CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00067681		2 Total pages file 5	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Kenneth P.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LACT		CUETIV	07/14/2025	
	NICKNAME Ken	LAST		SUFFIX	0171472023	
	Ken	King				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1202					
ADDRESS					Receipt #	Amount
Change of Address	Canadian, TX 79014-1202					
	·				Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Robin R.		1411		
NAME	IVII 5.	RODIII IX.				
		LAST		SUFFIX		
		King				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO I	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	15074 Marshall Lane					
(Residence or Business)						
	Canadian, TX 79014					
7 CAMPAIGN	AREA CODE PHONI	- NII IMDED - E	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(806) 323-8841					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	nnaign treasurer
] courtacy before		L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPt	rimary	Runoff	Other	
	03/03/2026	∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 88		State Represent		
	Ctate From the Control of the Control					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 51

13 C / OH NAME	King, Kenneth P. (The Honorable) 14 Filer ID 00067681					ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures n	accepted or political expenditu may have been made without t juired to report this information	the candidate's or office	holder's knowl	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	:			
	GENERAL					
	_	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMP	AIGN TREASURER NAME			
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, O	S OR GUARANTEES OF LOANS	6)	\$	53,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	92,284.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	413,836.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	115,000.00
17 AFFIDAVIT	•				•	
		tr	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.			
		_		rable Kenneth P. Kin Candidate or Officehole	<u> </u>	
			2.3			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to c	ertify which, witness m	ny hand and seal of office.			
Signature of offi	cer administering	Printed name of	f officer administering	Title of officer	administering	oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 0f 51
	ER NAM	ME neth P. (The Honorable)	19 Filer ID 00067681	(Ethi	cs Commission Filers)
	CHEDUL AME OF			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	52,750.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	750.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	88,140.13
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,072.06
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,072.06
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/51	
2	FILER NAME King, Kenne	th P. (The Honorable)		3	Filer ID (Ethics Commission 00067681	on Filers)
4	Date 06/25/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$500.00	
_		Austin, TX 78746				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) O6/25/2025 Axis Strategic Partners LLC 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)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Clevenger, Don (Mr.) Contributor address; City; State; Zip Code Sunnyvale, TX 75182			Amount of Contribution (\$)	\$2,500.00
	•	pation / Job title (See Instructions) President and CFO	Employer (See Instructions Oncor)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instruc	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/51	
2	FILER NAME King, Kennet	h P. (The Honorable)		3	Filer ID (Ethics Commission 00067681	on Filers)	
4	Date 06/25/2025	Garage Constitution of Constitution (Constitution Constitution Constit				Amount of Contribution (\$)	\$2,000.00
Ω	Principal occu	Austin, TX 78701					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction					')		
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Focused Advocacy Political Action Committee Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$5,000.00
	Austin, TX 78746						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/25/2025	Henry, Matthew (Mr.)				Amount of Contribution (\$)	\$2,500.00
	Principal occu General Cou	pation / Job title (See Instructions)		Employer (See Instructions Oncor	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 HillCo Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/51	
2	FILER NAME King, Kenne	th P. (The Honorable)		3	Filer ID (Ethics Commission 00067681	n Filers)
4	Date 06/25/2025	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Taylor, TX 76574				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Moak Casey Political Action Committee 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)		
Date Full name of contributor O6/25/2025 Pardue, Leslie (Ms.) Contributor address; City; State; Zip Code		Pardue, Leslie (Ms.)			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78737				
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Self)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Ron Lewis & Associates LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_Scott, Bruce (Mr.) Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/51
2	FILER NAME King, Kenne	h P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067681
4	Date 06/25/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$3,000.00
		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Texas Our Texas Political Action Committee Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Texas Realtors Political Action Committee Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$5,000.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association Political Action Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Watts, Mikal (Mr.) Contributor address; City; State; Zip Code Dorado 00646 Puerto Rico				Amount of Contribution (\$) \$10,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Watts Law Firm LLP	5)	
		·			

ETARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/51
ME		3 Filer ID (Ethics Commission Filers) 00067681
5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$2,500.00
Austin, TX 78701		
occupation / Job title (See Instructions)	9 Employer (See Instructions	5)
	truction Guide explains how to complete this a ME nneth P. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas Political A 6 Contributor address; City; State; Zip Code Austin, TX 78701	nneth P. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Wholesale Beer Distributors of Texas Political Action Committee 6 Contributor address; City; State; Zip Code Austin, TX 78701

