CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form	1 Filer ID (Ethics	Commission Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR Mrs	FIRST Leah		мі М	OFFICI	E USE ONLY	
NAME	NICKNAME	LAST		SUFFIX	Date Received Received b	y Ellia	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #:	CITY: STATE;	ZIP CODE	Garcia on 10:34 AM		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTEN	SION	У	d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Barry		MI G	Receipt #	Amount \$	
NAME	NICKNAME	LAST		SUFFIX	Date Processed	*	
90 g		King		1 4	Date Imaged	2	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); AF	PT / SUITE #; CIT	Υ;	STATE;	ZIP CODE	
(Residence or Business)	1111	2 toward	<u> </u>				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTEN	SION	*	^	
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR)						
¥*	July 15	8th day befo	ile ciccuoti	eporting Limit	Final Rep	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 16 / 24	THROUGH	Month 1	/ 15 / 25		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description						
		Ger	neral Special				
12 OFFICE		OFFICE HELD (if any) Director - TRWD					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	**			*	
Additional Pages	GENERAL	COMMITTEE ADDRESS	·			-	
¥	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	1.31	COMMITTEE CAMPAIGN	N TREASURER ADDRESS				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Leah King		To Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	s 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 2,483.50
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is	true and correct and includes all informati
(1) Affidavit	Please complete either option bel	low:
(1)/111142111		
NOTARY STAMP/SEAL		
Sworn to and subscribed	the day of	
	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oa
Name of the second	OR OR	
(2) Unsworn Declaration	n	at <u>ri er er</u> e
My name is Leah M. K	King, and my date of birtl	th is
My address is		
Executed in Tarrant	(street) (city) County, State of Texas , on the 13 day of Jan	(state) (zip code) (country) nuary , 20 25 (year)
	signature of Ca	andidate/Officeholder (Declarant)