CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	te this form.	1 Filer ID (Ethics Commi 00021143		2 Total pages f	iled: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Tracy O.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/13/2025	
		King		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	333 East Main Street				Receipt #	Amount
ADDRESS	Suite 1					
Change of Address	Uvalde, TX 78801				Date Processed	<u> </u>
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Cheryl B.				
		LAST		SUFFIX		
		King				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	BOX PLEASE);	AP'	r / SUITE #; CITY	; ST.	ATE; ZIP CODE
ADDRESS	333 East Main Street					
(Residence or Business)	Suite 1					
	Uvalde , TX 78801					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(830) 278-7601					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (off	mpaign treasurer
	X July 15	8th day before 6	election \square	Exceeded modified	Final Report (Att	
		5a. aay 25.6.6 t		reporting limit		aon <i>6</i> , 6, 1, 1, 1,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		l ∏g	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	 Γ (if known)	
	None			None	(
	1					
		COT	O PAGE 2			
		GUI	O PAGE Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	King, Tracy O. (The F	lonorable)	14 Filer ID (00021143	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exp These expenditures may have been made w officeholders are required to report this info	ithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	AME	
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,381.73
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 26,226.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 159,419.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAF TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the accudes all information required to	
		Th	e Honorable Tracy O. King	J
		Signa	ture of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of offic		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 32 **18** FILER NAME 19 Filer ID (Ethics Commission Filers) 00021143 King, Tracy O. (The Honorable) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 21,605.61 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 4,620.92 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expens ommittee Legal Services The Instruction Guide ex	Salaries/Wa	ense ges/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 1/14 Rpt: 4/32	King, Tracy O. (The Honorable)			00021143	
4	Date	Payee name				
L	05/06/2025	Batesville VFD				
6	Amount (\$)	Payee address; City;	State; Zip Cod	е		
	\$500.00	PO Box 317				
		Batesville, TX 78829				
8	PURPOSE	a) Category (See Categories listed at the top o	f this schedule) (b) Description		
	OF EXPENDITURE	Contributions/Donations Made B			outside of Texas. Comp	
		Candidate/Officeholder/Political (Committee	ш	TX, officeholder living	expense iceholder purposes
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office soug	ht	Office he	ld
	Date	Payee name				
	05/07/2025	Briscoe Animal Resource Center				
	Amount (\$)	Payee address; City;	State; Zip Cod	e		
	\$2,800.00	127 South Camp Street	. ,			
	·	·				
	DUDDOG-	Uvalde, TX 78801				
	PURPOSE OF	A) Category (See Categories listed at the top of	<i>′</i>	b) DescriptionCheck if travel of	outside of Texas. Comp	olete Schedule T.
	EXPENDITURE	Contributions/Donations Made B Candidate/Officeholder/Political C		<u> </u>	TX, officeholder living	
				Donation for o	campaign or off	iceholder purposes
L						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office soug	ht	Office he	ld
	Date	Payee name	<u> </u>			
	01/21/2025	Citi Cards				
	Amount (\$)	Payee address; City;	State; Zip Cod	е		
	\$2,801.33	PO Box 78045				
		Phoenix, AZ 85045				
_	DUDDOCT		1,	h) Decemberation		
	PURPOSE OF	 Category (See Categories listed at the top of Credit Card Payment 	f this schedule)	b) DescriptionCheck if travel of	outside of Texas. Comp	olete Schedule T.
	EXPENDITURE	Sisun Said i aymont		Check if Austin,	TX, officeholder living	expense
				•	ayment for cam	paign or officeholder
				purposes		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office soug	ht	Office he	ld

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 Com	nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 2/14 Rpt: 5/32		King, Tracy	O. (The Honorab	le)					00021143		
4	Date	5	Payee name					•				
	02/21/2025		Citi Cards									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,472.38		PO Box 780	45								
			Phoenix, AZ	85045								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Credit Card	Payment						de of Texas. Comp		