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/51 3 Filer ID (Ethics Commission Filers) FILER NAME King, Kenneth P. (The Honorable) 00067681 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 Associated Republicans of Texas Campaign Fund \$500.00 | Campaign Digital 7 Contributor address; City; State; Zip Code Advertising Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 06/25/2025 Texas Realtors Political Action Committee \$250.00 Advertising for Campaign Contributor address; City; State; Zip Code Fundraiser Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/40 Rpt: 10/51	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
4	Date 01/23/2025	5 Payee name AT&T Mobility
6	Amount (\$) \$243.50	7 Payee address; City; State; Zip Code P.O Box 6463
		Carol Stream, IL 60197-6463
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 Payment of campaign telephone
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/25/2025	Payee name AT&T Mobility
	Amount (\$) \$243.50	Payee address; City; State; Zip Code P.O Box 6463
		Carol Stream, IL 60197-6463
	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 Payment of campaign telephone
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/24/2025	Payee name AT&T Mobility
	Amount (\$) \$243.41	Payee address; City; State; Zip Code P.O Box 6463
		Carol Stream, IL 60197-6463
	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 Payment of campaign telephone
	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			Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (lls Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 2/40 Rpt: 11/51		King, Kenne	th P. (The Ho	norable)					00067681	
4	Date	5	Payee name					•			
	04/23/2025		AT&T Mobil	ity							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$210.33		P.O Box 64	63							
			Carol Strea	n, IL 60197-64	163						
8	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental E	xpense			_		de of Texas. Comp	
								Payment of ca		officeholder living	
								. aymon or or	an	paigit totopit	J
9	Complete ONLY if direct	<u> </u>	andidate/Offic	ceholder name	(Office sou	l Jaht			Office he	
	expenditure to benefit C/OI						-g				
	Date		Payee name								
	05/23/2025		AT&T Mobil	ity							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$210.33		P.O Box 64	63							
			Carol Strea	n, IL 60197-64	163						
	PURPOSE	(a)	Category (Se	e Categories listed at	t the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			nead/Rental E		,		□		de of Texas. Comp	
	LA LADITORL							ш		officeholder living	
								Payment of c	aiii	paigii teleph	une
	Complete ONLY if direct	<u> </u>	andidata/O#	oholder neme		office ee	lap+			Office be	Id
	Complete ONLY if direct expenditure to benefit C/OH		ai iuiudle/Uπi	ceholder name	C	Office sou	agrit			Office he	iu
_		_									
	Date	ı	Payee name								
	06/24/2025	┡	AT&T Mobil								
	Amount (\$)	ı	Payee addres		State;	Zip Co	ode				
	\$210.33		P.O Box 64	63							
			Carol Strea	n, IL 60197-64	163						
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental E	xpense			ш		de of Texas. Comp	
								Payment of ca		officeholder living	
								. ayıncın or o	ااند	paign toleph	0.10
	Complete ONLY if direct		andidate/Offic	ceholder name		Office sou	laht Iaht			Office he	ld
	expenditure to benefit C/O					55 500	- 9''L			000 110	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide e	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/40 Rpt: 12/51		eth P. (The Honorabl	e)				00067681	
4	Date	5 Payee name							
	05/27/2025	Amazon							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$29.19	410 Terry A	venue						
		Seatte, WA	98109						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Gift/Awards	/Memorials Expense	!		ш		de of Texas. Comp	
						Gifts for legis		officeholder living	
						Citto for legio	iati	ve concagae	.5
9	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	l ıght			Office he	eld
	expenditure to benefit C/OI	-1							
	Date	Payee name							
	06/13/2025	American L	egion Post 56						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$5,000.00	PO Box 120	01						
		Canadian, ⁻	ΓX 79014						
	PURPOSE OF		ee Categories listed at the top		(b)	Description			
	EXPENDITURE		ns/Donations Made E			=		de of Texas. Comp officeholder living	
		Candidate/	Officeholder/Political	Committee		Charitable do			expense
						Chamasic do	iia		
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/O	4							
	Date	Payee name							
	06/23/2025	Anedot							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$469.35	PO Box 843	314						
		Baton Rouç	je, LA 70884						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
						ш		officeholder living	
						6/25/2025)	Juli	on processii	ng fees (6/23/2025 -
\vdash	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıaht			Office he	eld
	expenditure to benefit C/O			200 300	g			200 110	· -

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 4/40 Rpt: 13/51	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
4	Date 02/06/2025	5 Payee name Campaign Reporting Solutions, LLC
6	Amount (\$) \$1,086.00	7 Payee address; City; State; Zip Code 110 Carriage Drive Lufkin, TX 75904
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 Campaign bookkeeping services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/03/2025	Payee name Campaign Reporting Solutions, LLC
	Amount (\$) \$296.20	Payee address; City; State; Zip Code 110 Carriage Drive Lufkin, TX 75904
	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 Q4 2024 campaign payroll processing and payroll tax return preparation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/09/2025	Payee name Campaign Reporting Solutions, LLC
	Amount (\$) \$227.20	Payee address; City; State; Zip Code 110 Carriage Drive
		Lufkin, TX 75904
	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 Q1 2025 campaign payroll processing and payroll tax return preparation
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Co Credit Card Payment	ommittee Legal Services Salaries/M The Instruction Guide explains how to con	ages/Contract Labor	OTHER (enter a category	not listed above)
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics	Commission Filers)
Sch: 5/40 Rpt: 14/51	King, Kenneth P. (The Honorable)		00067681	
4 Date 5	Payee name			
01/05/2025	Cheng, Ran			
6 Amount (\$) 7	Payee address; City; State; Zip Co	de		
\$3,100.00	2114 Cliffs Edge Drive			
	Austin, TX 78733			
8 PURPOSE (a)	1) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Sch	
		_	, TX, officeholder living expense ical apartment mainta	
		rtone for point	ioai aparamoni mainta	mod m / kadim
	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OH				
Date	Payee name			
01/31/2025	Cheng, Ran			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$3,100.00	2114 Cliffs Edge Drive			
	Austin, TX 78733			
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	<u> </u>	outside of Texas. Complete Sch , TX, officeholder living expense	edule T.
		ш	ical apartment mainta	ined in Austin
	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OH				
Date	Payee name			
03/03/2025	Cheng, Ran			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$3,100.00	2114 Cliffs Edge Drive			
	Austin, TX 78733			
PURPOSE (a)	1) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	ш	outside of Texas. Complete Sch , TX, officeholder living expense	edule T.
			ical apartment mainta	ined in Austin
			and the state of t	32
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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 Committee

Fees Food/Beverage Expense

ions Made By iolder/Political Committee Legal Services

Event Expense

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: 6/40 Rpt: 15/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	04/09/2025	Cheng, Ran
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,100.00	2114 Cliffs Edge Drive
		Austin, TX 78733
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXFLINDITORL	X Check if Austin, TX, officeholder living expense
		Rent for political apartment maintained in Austin
_	2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Cheng, Ran
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,100.00	2114 Cliffs Edge Drive
		Austin, TX 78733
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Rent for political apartment maintained in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	Para and
	Date 06/04/2025	Payee name Cheng, Ran
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,100.00	2114 Cliffs Edge Drive
		Austin, TX 78733
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
		Transfer position apartment manualled in Austin
	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: 7/40 Rpt: 16/51	King, Kenneth P. (The Honorable) 00067681	
4	Date	5 Payee name	
	01/03/2025	Chisum Ranch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 1512	
		Pampa, TX 79066	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Rent for district office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
H	Data	I Programme	
	Date 02/03/2025	Payee name Chisum Ranch	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 1512	
		Pampa, TX 79066	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Rent for district office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	03/03/2025	Chisum Ranch	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 1512	
		Pampa, TX 79066	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Rent for district office	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY 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/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	s/Contract Labor			HER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	ΙΕ				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 8/40 Rpt: 17/51	King, Kenr	neth P. (The Honora	able)				00067681		
4	Date	5 Payee name	e							
	04/01/2025	Chisum Ra	anch							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$100.00	P.O. Box 1	1512							
		Pampa, T	K 79066							
8	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Exper	nse		_		ide of Texas. Com , officeholder living		
						Rent for distri			гехрепас	
9	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	е							
	05/06/2025	Chisum Ra	anch							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$100.00	P.O. Box 1	1512							
		Pampa, T	K 79066							
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Exper	nse				ide of Texas. Com		
						Rent for distri		, officeholder living office	rexpense	
						Troncior diota	.00	011100		
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	e							
	06/09/2025	Chisum Ra	anch							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$100.00	P.O. Box 1	1512							
		Pampa, T	K 79066							
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Exper	nse		ш		ide of Texas. Com		
	-					Rent for distri		, officeholder living	expense	
						ixent for distil	·υί	OHIOG		
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI									
\vdash										
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/40 Rpt: 18/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	01/07/2025	City of Austin - Austin Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.18	721 Barton Springs Road
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t
	Date	Payee name
	02/11/2025	City of Austin - Austin Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.13	721 Barton Springs Road
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		\[\times \text{ Check if Austin, TX, officeholder living expense} \] Utilities for political apartment maintained in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	03/14/2025	City of Austin - Austin Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.48	721 Barton Springs Road
	Ψ11L. 10	121 Barton opinigo rroda
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
	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

