/83	2	FILER NAME King, Phillip S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00036483
4	Date	5	Payee name		·		
	06/20/2025		AT&T Mobility				
6	Amount (\$) \$103.81	7	Payee address; City; State; Zip PO Box 6463	p Cod	е		
			1 O Box 0403				
	X Reimbursement from political contributions intended		Carol Stream, IL 60197				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)) (b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			CI	neck if Austin, TX, officeholder living expense
	EXPENDITORE			C	ampaign phone	for	the officeholder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	_	Office held
	Date		Payee name				
	02/21/2025		Apple.com				
	Amount (\$)	H	Payee address; City; State; Zip	p Cod	e		
	\$9.99		One Apple Park Way				
	Reimbursement from						
	X political contributions intended		Cupertino, CA 95014				
	PURPOSE		Category (See Categories listed at the top of this schedule))	Description	₫ .	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			CI	heck if Austin, TX, officeholder living expense
				(campaign compu	ter	application
	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	_	Office held
	expenditure to benefit C/OH	Cai	ididate/Oniceriolder Hame		Office Sought		Office field
		_				_	
	Date		Payee name				
	03/24/2025	L	Apple.com				
	Amount (\$)		Payee address; City; State; Zip	p Cod	е		
	\$97.41		One Apple Park Way				
	Reimbursement from political contributions intended		Cupertino, CA 95014				
	PURPOSE		Category (See Categories listed at the top of this schedule))	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			CI	neck if Austin, TX, officeholder living expense
	EXPENDITURE			C	ampaign compu	ter	application
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	ı	Office sought		Office held
	-					_	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Tr	avel in District avel Out of District THER (enter a category not listed above)
1	Total pages Schedule G: Sch: 4/5 Rpt: 78/83	2 FILER NAM King, Philli	E p S. (The Honorable)				ler ID (Ethics Commission Filers) 0036483
4	Date	5 Payee name					
	02/06/2025	Cefco					
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode		
	\$39.79	1702 Taylo	ors Valley Rd				
	Reimbursement from political contributions intended	Belton, TX	76513				
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule)	(b) Description	Checl	k if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transporta Expense	tion Equipment And Relate	d	campaign vehicle		k if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Offic	eholder name		Office sought		Office held
	Date	Payee nam	e				
	02/18/2025	Hoffbrau					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$39.97	8501 Benk	prook Blvd				
	Reimbursement from political contributions intended	Benbrook,	TX 76126				
	PURPOSE OF	Category (See Categories listed at the top of this sch	nedule)	Description	≓	k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		L officeholder mee	_	k if Austin, TX, officeholder living expense
					Tollice lolder friee	ung	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held
	Date	Payee nam	 e				
	03/14/2025	Parker Co	unty Republican Party				
	Amount (\$)	Payee addr		; Zip Co	ode		
	\$250.00	908 S Mai	n St, Suite G				
	Reimbursement from political contributions intended	Weatherfo	rd, TX 76087				
	PURPOSE OF		See Categories listed at the top of this sch	nedule)	Description	=	k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ons/Donations Made By /Officeholder/Political Comn	nittoo	L	_	k if Austin, TX, officeholder living expense
		Carialade	Omeenolaci/i olitical collill	iiii	donation to orgai	ııızall(ווע
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 79/83 King, Phillip S. (The Honorable) 00036483 Date Payee name 06/29/2025 Quiktrip 6 Amount (\$) Payee address; City; State; Zip Code \$40.31 6940 E Hwy 67 Reimbursement from political contributions intended Х Alvarado, TX 76009 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense campaign vehicle fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: ./4 Rpt: 80/83
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	King, Phillip	S. (The Honorable)	483		
4	Date 05/05/2025	 Name of person from whom amount is received Computershare, Inc. Address of person from whom amount is received; City; State; Zip Code 	•••••		8 Amount (\$) \$1,035.47
		Canton, MA 02021			
		7 Purpose for which amount is received	oolitic	al conti	ribution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	01/31/2025	First Clearing			\$0.21
		Address of person from whom amount is received; City; State; Zip Code Weatherford, TX 76086			
		Purpose for which amount is received Check if p	oolitic	al conti	ribution returned to filer
		campaign account interest			
	Date	Name of person from whom amount is received			Amount (\$)
	01/02/2025	First Clearing			\$380.41
		Address of person from whom amount is received; City; State; Zip Code Weatherford, TX 76086			
		Purpose for which amount is received Check if g	oolitic	al conti	ribution returned to filer
		campaign account interest			
	Date 02/03/2025	Name of person from whom amount is received First Clearing Address of person from whom amount is received; City; State; Zip Code			Amount (\$) \$457.03
		Weatherford, TX 76086			
		Purpose for which amount is received Check if p	olitic	al conti	ribution returned to filer
		campaign account interest			
	Date 03/31/2025	Name of person from whom amount is received First Clearing Address of person from whom amount is received; City; State; Zip Code			Amount (\$) \$0.04
		Weatherford, TX 76086			
			olitic	al conti	lribution returned to filer
		campaign account interest		20.10	