								\Box		officeholder living nent for cam	paign or officeholde	er
								purposes	۱۱ و	.c.ic ioi ouiii	pangir or omocrioide	
9	Complete ONLY if direct		andidate/Offic	ceholder name		office sou	nah+			Office he	ald.	
J	expenditure to benefit C/O		anuiuale/OIII	Lenoidei Hallie		c 200	igi it			Office fie		
	Date		Payee name									
	03/21/2025		Citi Cards									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$1,054.85		PO Box 780	45								
			Phoenix, AZ	85045								
	PURPOSE OF			e Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Credit Card	Payment						de of Texas. Comp officeholder living		
								ш			paign or officeholde	er
								purposes	۱۱ و	.c.ic ioi ouiii	pangir or omocrioide	
\vdash	Complete ONLY if direct	C	andidate/Offic	ceholder name	0	office sou	l ight			Office he	eld	
	expenditure to benefit C/Oł											
	Date	ı	Payee name									
	04/21/2025		Citi Cards									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,022.40		PO Box 780	45								
			Phoenix, AZ	85045								
	PURPOSE OF			e Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Credit Card	Payment						de of Texas. Comp		
								_		officeholder living	paign or officeholde	or .
								purposes	ayıı	ione for outil	paigit of officeriolde	
_	Complete ONLY if direct		andidate/Offi	ceholder name		office sou	laht Inht			Office he	ald.	
	expenditure to benefit C/O		andidate/Offi	Scholaci Haille	O	mice sou	y I			Office He	ii u	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 6/32	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	05/21/2025	Citi Cards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$388.79	PO Box 78045
		Phoenix, AZ 85045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment for campaign or officeholder
		purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2025	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$696.84	PO Box 78045
		Phoenix, AZ 85045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment for campaign or officeholder
		purposes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/02/2025	Coastal Bend Community Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$285.00	Rotary Club of Corpus Christi
	4200.00	921 N Chaparral Rd Ste 210
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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

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: 4/14 Rpt: 7/32	King, Tracy O. (The Honorable) 00021143
4 Date	5 Payee name
01/13/2025	Coleman Horton & Company
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 400 E. Nopal Street Uvalde, TX 78801
0 DUDDOCE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting services for campaign or officeholder purposes
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2025	Coleman Horton & Company
Amount (\$) \$40.00	Payee address; City; State; Zip Code 400 E. Nopal Street Uvalde, TX 78801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting expense for campaign or officeholder purposes
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/24/2025	Country Gardens & Seed
Amount (\$) \$176.41	Payee address; City; State; Zip Code 403 S. Getty Street
	Uvalde, TX 78801
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 Gift for campaign or officeholder purposes
Complete ONLY if direct expenditure to benefit C/C	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 cor	mple	ete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission	Filers)
	Sch: 5/14 Rpt: 8/32		King, Tracy O. (The Honorable)		00021143	
4	Date	5	Payee name			
	02/25/2025		Country Gardens & Seed			
6	Amount (\$)	7	Payee address; City; State; Zip Co	de		
	\$69.26		403 S. Getty Street			
			Uvalde, TX 78801			
8	PURPOSE OF	(a)	,	(b)	Description	
	EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					Gift for campaign or officeholder purposes	
					, ,	
9	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght	Office held	
	expenditure to benefit C/OI	Н				
	Date		Payee name			
	03/19/2025		Country Gardens & Seed			
	Amount (\$)		Payee address; City; State; Zip Coo	de		
	\$137.45		403 S. Getty Street			
			Uvalde, TX 78801			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					Gift for campaign or officeholder purposes	
					, ,	
	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght	Office held	
	expenditure to benefit C/O	H				
	Date		Payee name			
	05/05/2025		Country Gardens & Seed			
	Amount (\$)		Payee address; City; State; Zip Coo	de		
	\$68.19		403 S. Getty Street			
			Uvalde, TX 78801			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					Gift for campaign or officeholder purposes	
-	Complete ONLY if direct		L Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/O	Н				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 9/32	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	01/01/2025	Duran, Cesario (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	701 West Lake Street
		Crystal City, TX 78839
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
		Contract labor for campaign or officeholder purposes
		Comment of the property of t
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/19/2025	Frio County Livestock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	400 South Pecan
		Pearsall , TX 78061
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	01/22/2025	Frio Nueces Current
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	PO Box 1208