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	/ - al Con	nmittee	Legal Ser				/ages	/Contract Labor			rel Out of D IER (enter		t egory not listed above)	
Ļ		-			uucuon Guic	ie expiains	110W TO COI	inple	ete this form.						
1	Total pages Schedule F1:	ı								3			,	Ethics Commission Filers)	
	Sch: 10/40 Rpt: 19/51	⊢	King, Kenne	eth P. (The Honor	able)					000	067681			
4	Date	ı	Payee name												
L	04/11/2025	L	City of Aust	in - Aus	stin Energy	<u>′</u>									
6	Amount (\$)	7	Payee addres	ss;	City;	State;	; Zip Co	de							
	\$106.18		721 Barton	Springs	s Road										
			Austin, TX 7	78704											
8	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	edule)	(b)	Description						
	OF EXPENDITURE	ı	Fees	- 3			<i></i>		Check if travel	outsi	ide of	Texas. Co	mplet	e Schedule T.	
	LAFENDITURE								X Check if Austin						
									Utilities for po	olitio	cal a	apartme	ent i	maintained in Austin	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholde	r name	C	Office sou	ght				Office h	neld		
	experiorare to benefit C/Of														
	Date		Payee name	_											
	05/12/2025		City of Aust	in - Aus	stin Energy	′									
	Amount (\$)		Payee addres	ss;	City;	State;	Zip Co	de							
	\$101.86		721 Barton	Springs	s Road										
			Austin, TX 7	78704											
	PURPOSE OF	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Fees						Check if travel X Check if Austin						
									_					maintained in Austin	
									ounties for po	JIILII	oui (τραι ιι Π	J111 1	mamamed in Austin	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholde	r name		Office sou	aht				Office h	neld		
	expenditure to benefit C/OI			2			55 554	٠.٠٠				50 1	. 5.0		
H	Date		Payee name												
	06/10/2025		City of Aust	in - Aus	stin Enerav	,									
\vdash	Amount (\$)	\vdash	Payee addres				; Zip Co	de							
	` '	ı	•	-	City;	State;	, ∠ıµ C0	ue							
	\$114.38		721 Barton	Springs	s Rudu										
			Accessing The	70704											
		-	Austin, TX 7				ı								
	PURPOSE OF		Category (Se	ee Categor	ies listed at the	top of this sch	edule)	(b)	Description	a	:do -1	Tayas O	mauri - ·	o Cobodulo T	
	EXPENDITURE		Fees						Check if travel X Check if Austin						
														maintained in Austin	
									Julius for pe	J.,,,,,,	Jai				
	Complete ONLY if direct		Candidate/Offi	ceholde	r name	(Office sou	ght				Office h	neld		
	expenditure to benefit C/O							J							
															-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)	Т
	Sch: 11/40 Rpt: 20/51		eth P. (The Honorable)					00067681		
4	Date	5 Payee name	,							
	01/14/2025	City of Aus	tin Convention Center (Garage						
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode					
	\$86.00	601 East 5	th Street							
		Austin, TX	78701							
8	PURPOSE	(a) Category (S	See Categories listed at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees				_		de of Texas. Com		
						_		officeholder living	partment maintained in	
						Austin	101	legislative a	partment maintained in	
9	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/O	1								
	Date	Payee name	į							
	01/15/2025	City of Aus	tin Convention Center (Garage						
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$35.00	601 East 5	th Street							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Com		
						—		officeholder living	partment maintained in	
						Austin	101	icgisiative a	partment maintained in	
	Complete ONLY if direct		ficeholder name	Office sou	<u>I</u> ıght			Office he	eld	_
	expenditure to benefit C/O									
	Date	Payee name								
	01/16/2025	City of Aus	tin Convention Center C	Sarage						
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$47.00	601 East 5	th Street							
		Austin, TX	78701							
	PURPOSE OF	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Fees				Check if travel of X Check if Austin,		de of Texas. Com		
									partment maintained in	
						Austin	101	icgisiative a	partificiti maintairied in	
\vdash	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office sou	l ight			Office he	eld	_
	expenditure to benefit C/O			200 000	<i>3</i> ····			200 110	· -	
										_
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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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: 12/40 Rpt: 21/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	01/17/2025	City of Austin Convention Center Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.00	601 East 5th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		\times \text{Check if Austin, TX, officeholder living expense} \text{Parking fees for legislative apartment maintained in}
		Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payes name
	01/21/2025	Payee name City of Austin Convention Contor Carago
		City of Austin Convention Center Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	601 East 5th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking fees for legislative apartment maintained in
		Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David variation of the control of th
	Date 01/27/2025	Payee name City of Austin Convention Contor Corago
		City of Austin Convention Center Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.00	601 East 5th Street
		Austin, TX 78701
	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.
		\times \text{Check if Austin, TX, officeholder living expense} \text{Parking fees for legislative apartment maintained in}
		Austin
-	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/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal name C	
1	Total pages Schedule F1: Sch: 13/40 Rpt: 22/51	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
Ļ	•	
4	Date	5 Payee name
L	01/28/2025	City of Austin Convention Center Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.00	601 East 5th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Parking fees for legislative apartment maintained in
L		Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/04/2025	City of Austin Convention Center Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	601 East 5th Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Parking fees for legislative apartment maintained in
		Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Davis name
	Date	Payee name City of Austin Convention Center Carago
	02/06/2025	City of Austin Convention Center Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	601 East 5th Street
L		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Parking fees for legislative apartment maintained in
		Austin
	Complete ONLY if direct	
	Complete ONLY if direct 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 Committee

