

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs NICKNAME Leah LAST King FIRST MI M SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; [REDACTED] APT / SUITE #; [REDACTED] CITY; [REDACTED] STATE; [REDACTED] ZIP CODE Change of Address	Date Received Received by Ellie Garcia on April 2, 2025 at 4:49PM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE [REDACTED] PHONE NUMBER [REDACTED] EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	Ms NICKNAME Rosa LAST Navejar FIRST MI SUFFIX	Receipt # Amount \$	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 7524 Jack Newell Blvd S, Fort Worth, TX 76118		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 345-7500		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 15 / 25 THROUGH 3 / 24 / 25		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Director - TRWD	13 OFFICE SOUGHT (if known) Director - TRWD	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Leah King

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 35,115.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 23,983.67

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 13,616.83

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Leah M King, and my date of birth is September 2, 1968.

My address is _____, Fort Worth, TX, 76111, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Tarrant County, State of Texas, on the 03 day of April, 2025.

(month)

(year)

Leah M. King
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,115.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,983.67
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

(This area is intentionally left blank for detailed reporting.)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah King		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID# _____) Good Government Fund	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code 201 Main St, Ste 2500, Fort Worth, TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID# _____) Kelly Hart PAC	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 201 Main St, Ste 2500, Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID# _____) Dee J. Kelly, Jr	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 5756 Merrymount Rd, Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID# _____) Marianne M Auld	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 201 Main St, Ste 2500, Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah King		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID# _____) Kervin Campbell	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5216 Grayson Ridge Dr, Fort Worth, TX 76179		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID# _____) Cantey Hanger, LLP	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 600 W 6th St, Ste 300, Fort Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2025	Full name of contributor out-of-state PAC (ID# _____) Rehab Warriors PBC	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 1431 Evans Ave, Fort Worth, TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID# _____) Needham Investments	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 2204 Lake Austin Blvd, Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah King		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Anne and Barney Holland	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 4737 Lafayette Ave, Fort Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: _____) James Charles Powell	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code PO Box 444, Hurst, TX 76053		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: _____) William W. Meadows	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 121 Rivercrest Drive, Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Mike and Rosie Moncrief	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO Box 1658, Fort Worth, TX 76101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2025 15:06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donna James-Harvey	7 Amount of contribution (\$) \$250 <hr/> Gross amount: \$260.73
	6 Contributor address; City; State; Zip Code 4517 Windsor Ridge Dr Irving TX 75038	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/2025 20:07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Berry	Amount of contribution (\$) \$1,000 <hr/> Gross amount: \$1,041.98
	Contributor address; City; State; Zip Code 6217 Genoa Rd Fort Worth TX 76116	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2025 14:04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Onyinye F. Akujuo	Amount of contribution (\$) \$100.00 <hr/> Gross amount: \$100.00
	Contributor address; City; State; Zip Code 4025 Snow Creek Drive Aledo TX 76001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2025 16:12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arlener Poydras	Amount of contribution (\$) \$100 <hr/> Gross amount: \$104.48
	Contributor address; City; State; Zip Code 2101 Bolivar Dr Arlington TX 76002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2025 16:49	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie Holliday	7 Amount of contribution (\$) \$1,500
	6 Contributor address; City; State; Zip Code 3506 Yachtclub Ct Arlington TX 76016	Gross amount: \$1,562.81
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/01/2025 18:37	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Sampson	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 649 Oak Tree Cv Cedar Hill TX TX 75104	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/2025 17:43	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ariene Barnett	Amount of contribution (\$) \$500
	Contributor address; City; State; Zip Code 3701 Black Canyon Rd Fort Worth TX 76109	Gross amount: \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/2025 17:02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Barnett	Amount of contribution (\$) \$500
	Contributor address; City; State; Zip Code 3701 Black Canyon Rd Fort Worth TX TX 76109	Gross amount: \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2025 12:27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffery Postell	7 Amount of contribution (\$) \$500
	6 Contributor address; City; State; Zip Code 23411 blue smoke ct Fort worth TX 76105	Gross amount: \$521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025 21:55	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonja Watson	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 5143 Finnhorse Dr Grand Prairie TX 75052	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/2025 17:44	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George King, Jr.	Amount of contribution (\$) \$100
	Contributor address; CITY; STATE ZIP 2708 North Surrey Drive Carrollton, TX 75006	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/2025 17:02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya Veasey	Amount of contribution (\$) \$250
	Contributor address; City; 6113 Cholla Dr Fort Worth TX 76112	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2025 20:16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Allen Gray	7 Amount of contribution (\$) \$100
	6 Contributor address; City; State; Zip Code 2820 Galvez Ave Fort Worth TX 76111	Gross amount: \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/2025 18:35	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dorothy King	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 8151 N 16th dr Phoenix AZ 85021	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2025 10:40	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Becky Renfro Borbolla	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 111 Monterra Cir Fort Worth TX 76114	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/2025 14:39	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill McCoy	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 1916 Highland Park Cir Fort Worth TX 76107	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11e
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2025 11:44	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eboney McCain	7 Amount of contribution (\$) \$500