	Ψ120.00	1 0 00 1200
		Pearsall, TX 78061
	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 Advertising for campaign or officeholder purposes
		Advertising for campaight or office holder purposes
\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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 7/14 Rpt: 10/32	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	05/21/2025	Frio Nueces Current
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$44.00	PO Box 1208
		Pearsall, TX 78061
8	PURPOSE	(3)
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription for campaign or officeholder purposes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	'
	Date	Payee name
	01/14/2025	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$233.00	PO Box 1214
		Charlotte, NC 28201-1214
	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 Taxes for campaign or officeholder purposes
		raxes for campaign or officerioider purposes
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
⊢	Date	Dayso name
l	01/30/2025	Payee name IRS
L		
	Amount (\$) \$42.00	Payee address; City; State; Zip Code PO Box 1214
l	\$42.00	FO BOX 1214
l		Oh
L		Charlotte, NC 28201-1214
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Taxes for campaign or officeholder purposes
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H		
ı		

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

	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: 8/14 Rpt: 11/32	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	02/14/2025	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$233.00	PO Box 1214
		Charlotte, NC 28201-1214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Taxes for campaign or officeholder purposes
		Taxoo for campaign or emborious, parposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/13/2025	IRS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$233.00	PO Box 1214
		Charlotte, NC 28201-1214
	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 Taxes for campaign or officeholder purposes
		Taxes for earnpaight or emberiolaer purposes
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/14/2025	IRS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$233.00	PO Box 1214
		Charlotte, NC 28201-1214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Taxes for campaign or officeholder purposes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 9/14 Rpt: 12/32	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
l	01/01/2025	LEC Legacy, LTD
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 333 E. Main Street
		Uvalde, TX 78801
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office rent for campaign or officeholder purposes
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	04/08/2025	Laredo College
	Amount (\$) \$250.00	Payee address; City; State; Zip Code West End Washington Street
		Laredo, TX 78040
	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 Memorial expense for campaign or officeholder purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Laredo Morning Times
	Amount (\$) \$325.00	Payee address; City; State; Zip Code 111 Esperanza drive
		Laredo, TX 78041
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising for campaign or officeholder purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 10/14 Rpt: 13/32	King, Tracy O. (The Honorable)	00021143	
4	Date	5 Payee name	·	
	01/03/2025	Overbo, Celina (Mrs.)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,000.00	13324 Amasia Dr		
		Austin, TX 78729-4903		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.	
			Check if Austin, TX, officeholder living expense Contract labor for campaign or officeholder purposes	
			Communication for campaign of emocriciaes purposes	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/27/2025	TDCJ		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$238.17	PO Box 4013		
		Huntsville, TX 77342		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Gifts for campaign or officeholder purposes	
			Gills for campaign or officeriolider purposes	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI			
	Date	Payee name		
	01/01/2025	Teeple , Charles (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,950.00	1301 South Capitol of Texas Hwy.		
		A 134		
		Austin , TX 78746		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		X Check if Austin, TX, officeholder living expense	
			Rent for Austin residence.	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	9	Office field	
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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 11/14 Rpt: 14/32	King, Tracy O. (The Honorable) 00021143
4	Date	5 Payee name
	02/10/2025	Texas Independence Day Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4420 E. Main Street
		Uvalde, TX 78801
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes Complete Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation for campaign or officeholder purposes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	04/24/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.50	101 E. 15th
		Austin, TX 78701
	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
		Taxes for campaign or officeholder purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/15/2025	The Flower Patch
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.62	214 S. Getty