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Services Printing Expense Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)		
	Sch: 14/40 Rpt: 23/51		King, Kenne	eth P. (The Hone	orable)					00067681				
4	Date	5	Payee name											
	02/06/2025			in Convention C	enter Garage)								
6	Amount (\$)	7	Payee addre	ss; City;	State; 2	Zip Cod	de							
	\$35.00		601 East 5t	•	,									
			Austin, TX	78701										
8	PURPOSE	(0)					(h)	Description						
0	OF	(a)		ee Categories listed at t	he top of this schedu	ule)	(D)	Description Check if travel	outsi	de of Texas. Com	nlete Schedul	e T		
	EXPENDITURE		Fees					=		officeholder living		· · ·		
								_	for	legislative a	partment	maintained in		
								Austin						
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Offi	ice soug	ght			Office he	eld			
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	02/07/2025		•	in Convention C	enter Garage	<u>,</u>								
	Amount (\$)	H	Payee addre		State: 2		de							
	\$35.00		601 East 5t	•	Otato, I	p	40							
	Ψ33.00		oor Last St	ii Olicci										
			Austin, TX	70701										
	5,155,055	_					<i>(</i> 1.)							
	PURPOSE OF	(a) 		ee Categories listed at t	he top of this schedu	ule)	(b)	Description	outci	de of Texas. Com	nloto Schodul	o.T		
	EXPENDITURE		Fees					=		officeholder living		c i.		
								_				maintained in		
								Austin						
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offi	ice soug	ght			Office he	eld			
	expenditure to benefit C/OI	Н												
	Date		Payee name											
	04/30/2025		•	in Convention C	enter Garage	9								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	de							
	\$38.00		601 East 5t	-	,									
			Austin, TX	78701										
	PURPOSE	(0)					(h)	Description						
	OF	(a)		ee Categories listed at t	he top of this schedu	ule)	(D)	Description Check if travel	outsi	de of Texas. Com	plete Schedul	e T.		
	EXPENDITURE		Fees					ш		officeholder living	•	· · ·		
								_				maintained in		
								Austin						
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offi	ice soug	ght			Office he	eld			
	expenditure to benefit C/OI	Н												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I 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		mmittee	Legal Services	is Expense	Salaries/W		e /Contract Labor		OTHER (enter a		isted above)
	Credit Card Payment			The Instruction C	Guide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 15/40 Rpt: 24/51		King, Kenne	eth P. (The Ho	norable)					00067681		
4	Date	5	Payee name									
	05/01/2025			in Convention	Center Gara	ge						
6	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Co	de					
	\$38.00		601 East 5t	-	•	·						
			Austin, TX	78701								
8	PURPOSE	(a)					(h)	Description				
٠	OF	(۳)	Fees	ee Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Com	nplete Schedule	е Т.
	EXPENDITURE		1 003					=		officeholder living		
									for	legislative a	apartment	maintained in
								Austin				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/09/2025		Clayton Spa	angler Photogra	aphic Design	1						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$429.00		235 Pont Li	ck Drive								
			Charleston,	WV 25306								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Ex		,		=		de of Texas. Com		е Т.
	LAFENDITORE							ш		officeholder living		
								Photo of the 8	39ti	n Legisiatur	e for capit	ol office decor
	Complete ONLY if direct	<u> </u>				Y#:	au la 4			Office le	a l al	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	C	Office sou	gnt			Office h	eia	
		_										
	Date		Payee name		.1							
	03/04/2025			orman Memoria								
	Amount (\$)		Payee addre		State;	Zip Co	de					
	\$5,000.00		PO Box 489)								
			Wheeler, T	K 79096								
	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description				_
	EXPENDITURE			ns/Donations M Officeholder/Po		ittoo				de of Texas. Com officeholder living	•	е Т.
			Candidate/C	Jilicerioldei/Pc	illicai Comm	illee		Charitable do			g expense	
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI		- :				<i>J</i>			200 11	- -	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 16/40 Rpt: 25/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	01/07/2025	Dependabill Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$283.69	5885 Cumming Hwy
		Ste. 108-309
		Sugar Hill, GA 30518
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		\[\text{\tin}}\text{\tin}\text{\te}\tint{\text{\tin}}\tint{\text{\ti}}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/07/2025	Dependabill Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.90	5885 Cumming Hwy
		Ste. 108-309
		Sugar Hill, GA 30518
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		\[\text{\times X Check if Austin, TX, officeholder living expense} \] Utilities for political apartment maintained in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/07/2025	Dependabill Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.55	5885 Cumming Hwy
		Ste. 108-309
		Sugar Hill, GA 30518
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		 X Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
		Samuel 15. pointed apartment maintained in Austin
	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/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	
1	Total pages Schedule F1: Sch: 17/40 Rpt: 26/51	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
4	Date 03/31/2025 Amount (\$)	 5 Payee name Dependabill Solutions 7 Payee address; City; State; Zip Code
	\$19.54	5885 Cumming Hwy Ste. 108-309 Sugar Hill, GA 30518
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/07/2025	Payee name Dependabill Solutions
	Amount (\$) \$44.51	Payee address; City; State; Zip Code 5885 Cumming Hwy Ste. 108-309 Sugar Hill, GA 30518
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/09/2025	Payee name Dependabill Solutions
	Amount (\$) \$93.48	Payee address; City; State; Zip Code 5885 Cumming Hwy Ste. 108-309 Sugar Hill, GA 30518
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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: 18/40 Rpt: 27/51 King, Kenneth P. (The Honorable) 00067681 4 Date Payee name 04/09/2025 Erben & Yarbrough 6 Amount (\$) Payee address; State; Zip Code \$600.00 807 Brazos Avenue Ste. 400 Austin, TX 78701 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. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense Q4 2024 and Q1 2025 legal review of TEC filings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2025 Foreman, Synda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2329 Dogwood Lane Pampa, TX 79065 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/28/2025 Foreman, Synda Amount (\$) Payee address: City: State; Zip Code \$1,000.00 2329 Dogwood Lane Pampa, TX 79065 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	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: 19/40 Rpt: 28/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	03/31/2025	Foreman, Synda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2329 Dogwood Lane
		Pampa, TX 79065
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign contract labor
		Campaign contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/30/2025	Foreman, Synda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2329 Dogwood Lane
	•	
		Pampa, TX 79065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Payee name
	05/29/2025	Foreman, Synda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2329 Dogwood Lane
	+=,000.00	
		Pampa, TX 79065
	PURPOSE	To.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor	Gift/Awards/Memorials Expense Printing Elegal Services Salarie The Instruction Guide explains how to		ense Jes/Contract Labor	Travel III District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		[3	3 Filer ID	(Ethics Commission Filers)
	Sch: 20/40 Rpt: 29/51		King, Kenneth P. (The Honorable)			00067681	
4	Date	5	Payee name				
	06/30/2025		Foreman, Synda				
6	Amount (\$)	7	Payee address; City; State; Zip	Code)		
	\$1,000.00		2329 Dogwood Lane				
			Pampa, TX 79065				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			ıtside of Texas. Com	
					Campaign con	TX, officeholder living	g expense
					Campaign con	itract labor	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	- l	ıt	Office he	ald
9	expenditure to benefit C/O		Andread Tame Office 3	sougn	ıı	Office file	siu .
\vdash	Date	Π	Payee name				
	02/03/2025		Foreman, Synda				
	Amount (\$)		Payee address; City; State; Zip	Code			
	\$130.20		2329 Dogwood Lane				
			· ·				
			Pampa, TX 79065				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	Description		
	EXPENDITURE		Travel In District		<u> </u>	ıtside of Texas. Com FX, officeholder living	
					ш		ained in the campaign
							ursed by the state.
	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	ıt	Office he	eld
	expenditure to benefit C/OI	Η					
	Date		Payee name				
	03/03/2025		Foreman, Synda				
	Amount (\$)		Payee address; City; State; Zip	Code)		
	\$345.80		2329 Dogwood Lane				
			Pampa, TX 79065				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE		Travel In District			ıtside of Texas. Com	
						TX, officeholder living	
							ained in the campaign ursed by the state.
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	Soliup		Office he	-
	expenditure to benefit C/O		Jillie 3	- cugii	- -	5.1100 H	
	me provided by Tevas F	thic	es Commission was athics state to	V 110			Version V/I 1 0 f10d0fd9