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 2/4 Rpt: 81/83
2	FILER NAME		3	Filer I	D (Ethics Commission Filers)
	King, Phillip	S. (The Honorable)	6483		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	03/03/2025	First Clearing			\$499.95
		6 Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, City, State, 21p code			
		Weatherford, TX 76086			
			ooliti	cal cor	
		campaign account interest	JOIL	cai coi	institution retained to mer
	Date	Name of person from whom amount is received			Amount (\$)
	04/30/2025	First Clearing			\$0.06
		Address of person from whom amount is received; City; State; Zip Code			
		Weatherford, TX 76086			
			ooliti	cal cor	tribution returned to filer
		campaign account interest			
	Date	Name of person from whom amount is received			Amount (\$)
	04/01/2025	First Clearing			\$549.77
		Address of person from whom amount is received; City; State; Zip Code			
		Weatherford, TX 76086			
		Purpose for which amount is received	ooliti	cal cor	tribution returned to filer
		campaign account interest			
	Date	Name of person from whom amount is received			Amount (\$)
	05/30/2025	First Clearing			\$0.09
		Address of person from whom amount is received; City; State; Zip Code			·· ·
		Weatherford, TX 76086			
		Purpose for which amount is received	ooliti	cal cor	tribution returned to filer
		campaign account interest			
	Date	Name of person from whom amount is received			Amount (\$)
	05/01/2025	First Clearing			\$531.43
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received. City, state, 21p code			
		Weatherford, TX 76086			
		<u> </u>	oolitio	cal cor	
		campaign account interest		501	
-		<u> </u>			

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 8/4 Rpt: 82/83
2	FILER NAME		3	Filer I	(Ethics Commission Filers)
	King, Phillip	S. (The Honorable)	6483		
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)
	06/30/2025	First Clearing			\$0.11
	00,00,2:	6 Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, Gity, State, 21p Code			
		Weatherford, TX 76086			
			alitic	al cont	I ribution returned to filer
		campaign account interest	Ulluc	ai com	IIDUIIOH FEIGHTEU IO MEI
_					i
	Date	Name of person from whom amount is received			Amount (\$)
	06/02/2025	First Clearing			\$547.62
		Address of person from whom amount is received; City; State; Zip Code	••••	•••••	
		Weatherford, TX 76086			
		,	olitic	al cont	ribution returned to filer
		campaign account interest			
	Date	Name of person from whom amount is received			Amount (\$)
	05/12/2025	King, Phil			\$162.05
		Address of person from whom amount is received; City; State; Zip Code			
		Fort Worth, TX 76086			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer
		Reimbursement of personal mileage April 2025			
	Date	Name of person from whom amount is received			Amount (\$)
	01/30/2025	King, Phil			\$205.29
		Address of person from whom amount is received; City; State; Zip Code			
		/ wallood of policer from missing amount is received, "enj", earlie, 2.p esses			
		Fort Worth, TX 76086			
		Purpose for which amount is received Check if po	olitic	al cont	ribution returned to filer
		Reimbursement of personal mileage January 2025			
_	Date	Name of person from whom amount is received			Amount (\$)
	04/07/2025	King, Phil			\$202.20
	0-10112020				
		Address of person from whom amount is received; City; State; Zip Code			
		Fort Worth, TX 76086			
			olitio	al aant	ribution returned to filer
		Purpose for which amount is received Check if portion Reimbursement of personal mileage March 2025	OIILIC	ai coni	ribution returned to filer
		Reinbursement of personal filleage March 2023			

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 1/4 Rpt: 83/83	
2	FILER NAME		3	Filer ID) (Ethics Commissi	on Filers)
	King, Phillip	S. (The Honorable)	6483			
4	Date 03/24/2025	 Name of person from whom amount is received King, Phil Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$111.60
		Fort Worth, TX 76086				
		7 Purpose for which amount is received	olitic	al cont	ribution returned to fi	ler
	Date	Name of person from whom amount is received			Amount (\$)	
	06/05/2025	King, Phil				\$51.14
		Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76086	•••••			
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to fi	ler
		Reimbursement of personal mileage May 2025				
	Date	Name of person from whom amount is received			Amount (\$)	
	06/16/2025	King, Phil				\$4,867.76
		Address of person from whom amount is received; City; State; Zip Code	•••••		1	
		Fort Worth, TX 76086				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to fi	ler
		reimbursement of state mileage for Dec 2024-May 2025				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/29/2025	Plains Capital Bank				\$3,686.82
		Address of person from whom amount is received; City; State; Zip Code			•	
		Lubbock, TX 79408-0271				
			olitic	al cont	I ribution returned to fi	ler
		campaign CD account interest	Ontic	ar oone	noution rotalities to it	
	Date	Name of person from whom amount is received			Amount (\$)	
	06/29/2025	Plains Capital Bank				\$3,305.41
		Address of person from whom amount is received; City; State; Zip Code	•••••			
		Lubbock, TX 79408-0271				
			olitic	al cont	I ribution returned to fi	ler
		campaign CD account interest				
•						