		Uvalde, TX 78801
	DUDDOS-	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift for campaign or officeholder purposes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sa		iges	/Contract Labor		OTHER (enter	a category not listed abo	ve)
				The Instruction Gu	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 12/14 Rpt: 15/32		King, Tracy	O. (The Honora	ble)					00021143		
4	Date	5	Payee name									
	01/30/2025		The Flower	Patch								
6	Amount (\$)	7	Payee addres	s; City;	State; Z	ip Cod	le					
	\$60.62		214 S. Getty	/								
			Uvalde, TX	78801								
8	PURPOSE	(a)		e Categories listed at th		. (h)	Description				
	OF	``		Memorials Expe			,	:	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Oner wards	Memoriais Expe	51130			=		officeholder livir		
								Gift for campa	aigı	n or officeh	older purposes	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/06/2025		The Flower	Patch								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					
	\$60.62		214 S. Getty	<i>'</i>								
			Uvalde, TX	78801								
	PURPOSE	(a)	Category (so	e Categories listed at th	no top of this schodule	<u>, (</u>	b)	Description				
	OF	 `´		Memorials Expe		(_ `	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	ig expense	
								Gift for campa	aigı	n or officeh	older purposes	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	ield	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	03/31/2025		The Flower	Patch								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	le					
	\$207.44		214 S. Getty	<i>'</i>								
			Uvalde, TX	78801								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	e) ((b)	Description				
	OF			Memorials Expe					outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			•				_		officeholder livir		
								Gift for campa	aigı	n or officeh	older purposes	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	ield	
L	CAPETIGITATE TO DETICITE C/OI											
			· · · · · · · · · · · · · · · · · · ·									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			lemorials Expense s		inting Expe ılaries/Wag	nse es/Contract Labor		Travel Out of Di OTHER (enter a	strict ı category not listed a	bove)
	Credit Card Payment		The Instru	ction Guide exp	plains how	to comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 13/14 Rpt: 16/32		King, Tracy O. (The I	Honorable)					00021143		
4	Date	5	Payee name								
	05/27/2025		The Flower Patch								
6	Amount (\$)	7	Payee address; City	/ ;	State; Z	ip Code	!				
	\$133.24		214 S. Getty								
			Uvalde, TX 78801								
8	PURPOSE	(a	Category (See Categories	listed at the top of	this schedule	e) (b) Description				
	OF EXPENDITURE		Gift/Awards/Memoria	ls Expense						plete Schedule T.	
							ш		, officeholder living	older purposes	:
							J 101 Jan. 1	,g		, a.o. pa.pooo	
9	Complete ONLY if direct		Candidate/Officeholder n	ame	Offic	e sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	03/13/2025		Uvalde Chamber of C	Commerce							
	Amount (\$)		Payee address; Cit	/ ;	State; Z	ip Code					
	\$250.00		311 North Getty Street	et							
			Uvalde, TX 78801								
	PURPOSE	(a	Category (See Categories	listed at the top of	this schedule	e) (b) Description				
	OF EXPENDITURE		Fees				<u> </u>		ide of Texas. Com , officeholder living	nplete Schedule T.	
							ш			holder purpose	es
								1	3		
	Complete ONLY if direct		Candidate/Officeholder n	ame	Offic	e sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/31/2025		Uvalde County Junio	r Livestock S	Show						
	Amount (\$)		Payee address; Cit	/ ;	State; Z	ip Code					
	\$500.00		100 North Getty Street	et							
			Uvalde, TX 78801								
	PURPOSE OF	(a	Category (See Categories	listed at the top of	this schedule	e) (b) Description				
	EXPENDITURE		Contributions/Donation Candidate/Officehold				ш		ide of Texas. Com , officeholder living	nplete Schedule T.	
			Candidate/Onicendid	er/Political C	ommue	e				ficeholder pur	poses
									, g c. o.		
	Complete ONLY if direct	_	Candidate/Officeholder n	ame	Offic	e sough	t		Office h	eld	
	expenditure to benefit C/OI					J					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	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: 14/14 Rpt: 17/32	King, Tracy	O. (The Honorable)					00021143	
4	Date	5 Payee name							
	01/23/2025	Uvalde Lead	er News						
6	Amount (\$)	7 Payee addres	•	State; Zip C	ode				
	\$329.00	110 N. East	Street						
		Uvalde, TX	78701						
8	PURPOSE OF		e Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Advertising I	Expense			=		de of Texas. Com officeholder living	nplete Schedule T. Dexpense
						ш			officeholder purposes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	•								
	Date	Payee name							
	01/24/2025	Uvalde Lead	er News						
	Amount (\$)	Payee addres	•	State; Zip C	ode				
	\$49.00	110 N. East	Street						
		Uvalde, TX	78701						
	PURPOSE OF	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Fees				=		de of Texas. Com officeholder living	nplete Schedule T. Dexpense
						_			r officeholder purposes
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	-1							
	Date	Payee name							
	01/01/2025	Zepeda, Gua	adalupe (Ms.)						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$843.50	217 Victoria	Street						
		Laredo, TX	78040						
	PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wa	ges/Contract Labor						pplete Schedule T.