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			Legal Services		Salaries/Wa		e /Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains ho	ow to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 21/40 Rpt: 30/51		King, Kenne	th P. (The Hon	orable)					00067681		
4	Date	5	Payee name									
	04/01/2025		Foreman, Sy	ynda								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$130.20		2329 Dogwo	ood Lane								
			Pampa, TX	79065								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sched	tule)	(b)	Description				
	OF	`´	Travel In Dis		ine top of this sched	iule)	` '	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							—		officeholder livin		
											ained in the campaig oursed by the state.	n
								Ollice (100111.	.07).Not reinic	ursed by the state.	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	05/06/2025		Foreman, Sy	ynda								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$195.30		2329 Dogwo	ood Lane								
			Pampa, TX	79065								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis					=			nplete Schedule T.	
	_/									officeholder livin		n
											ained in the campaig oursed by the state.	11
	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholdor namo	Off	fice soug	nht.	`		Office h	•	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/Onic	cerioider flame	Oli	nce soug	JIIL			Office i	eiu	
		_										
	Date		Payee name	d.a								
	06/09/2025		Foreman, S									
	Amount (\$)		Payee addres		State;	Zip Coo	de					
	\$195.30		2329 Dogwo	ood Lane								
			Pampa, TX	79065								
	PURPOSE OF	(a)		e Categories listed at	the top of this sched	dule)	(b)	Description				
	EXPENDITURE		Travel In Dis	strict				ш		de of Texas. Cor officeholder livin	nplete Schedule T.	
								_			ained in the campaig	n
											ursed by the state.	
_	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	aht			Office h	eld	
	expenditure to benefit C/OI				0	5549	,			25311		
1												

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/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: 22/40 Rpt: 31/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	01/13/2025	Fronk Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.03	718 S. 2nd Street
		Canadian, TX 79014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel for OH travel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	01/13/2025	Fronk Oil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$89.55	718 S. 2nd Street
	Ф09.00	710 S. Zilu Stieet
		Canadian, TX 79014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for OH travel
		Fuerior Officaver
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
L		
	Date	Payee name
L	02/03/2025	Fronk Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$146.52	718 S. 2nd Street
		Canadian, TX 79014
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fuel for OH travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

		The instruction dulae explains now to col	iipic	ic this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 23/40 Rpt: 32/51	King, Kenneth P. (The Honorable)		00067681
4	Date	5 Payee name		
L	03/31/2025	Fronk Oil		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$107.95	718 S. 2nd Street		
		Canadian, TX 79014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Fuel for OH travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
Г	Date	Payee name		
	05/05/2025	Fronk Oil		
Г	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$75.06	718 S. 2nd Street		
l				
		Canadian, TX 79014		
l	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Fuel for OH travel
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
L	expenditure to benefit C/OI	1		
l	Date	Payee name		
	06/25/2025	Fronk Oil		
l	Amount (\$)	Payee address; City; State; Zip Cor	de	
l	\$91.60	718 S. 2nd Street		
l		0 " 774.70044		
		Canadian, TX 79014		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Traver in district		Check if Austin, TX, officeholder living expense
l				Fuel for OH travel
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L	S.porialiare to benefit 0/01			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)
_	Sch: 24/40 Rpt: 33/51	Ļ	King, Kenneth P. (The Honorable)		00067681
4	Date 04/21/2025	5	Payee name Fronk Oil		
6	Amount (\$) \$114.97	7	Payee address; City; State; Zip Coo 718 S. 2nd Street	de	
			Canadian, TX 79014		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for OH travel
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou(ght	Office held
	Date		Payee name		
	06/02/2025		Hart, Isabella		
	Amount (\$) \$2,000.00		Payee address; City; State; Zip Cor 44 East Avenue Unit 2406 Austin, TX 78701	de	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contract labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ght	Office held
	Date 01/30/2025		Payee name Lively, Cheryl		
	Amount (\$) \$100.00		Payee address; City; State; Zip Cor 6610 Rotan Drive	de	
			Austin, TX 78749		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contract labor
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 25/40 Rpt: 34/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
l	02/28/2025	Lively, Cheryl
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$100.00	6610 Rotan Drive
l		
		Austin, TX 78749
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	
l	Date	Payee name
	03/31/2025	Lively, Cheryl
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6610 Rotan Drive
l		
		Austin, TX 78749
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign contract labor
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Paragraphic Paragr
l	04/30/2025	Payee name Lively, Cheryl
┝		
l	Amount (\$) \$100.00	Payee address; City; State; Zip Code 6610 Rotan Drive
l	φ100.00	0010 Rotali Dilve
l		Austin TV 70740
L		Austin, TX 78749
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon 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
l		Campaign contract labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
H		
ĺ		