	6 Contributor address; City; State; Zip Code 4908 Sunset Ridge Drive Fort Worth TX 76123	Gross amount: \$521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/2025 19:16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Tigue	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 4415 Meandering Way Colleyville TX 76034	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2025 16:40	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bret Helmer	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 6450 Ridglea Crest Dr Fort Worth TX 76116	Gross amount: \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/18/2025 11:55	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Dunn	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 411 W 7th St. 602 Fort Worth TX 76102	Gross amount: \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2025 19:18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wanda Woodards Harris	7 Amount of contribution (\$) \$100
	6 Contributor address; City; State; Zip Code 7511 Turnstone Pl Philadelphia PA 19153	Gross amount: \$104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/2025 18:45	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulette Turner	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code PO Box 843 Colleyville TX 76034	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2025 17:46	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Davis	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 2112 Old Stone Mill Dr EAST WINDSOR NJ 08512-2214	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/2025 17:32	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Smith	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2022 Old Stone Mill Dr East Windsor NJ 8512	Gross amount: \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2025 17:27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Collins	7 Amount of contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code 8040 Leigh Ann Drive Dallas TX 75232 Apt 1083	Gross amount: \$5.52
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/2025 6:06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Len Roberts	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 6625 Crooked Stick Drive Fort Worth TX 76132	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/2025 14:03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Gavras	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 1301 Throckmorton St Fort Worth TX 76102 #2105	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2025 20:58	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froswa' Booker-Drew	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 1454 Furlong Ct Irving TX 75060	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/2025 13:06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Minor	7 Amount of contribution (\$) \$250
	6 Contributor address; City; State; Zip Code 3818 Monticello Dr Fort Worth TX 76107	Gross amount: \$260.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/2025 15:51	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denny Alexander	Amount of contribution (\$) \$250
	Contributor address; City; State; Zip Code 2928 Alton Rd Fort Worth TX 76109	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2025 15:49	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfred Micallef	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1401 N Bowie Drive Weatherford TX 76086	Gross amount: \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/2025 12:27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosa Maria Berdeja	Amount of contribution (\$) \$500
	Contributor address; City; State; Zip Code 3245 WINDING RIDGE CIR MANSFIELD TX 76063	Gross amount: \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2025 9:51	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Moses	7 Amount of contribution (\$) \$250
	6 Contributor address; City; State; Zip Code 4628 Westridge Ave Fort Worth TX 76116	Gross amount: \$260.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/3/2025 15:38	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Gorrondona	Amount of contribution (\$) \$2,000
	Contributor address; City; State; Zip Code 2600 W 7th St Fort Worth TX 76107 2840	Gross amount: \$2,083.65
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2025 15:18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Noto	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 2608 Mandy Way Arlington TX 76017	Gross amount: \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2025 8:50	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Brauer	Amount of contribution (\$) \$500
	Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd STE 114 Fort Worth TX 76107	Gross amount: \$521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah M. King		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah King	7 Amount of contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code [REDACTED]	Gross amount: \$10.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Walters	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1513 Shady Oaks Ln, Fort Worth, TX 76107 TX 76107	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes Turner	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 500 W Seventh St, Ste 1725 Fort Worth, TX 76102	Gross amount: \$260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Dewar	Amount of contribution (\$) \$1,000
	Contributor address; City; State; Zip Code 2932 Owenwood Dr, Fort Worth, TX 76109	Gross amount: \$1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah King		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Steve Montgomery 6 Contributor address; City; State; Zip Code 500 Throckmorton Street , #1704, Fort Worth, TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Arnold Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Ln, Fort Worth, TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Jim Dunaway Contributor address; City; State; Zip Code 500 Alta Dr, Fort Worth, TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2025	Full name of contributor out-of-state PAC (ID#: _____) Rosa Navejar Contributor address; City; State; Zip Code 2121 Fountain Square Dr, Fort Worth, TX 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah King		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Richard D. Minker	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 2865 Manorwood Tr, Fort Worth, TX 76109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Jarred D. Howard	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 6000 Bosque River Ct, North Richland Hills, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Richard Roby	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 6234 Skylark Cr, North Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2025	Full name of contributor out-of-state PAC (ID#: _____) George Tillotson	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 412 Colina Ct, Azle TX 76020	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Leah King		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2025	5 Full name of contributor Martha Leonard out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Leah King	3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2025	5 Payee name Norfleet Strategies	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 504 W. 12th Street, Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting Services - February 2025
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/18/2025	Payee name Texas Trade Graphics	
Amount (\$) 8,983.67	Payee address; City; State; Zip Code 2935 Irving, Ste 201, Irving TX 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signage
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/06/2025	Payee name Norfleet Strategies	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 504 W. 12th Street, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Services - March 2025
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Leah King	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2025	5 Payee name Install Connect, Inc.	
6 Amount (\$) 10,000.00	7 Payee address; City; State; Zip Code 505 W State St, Garland, TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Installation/Removal/Repair expense
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/22/2025	Payee name Anedot Inc.	
Amount (\$) 733.06	Payee address; City; State; Zip Code 1340 Poydras St., Ste 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit card processing fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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