						ш		officeholder living	eholder purposes
						Jaiary 101 Gal	۰۰۲۰	algii oi oiilo	chicker purposes
_	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/15 Rpt: 18/32	, , , ,				00021143		
4 CREDIT CARD ISSUER		ncial institution Card	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	1,931.7	73
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$11.70	01/03/2025					
7 PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Lyft, Inc.		185 Berry Suite 5000 San Franci				
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or office	eholder purpos	es	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$102.21	01/03/2025					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Cododdy com		14455 N. H	layden Rd.			
	Godaddy.com		Suite 219				
			+	, AZ 85260			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Domain services for campaign or officeholder purposes				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$135.31	01/03/2025					
PAYEE	(a) Payee name	ı	(b) Payee ad	ddress;	City,	State,	Zip Code
			1400 Cong	ress Avenue			
	Capitol Gift Shop						
			Austin, TX	78768			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	•	Gifts for ca	ımpaign or offic	eholder purpo	ses	
X Political	2.107 Waldo/Wollional						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	nission Filers)			
Sch: 2/15 Rpt: 19/32	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,933	1.73			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$5.55	01/16/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 9410	7				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or offi	ceholder purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$7.69	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issu	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code			
	Luft Inc		185 Berry Street					
	Lyft, Inc.		Suite 5000					
			San Francisco, CA 9410	7				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Tayl for campaign or officeholder purposes					
X Political	Travel Out of District	or this scriedule)	Taxi for campaign or officeholder purposes					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin T	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$9.75	01/14/2025						
DAVEF	(a) Paris		(h) David	Oit :	7. 6 .			
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code			
	Lyft, Inc.		185 Berry Street					
	, , ,		Suite 5000	7				
DUDDOOF OF	(a) Cotagon		San Francisco, CA 9410	1				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi for campaign or office	caholdar nurnosas				
X Political	Travel Out of District		Taxi for campaign or one	ceriolaer purposes				
I <u>=</u>			_l					
Non-Political	\'\' -	of Texas. Complete Schedule T.	<u> </u>	X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	ritaine Offici	e sought	Office held				
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 3/15 Rpt: 20/32	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,931.7	73
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$10.97	01/19/2025					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Lyft, Inc.		185 Berry Suite 500 San Fran				
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	ampaign or offic	eholder purpo	ses	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$54.21	01/17/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uvalde Country Club 407 E Garden St			arden St			
L				Uvalde, 7	TX 78801			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Meeting	otion for campaign or c	officeholder p	urposes	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xnense	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Addin, 174,	Office held	хрепос	
e	expenditure to benefit C/OH			J				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$71.40	01/16/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
l			T.	407 E Ga	arden St			
		Uvalde Country Clu	ID					
				Uvalde, 7				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
1		Food/Beverage Exper	*	ivieeting 1	for campaign or o	onicenolder pi	urposes	
	X Political							
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,		xpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Le	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)		
	Sch: 4/15 Rpt: 21/32	King, Tracy O. (The	e Honorable)		00021143				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$	1,931.7	73		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$7.56	01/15/2025						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 9	94107				
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or	r officeholder purpo	eholder purposes			
	X Political	Traver out or District							
				Check if Aus	stin, TX, officeholder living ex	pense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought				e sought	Office held				
•	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$20.19	01/13/2025						
Г	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		1.4.1		185 Berry Street					
		Lyft, Inc.		Suite 5000					
L				San Francisco, CA 94107					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Taxi for campaign or officeholder purposes					
	X Political	Traver Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	rpense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$48.92	01/24/2025						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Uvalde Country Clu	ıh	407 E Garden St					
		Ovalue Country Cit	ID						
L		() 2 :		Uvalde, TX 78801					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	un ar afficabaldar nu	ırnaaaa			
	X Political	Food/Beverage Expe	*	Meeting for campaig	ni or omcendider po	irposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living ex	rpense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