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/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: 26/40 Rpt: 35/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/29/2025	Lively, Cheryl
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	6610 Rotan Drive
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign contract labor
		Sampaig. Formatt last
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	Lively, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6610 Rotan Drive
		Austin, TX 78749
	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 contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	06/03/2025	Lively, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,000.00	6610 Rotan Drive
	40,000.00	
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
	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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 27/40 Rpt: 36/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	04/28/2025	Lively, Cheryl
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,471.55	6610 Rotan Drive
		Austin, TX 78749
8	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 personal funds used for OH
		purposes properly reported on Sch G
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Date	Davies same
	05/12/2025	Payee name Lively, Cheryl
		· ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$308.40	6610 Rotan Drive
		Austin, TX 78749
	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 personal funds used for OH
		purposes properly reported on Sch G
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_	Data	
	Date 05/12/2025	Payee name
		Lively, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.11	6610 Rotan Drive
		Austin, TX 78749
	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 personal funds used for OH
		purposes properly reported on Sch G
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

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

	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: 28/40 Rpt: 37/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/28/2025	Longhorn Promotions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$377.00	175 Warehouse Drive
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gifts for staff and legislative colleagues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/02/2025	Lopez, Reille
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1624 Anise Drive
	•	
		Austin, TX 78741
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2025	NoBox Creative
	Amount (\$)	Payee address; City; State; Zip Code
	` '	4211 I-40 West
	\$2,792.60	
		Ste. 201
		Amarillo, TX 79106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Digital media production and political advertising
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Original Color Color Color	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g 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/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/40 Rpt: 38/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/05/2025	NoBox Creative
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	4211 I-40 West
		Ste. 201
		Amarillo, TX 79106
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 Digital media production and political advertising
		Digital media production and political advertising
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experialiture to benefit C/O	
	Date	Payee name
	05/25/2025	NoBox Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	4211 I-40 West
		Ste. 201
		Amarillo, TX 79106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital media production and political advertising
		Digital media production and political deventioning
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/27/2025	Qi
	Amount (\$)	Payee address; City; State; Zip Code
	\$779.20	835 W 6th Street
		Ste. 114
		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 OH dinner meeting
		On diffier friedling
\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) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 30/40 Rpt: 39/51	King, Kenneth P. (The Honorable)			00067681	
4	Date	5 Payee name				
	01/30/2025	Quijano, Megan				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$100.00	519 Bridgestone Way				
		Buda, TX 78610				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if tra		ide of Texas. Com	
	EXPENDITURE		_		, officeholder living	j expense
			Campaign	contr	act labor	
_	0 1: 01:14 7 1				0". 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	i		Office he	eld
	·					
	Date	Payee name				
	02/28/2025	Quijano, Megan				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	519 Bridgestone Way				
		Buda, TX 78610				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ш		ide of Texas. Com	
			Campaign		, officeholder living act labor	g expense
			oupu.g	00		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	eld
	expenditure to benefit C/O	•				
	Date	Payee name				
	03/31/2025	Quijano, Megan				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	519 Bridgestone Way				
	Ψ100.00	oro Bhagestone Way				
		Buda, TX 78610				
	DUDDOCE		\ .			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if tra		ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor			, officeholder living	
			Campaign	contr	act labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/Ol	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 31/40 Rpt: 40/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	04/30/2025	Quijano, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Compaign contract labor
		Campaign contract labor
Ļ	Operation Objects "	On didn't 10 ff a halden game
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/29/2025	Quijano, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
		Buda, TX 78610
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/30/2025	Quijano, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	519 Bridgestone Way
		Buda, TX 78610
	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.
		Campaign contract labor
		Campaign contract labor
	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 Cr 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: 32/40 Rpt: 41/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	06/03/2025	Quijano, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,000.00	519 Bridgestone Way
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign contract labor
		Campagn contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/16/2025	ReadyFresh by Nestle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$249.45	6661 Dixie Highway
		Suite 4
		Louisville, KY 40258
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Water - capitol office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/16/2025	ReadyFresh by Nestle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$120.90	6661 Dixie Highway
		Suite 4
		Louisville, KY 40258
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water - capitol office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff/Alwards/Mei

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cabadala E4	
1	Total pages Schedule F1: Sch: 33/40 Rpt: 42/51	2 FILER NAME King, Kenneth P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067681
4	Date	5 Payee name
	06/04/2025	Roaring Fork
6	Amount (\$) \$465.96	7 Payee address; City; State; Zip Code701 Congress Avenue
	φ405.90	701 Congress Avenue
		Austin, TX 78701
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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		OH dinner meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.48	P.O. Box 36647
	φοσοτο	1.0. Box 00041
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Airfare to Austin for campaign fundraiser
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	Specs
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.22	4970 W Hwy 290
	4000.22	10.10 11 1111) 200
		Austin, TX 78735
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Beverages for end of legislative session event
L		
	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 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 Commiss	sion Filers)
l	Sch: 34/40 Rpt: 43/51	King, Kenneth P. (The Honorable) 00067681	
4	Date	5 Payee name	
l	01/31/2025	TNT Lakeside	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$90.28	1300 E 10th Street	
l			
l		Amarillo, TX 79102	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Fuel for OH travel	
l		Fuel for Officaver	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
⊨	Date	Payee name	
l	02/12/2025	TNT Lakeside	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$86.27		
l	Ψ00.27	1500 L 10th Street	
l		Amarillo, TX 79102	
┡	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Fuel for OH travel	
L			
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
L	experialiture to benefit C/O		
l	Date	Payee name	
	06/06/2025	TNT Lakeside	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$88.07	1300 E 10th Street	
l			
l		Amarillo, TX 79102	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Fuel for OH travel	
		Tuchor off the control of the contro	
\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 Comm

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: 35/40 Rpt: 44/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	05/15/2025	Tecovas
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$775.07	1333 S Congress Avenue Ste. 160
l		
Ļ		Austin, TX 78701
8	PURPOSE OF	(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.
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Committee gifts for members of State Affairs
l		Committee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
l	01/30/2025	US Treasury
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$0.01	Internal Revenue Service Center
l		
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Rounding balance on 2024 940 campaign tax return
l		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
l	02/13/2025	US Treasury
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$9.29	Internal Revenue Service Center
l		
		Ogden, UT 84201
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Campaign payroll taxes
l		Campaign payron taxes
\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