Ŀ	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete th	nis form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)		
	Sch: 5/15 Rpt: 22/32	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,931.7	73		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$6.82	01/24/2025							
7	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
		Lyft, Inc.		185 Berry Suite 5000 San Franc						
8	PURPOSE OF	(a) Category		(b) Descript	tion					
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	ampaign or office	eholder purpos	es			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$7.39	01/23/2025							
PAYEE (a) Payee name			(b) Payee a	address;	City,	State,	Zip Code			
				185 Berry	Street					
		Lyft, Inc.		Suite 5000						
				San Francisco, CA 94107						
	PURPOSE OF	(a) Category	601	(b) Descript						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	ampaign or office	fficeholder purposes				
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$24.69	01/22/2025							
	PAYEE	(a) Payee name	•	(b) Payee a	ıddress;	City,	State,	Zip Code		
		1.4.1		185 Berry	Street					
		Lyft, Inc.		Suite 5000	0					
				San Franc	cisco, CA 94107					
	PURPOSE OF	(a) Category		(b) Descript						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	ampaign or office	eholder purpos	es			
	x Political	avoi Out of Distillet								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held				
е	xpenditure to benefit C/OH									
\vdash		•								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 6/15 Rpt: 23/32	King, Tracy O. (The	e Honorable)			00021143		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,931.7	73
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$6.02	01/20/2025					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Lyft, Inc.		185 Berry Suite 500 San Fran				
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	ampaign or offic	eholder purpo	ses	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$100.00	02/01/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Briscoe Animal Resource Center 127 South Camp Street						
L					TX 78801			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		- ff : - - - -		
	X Political	Contributions/Donatio	ns Made By	Donation	for campaign or	officenoider p	ourposes	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$123.60	02/04/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Affordable Storage	#4	260 W N	orth Lane			
		Affordable Storage	#4					
L					TX 78801			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		efficabal-l		
1		Office Overhead/Rent	•	Storage 1	or campaign or o	micenoider pu	ııposes	
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	rpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Le	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

1 Total pages Schedule F4: Sch: 7/15 Rpt: 24/32 2 FILER NAME King, Tracy O. (The Honorable) 3 Filer ID (Ethics Commission File 00021143 00021143					
Sch: 7/15 Rpt: 24/32 King, Tracy O. (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 PAYMENT (a) Amount Charged \$55.00 D5/05/2025 (b) Date of Charge O5/05/2025 7 PAYEE (a) Payee name Cricket Wireless LLC (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Date(s) Credit Card Issuer Paid (d) Description Phone for campaign or officeholder purposes (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense 9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge O6/04/2025 (c) Date(s) Credit Card Issuer Paid (b) Description Phone for campaign or officeholder purposes Office sought Office held Office held Office held S123.60 O6/04/2025 (c) Date(s) Credit Card Issuer Paid Office held Volade, TX 78801 PURPOSE OF (a) Category (b) Description	ers)				
See previous See preve previous See previous See previous See previous See previo					
\$55.00 05/05/2025 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Concider Wireless LLC (b) Payee address; City, State, Zip Concider Wireless LLC (c) Atlanta, GA 30324 8 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Conditions (c) Date(s) Credit Card Issuer Paid (c) Date(s) Card Issuer Paid (c)					
7 PAYEE (a) Payee name Cricket Wireless LLC (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense 9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Complete Sought (e) Description (flice Noverhead/Rental Expense) (flice Overhead/Rental Expense) (graph Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (b) Description					
Cricket Wireless LLC Atlanta, GA 30324 8 PURPOSE OF EXPENDITURE Non-Political Office Overhead/Rental Expense Office Sught Office Sought Office held					
S PURPOSE OF EXPENDITURE	Code				
EXPENDITURE X Political Office Overhead/Rental Expense Phone for campaign or officeholder purposes					
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$123.60 06/04/2025 PAYEE (a) Payee name Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (a) Category (b) Description					
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$123.60 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$123.60 PAYEE (a) Payee name Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (a) Category (b) Description					
\$123.60 06/04/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip C 260 W North Lane Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (a) Category (b) Description					
Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (a) Category (b) Description					
Affordable Storage #4 Uvalde, TX 78801 PURPOSE OF (a) Category (b) Description	Code				
PURPOSE OF (a) Category (b) Description					