1 Total pages Schedule F1: Sch: 36/40 Rpt: 45/51 King, Kenneth P. (The Honorable) 4 Date O2/13/2025 5 Payee name US Treasury 6 Amount (\$) 7 Payee address; City; State; Zip Code	on Filers)
4 Date 5 Payee name US Treasury	
02/13/2025 US Treasury	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$466.90 Internal Revenue Service Center	
Ogden, UT 84201	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Taxes Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Campaign payroll taxes	
Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
03/13/2025 US Treasury	
Amount (\$) Payee address; City; State; Zip Code	
\$9.29 Internal Revenue Service Center	
Ogden, UT 84201	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Taxes Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Campaign payroll taxes	
Campaign payroll taxes	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
03/13/2025 US Treasury	
Amount (\$) Payee address; City; State; Zip Code	
\$466.92 Internal Revenue Service Center	
Ogden, UT 84201	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Taxes Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Campaign payroll taxes	
Complete ONLY if direct Constitutes (Office health a research	
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)

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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 37/40 Rpt: 46/51	King, Kenneth P. (The Honorable)		00067681
4	Date	5 Payee name		-
	04/11/2025	US Treasury		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$9.29	Internal Revenue Service Center		
		Ogden, UT 84201		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Taxes		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Campaign payroll taxes
9	Complete ONLY if direct	Condidate/Officeholder name Office and	ıabt	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnı	Office held
_	Data			
	Date	Payee name		
	04/11/2025	US Treasury		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$466.90	Internal Revenue Service Center		
		Ogden, UT 84201		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Taxes		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/13/2025	US Treasury		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$9.30	Internal Revenue Service Center		
		Ogden, UT 84201		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Taxes	 `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign payroll taxes
	0 1, 0, 0, 0, 0	0 111 1011 1 1 1	Ļ	255
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	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 Exp Legal Services	Office Polling pense Printin Salarie	Overhea Expens g Expens s/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
			The Instruction Guid	e explains now to	compi	ete this form.	_		
1	Total pages Schedule F1: Sch: 38/40 Rpt: 47/51		AME enneth P. (The Honora	able)			3	Filer ID 00067681	(Ethics Commission Filers)
1	Date	Payee na	· · · · · · · · · · · · · · · · · · ·	•			<u> </u>		
7	05/13/2025	US Trea							
6	Amount (\$) \$466.96		ddress; City; Revenue Service Cer UT 84201	State; Zip	Code				
8	PURPOSE OF EXPENDITURE	a) Category Taxes	(See Categories listed at the t	op of this schedule)	(b)		ı, TX	de of Texas. Composition of the	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/Officeholder name	Office s	ought			Office he	eld
	Date	Payee n	ame						
	06/13/2025	US Trea	asury						
	Amount (\$)	Payee a	ddress; City;	State; Zip	Code				
	\$9.28	Internal	Revenue Service Cer	nter					
		Ogden,	UT 84201						
	PURPOSE OF EXPENDITURE	a) Category Taxes	/ (See Categories listed at the t	op of this schedule)	(b)		, TX	de of Texas. Com , officeholder living oll taxes	
	Complete ONLY if direct expenditure to benefit C/O	Candidate	/Officeholder name	Office s	ought			Office he	eld
	Date 06/13/2025	Payee n							
	Amount (\$) \$466.90		ddress; City; Revenue Service Cer UT 84201	State; Zip	Code				
	PURPOSE		/ (See Categories listed at the t	on of this schodule)	(b)	Description			
	OF EXPENDITURE	Taxes	(See Calegories listed at the t	op oi tills scriedule)		Check if travel	, TX	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate	/Officeholder name	Office s	ought			Office he	eld

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

	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: 39/40 Rpt: 48/51	King, Kenneth P. (The Honorable) 00067681
4	Date	5 Payee name
	06/13/2025	US Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.53	Internal Revenue Service Center
		Ogden, UT 84201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign payroll taxes
		Campagn payren tance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/13/2025	US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,976.28	Internal Revenue Service Center
	, ,,,,,,,	
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	06/30/2025	Payee name US Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.02	Internal Revenue Service Center
	Ψ0.02	internal Nevenue Service Service
		Ogden, UT 84201
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Taxes (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpolicitate to beliefit 6/01	•

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		mmittee	Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	als Expense		ense ges/Contract La		Travel in Distric Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1: Sch: 40/40 Rpt: 49/51	2		ME Ineth P. (The Ho	norable)			3	Filer ID 00067681	(Ethics Commission File	rs)
4	Date	5	Payee nan	•					00007001		
	06/30/2025		US Treas								
6	Amount (\$) \$466.94	7	Payee add Internal R Ogden, U	Revenue Service		; Zip Cod	e				
8	PURPOSE OF EXPENDITURE	(a)		(See Categories listed a	at the top of this sch	nedule) (Check	if travel outsi	officeholder livin	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O	H	Candidate/C	Officeholder name	(Office soug	nt		Office h	eld	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Fi								
	Sch: 1/1 Rpt: 50/51	King, Kenneth P. (T	he Honorable)	00067681							
4	CREDIT CARD ISSUER		ncial institution Credit Card	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD							
6	PAYMENT	(a) Amount Charged \$308.40	(c) Date(s) Credit Card Issuer Paid 05/12/2025								
7	PAYEE		(b) Payee address; City, State, Zip Code 410 Terry Avenue Seatte, WA 98109								
8	PURPOSE OF EXPENDITURE X Political	of this schedule) IS Expense	(b) Description Gifts for staff and legislative colleagues								
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$1,471.55	(b) Date of Charge 04/28/2025	(c) Date(s) (04/28/202	Credit Card Issue 5	r Paid					
	PAYEE	(a) Payee name Amazon	(b) Payee a 410 Terry	Avenue	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense				Seatte, WA 98109 (b) Description Committee gifts for members of State Affairs Committee						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
е	Complete ONLY if direct expenditure to benefit C/OH				ce sought Office held						
	PAYMENT	(a) Amount Charged \$292.11	(b) Date of Charge 05/12/2025	(c) Date(s) 0 05/12/202	Credit Card Issue 5	r Paid					
	PAYEE	(a) Payee name Amazon		(b) Payee a 410 Terry Seatte, W	Avenue	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense				(b) Description Committee gifts for members of State Affairs Committee						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
l											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

1 Total pages Schedule G. Sch: J.I. Rpt. 51/51 Sch: J.I. Rpt. 51/51		Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Fees Office Overhead/Rental Experi Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
Sch: 1/1 Rpt: 51/51 King, Kenneth P. (The Honorable) 00067681	1	Total pages Schedule G	12	· · · · · · · · · · · · · · · · · · ·								
Odd/28/2025 Amazon Credit Card	_		-					,				
A mount (\$) S1,471.55 S1,471.55 S1,471.55 S1,471.55 S1,471.55 PO Box 71711 Philadelphia, PA 19176	4	Date	5	Payee name								
S1,471.55 PO Box 71711 Philadelphia, PA 19176 Possible of the schedule Payment Philadelphia, PA 19176 Payment Philadelphia, PA 19176 Payment Philadelphia, PA 19176 Payment Pa		04/28/2025		·								
S1,471.55 PO Box 71711 Philadelphia, PA 19176	6	Amount (\$)	7	Payee address; City; State;	Zip Cc	ode						
Philadelphia, PA 19176		` '	1		•							
OF EXPENDITURE Credit Card Payment Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Credit card payment for items properly reported on Sch F4 of current report Office sought Office held		X political contributions		Philadelphia, PA 19176								
OF EXPENDITURE Credit Card Payment Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Credit card payment for items properly reported on Sch F4 of current report Office sought Office held	8	PURPOSE	(a)	Category (See Categories listed at the top of this schere	dule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.				
Credit card payment for items properly reported on Sch F4 of current report			``	, , , , , , , , , , , , , , , , , , , ,	,	1` ´ =						
Date O5/12/2025 Payee name Amazon Credit Card Purpose Credit Card Payment Payee address; City; State; Zip Code Po Box 71711 Philadelphia, PA 19176 Purpose Credit Card Payment Payee address; Credit Card Payment Philadelphia, PA 19176 Credit Card Payment Payee address; Credit Card Payment Philadelphia, PA 19176 Credit Card Payment Payee address; Credit Card Payment Payee address; Credit Card payment for items properly reported on Sch F4 of current report Complete QNLY if direct expenditure to benefit C/OH Payee name Amazon Credit Card Amount (\$) Payee address; City; State; Zip Code Po Box 71711 Payee address; City; State; Zip Code Po Box 71711 Poilibus amount (\$) Payee address; City; State; Zip Code Po Box 71711 Philadelphia, PA 19176 Purpose OF Credit Card Payment Philadelphia, PA 19176 Purpose OF Credit Card Payment Office ought Office held Credit Card Payment Office Card payment for items properly reported on Sch Po Box 71711 Philadelphia, PA 19176 Purpose OF Credit Card Payment Office Card payment for items properly reported on Sch Complete QNLY if direct expenditure to benefit Office held Complete QNLY if direct expenditure to benefit Office held Complete QNLY if direct expenditure to benefit Office held Complete QNLY if direct expenditure to benefit Office held Complete QNLY if direct Office held Complete QNLY if the Office held Cof	EXPENDITURE			orden cara raymon								
Amount (\$)	9	expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held				
Amount (\$)		Date	Π	Payee name								
\$308.40 PO Box 71711 X Reimbursement from political contributions Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card payment for items properly reported on Sch F4 of current report	05/12/2025			·								
Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment Credit Card Payment Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Complete ONLY if direct expenditure to benefit C/OH Date 05/12/2025 Amount (\$) Payee name Amazon Credit Card Amount (\$) Payee address; City; State; Zip Code PO Box 71711 Reimbursement from political contributions intended Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit card payment for items properly reported on Sch F4 of current report Date OF Category (See Categories listed at the top of this schedule) Credit Card Payment Credit Card Payment Credit Card Payment Office sought Office held Credit Card Payment Office held Credit card payment for items properly reported on Sch F4 of current report Office held Office held Office held		Amount (\$)	\vdash	Payee address; City; State; Zip Code								
PURPOSE OF EXPENDITURE Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Amazon Credit Card Amount (\$) Payee address; City; State; Zip Code POBOX 71711 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Office held Office held Payee name Amazon Credit Card Amount (\$) Payee address; City; State; Zip Code POBOX 71711 Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment Credit Card Payment Office sought Office held Credit Card Payment Office held Office sought Office held Office held Office held		\$308.40		PO Box 71711								
Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Complete ONLY if direct expenditure to benefit C/OH Date O5/12/2025 Amount (\$) Payee name Amazon Credit Card Po Box 71711 Reimbursement from political contributions intended Philadelphia, PA 19176 Category (See Categories listed at the top of this schedule) Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Office sought Office held Office held Office held Office held Office held		X political contributions		Philadelphia, PA 19176								
Complete ONLY if direct expenditure to benefit COH Date OS/12/2025			Г	Category (See Categories listed at the top of this scher	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.				
Complete ONLY if direct expenditure to benefit C/OH Date O5/12/2025	_			Credit Card Payment								
Date 05/12/2025 Amazon Credit Card Amount (\$) Payee address; City; State; Zip Code PO Box 71711 Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Office sought Office held						Credit card paym F4 of current rep	en ort	t for items properly reported on Sch				
Amount (\$) State; Zip Code PO Box 71711 Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Office sought Office held		expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held				
Amount (\$) Payee address; City; State; Zip Code \$292.11 PO Box 71711 Philadelphia, PA 19176 PURPOSE OF EXPENDITURE Card Payment Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Candidate/Officeholder name Office sought Office sought Office held		Date	Π	Payee name								
\$292.11 PO Box 71711 X Reimbursement from political contributions intended Philadelphia, PA 19176		05/12/2025		Amazon Credit Card								
\$292.11 PO Box 71711 X Reimbursement from political contributions intended Philadelphia, PA 19176	Amount (\$) Pavee address: City: State: Zip					ode						
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment Credit Card Payment Complete ONLY if direct expenditure to benefit Philadelphia, PA 19176 Category (See Categories listed at the top of this schedule) Credit card payment or items properly reported on Schedule T. Candidate/Officeholder name Office sought Office held		\$292.11										
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment Credit Card Payment Complete ONLY if direct expenditure to benefit Philadelphia, PA 19176 Category (See Categories listed at the top of this schedule) Credit card payment or items properly reported on Schedule T. Candidate/Officeholder name Office sought Office held		Reimbursement from										
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Credit Card Payment Credit Card Payment Credit card payment for items properly reported on Sch F4 of current report Complete ONLY if direct expenditure to benefit Credit card payment for items properly reported on Sch F4 of current report Office sought Office held					dule)	Description	_	·				
Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit of current report				Credit Card Payment		L	_					
expenditure to benefit								t for items properly reported on Sch				
		expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held				