X Political Office Overhead/Rental Expense Storage for campaign or office following purposes					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$5.24 01/10/2025					
PAYEE (a) Payee name (b) Payee address; City, State, Zip C 185 Berry Street Suite 5000 San Francisco, CA 94107	Code				
PURPOSE OF EXPENDITURE X Political (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Taxi for campaign or officeholder purposes					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)			
Sch: 8/15 Rpt: 25/32	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,931.	73			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$2.34	01/09/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 9410	7				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or offi	ceholder purposes				
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$129.89	01/06/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Norton Antivirus		350 Ellis Street					
			Mountain View , CA 94043					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Software for campaign or officeholder purposes					
X Political	Office Overhead/Ren	iai Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$55.00	01/05/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Cricket Wireless II	C	575 Morose Dr. NE					
	Cricket Wireless LL	.C						
			Atlanta, GA 30324					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	. ##: - - - - - - -				
X Political	Office Overhead/Ren	,	Phone for campaign or c	omicenolaer purposes				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 9/15 Rpt: 26/32	King, Tracy O. (The	e Honorable)			00021143				
4 CREDIT CARD ISSUER		Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$8.59	01/27/2025							
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94107						
8 PURPOSE OF	(a) Category		(b) Descripti	on					
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or office	eholder purpos	es			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
	\$9.03	01/23/2025							
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
	1.4.1		185 Berry	Street					
	Lyft, Inc.		Suite 5000)					
	San Francisco, CA 94107								
PURPOSE OF	(a) Category	of this cahadula)	(b) Descripti						
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for campaign or officeholder purposes						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
	\$7.11	01/22/2025							
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code		
Lyft, Inc. 185 Berry S Suite 5000		185 Berry	Street						
		1							
			San Franci	isco, CA 94107					
PURPOSE OF	(a) Category		(b) Descripti	on					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for ca	mpaign or office	eholder purpos	es			
X Political	Traver out or District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Г	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 10/15 Rpt: 27/32	King, Tracy O. (The	e Honorable)		00021143				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$ 1,931.73			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$6.06	01/21/2025						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94107					
8 PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE X Political	X Political Travel Out of District			holder purposes fficeholder living expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct Candidate/Officeholder name Office so			e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$55.00	02/05/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Cricket Wireless LL	.C	575 Moros					
DUDDOOF 05	(a) Catamani		Atlanta, GA 30324					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Phone for campaign or officeholder purposes					
X Political								
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH			•					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$70.00	01/13/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Lhyalda Cayyata (Ch	.la	407 E Gar	den St				
	Uvalde Country Clu	ID						
			Uvalde, T					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descripti		· · · · · · · ·			
l <u> </u>	Food/Beverage Exper	,	Meeting to	r campaign or o	officeholder pu	rposes		
X Political								
Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(3 -	,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 11/15 Rpt: 28/32	King, Tracy O. (The	e Honorable)			00021143				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 1,931.73				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$34.62	01/10/2025							
7	PAYEE	(a) Payee name Uvalde Country Clu	ub	407 E Garden St				Zip Code		
Ļ		(-) O-t			TX 78801					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting for campaign or officeholder purposes						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	x, officeholder living expense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought						Office held				
е	expenditure to benefit C/OH		1							
	PAYMENT	(a) Amount Charged \$100.86	(b) Date of Charge 01/09/2025	(c) Date(s) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Uvalde Country Clu	ıb	407 E G	arden St					
L					TX 78801					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri	ption for campaign or c	officeholder pu	rposes			
	X Political Non-Political				_					
L	(c) described to some constant.			Check if Austin, TX,	officeholder living exp	oense				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$6.99	01/09/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Lyft, Inc.		185 Berr Suite 500	=					
\vdash	PURPOSE OF	(a) Category		(b) Descri						
	EXPENDITURE	(See Categories listed at the top	of this schedule)		campaign or office	eholder purpos	ses			
	X Political	Travel Out of District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	oense			
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held				
е	expenditure to benefit C/OH									
Г										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)	
	Sch: 12/15 Rpt: 29/32	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 1,931.73			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
		\$7.39	01/04/2025						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Lyft, Inc.		185 Berry Street Suite 5000 San Francisco, CA 94107					
8	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Taxi for o	campaign or offic	ceholder purposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense		
Complete ONLY if direct					Office held				
е	expenditure to benefit C/OH		-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
		\$123.60	01/04/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Affordable Storage	#4	260 W N	orth Lane				
L				Uvalde, ⁻	ΓX 78801				
	PURPOSE OF EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense Storage for campaign or office			officeholder p	urposes			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	., officeholder living e	ovnonco		
Complete ONLY if direct Candidate/Officeholder name Office sought			Office held	сирензе					
e	expenditure to benefit C/OH			J					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
		\$25.13	01/03/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Lhadda Carrator Ch	.I.	407 E G	arden St				
		Uvalde Country Clu	ID						
					TX 78801				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Descrip		· · · · · · ·				
1		Food/Beverage Exper	*	ivieeting	for campaign or	onicenoider p	urposes		
	X Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
Le	expenditure to benefit C/OH								
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 13/15 Rpt: 30/32	King, Tracy O. (The	e Honorable)		00021143			
4	CREDIT CARD ISSUER	EXPENDITURES		CHARGED TO A CREDIT	\$ 1,931.73			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$441.60	03/04/2025					
7	PAYEE	(a) Payee name Taste of Texas		(b) Payee address; PO Box 2910		City, State, Zip Co		
				Austin, TX 78768				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Tickets for campaign or o	fficeholder purpo	oses		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$123.60	03/04/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Affordable Storage #4 260 W North Lane						
				Uvalde, TX 78801				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Storage for campaign or o	officeholder purp	oses		
	X Political	Office Overhead/Rent	tai Expense					
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$55.00	(b) Date of Charge 03/05/2025	(c) Date(s) Credit Card Issue	er Paid			
	PAYEE	(a) Payee name Cricket Wireless LL	С	(b) Payee address; 575 Morose Dr. NE	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	Atlanta, GA 30324 (b) Description Phone for campaign or of	ficeholder purpo	ses		
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete t	his form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 14/15 Rpt: 31/32	King, Tracy O. (The	e Honorable)			00021143			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,931.73		73	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$123.60	04/04/2025						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Affordable Storage	#4	260 W No					
		() -		Uvalde, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Office Overhead/Rent		Storage 10	or campaign or c	micenolaer pur	poses		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ĺ	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held					
e:	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid			
		\$187.36	04/25/2025						
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Cododdy com		14455 N.	Hayden Rd.				
		Godaddy.com		Suite 219					
				.	e, AZ 85260				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		an or officeholder nurneses			
	_	Office Overhead/Rent		web nost	ing for campaigr	n or officeholder purposes			
	X Political								
	Non-Political	(*) L	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense			
	Complete ONLY if direct Candidate/Officeholder name Office sought					Office held			
e	xpenditure to benefit C/OH		T	I					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$123.60	05/03/2025						
H	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
				260 W No	orth Lane				
		Affordable Storage	#4						
				Uvalde, T	X 78801				
	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Storage fo	or campaign or o	fficeholder pur	poses		
	X Political	2.1100 0 10111000/110111							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	i	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
1 -									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Ma Candidate/Officeholder/P		s/Memorials Expense P ices S		ravel Out of District THER (enter a category not listed above)
		ruction Guide explains ho	w to complete this form.	
1 Total pages Schedule				3 Filer ID (Ethics Commission Filers)
Sch: 15/15 Rpt: 32/3	32 King, Tracy O. (The	Honorable)		00021143
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,931.73
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
	\$55.00	06/05/2025		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Cricket Wireless LL	С	575 Morose Dr. NE	
			Atlanta, GA 30324	
8 PURPOSE OF	(a) Category	(1)	(b) Description	
EXPENDITURE 	(See Categories listed at the top Office Overhead/Ren		Phone for campaign or of	ficeholder purposes
X Political				
Non-Political	\ \frac{1}{2} \ \ldots	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense
9 Complete ONLY if direction expenditure to benefit C/G		name Offi	ce sought	Office held