JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	. Mi	OFFICE USE ONLY		
NAME	NICKNAME	Angela King	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	100000000000000000000000000000000000000	APT / SUITE #; C	STATE; ZIP CODE BIVY, LB20	JOHN F. WARRI JAN COUNTY CH DALLAS CO BY 50		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (912)	PHONE NUMBER 896 - 454	EXTENSION	Date Hand-delivered Date Postmerked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	John Gioffredi	MI SUFFIX	Date Processed IX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO 4131 N. (Dallas, 7		PWY, StC 680	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) 13	PHONE NUMBER 9-4515	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before ele	- Firecoded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	D7 /c	Day Year 2021	THROUGH 12			
11 ELECTION	Month Day 03/01/2	Year Primary General	Runoff Other Description Special			
12 OFFICE	Judge of Court	y Criminal Court	#6 Judge of County	Criminal Court #16		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHO CONSENT. CANDIDATES AN	DLDER. THESE EXPENDITURES D OFFICEHOLDERS ARE REQUIF	ACCEPTED OR POLITICAL EXPENDITURES NO MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE C	OMMITTEE NAME				
Additional Pages	GENERAL	OMMITTEE ADDRESS				
	SPECIFIC	OMMITTEE CAMPAIGN TRE	ASURER NAME			
	С	OMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT	\$	
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	\$	
	4. TOTAL POLITICAL EXPENDI	\$ 1423.44	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C PERIOD	F THE \$
Street Contraction of the Street Street	wear, or affirm, under penalty of perjury, that uired to be reported by me under Title 15, Ele	ection Code.	and correct and includes all information
	Please compl	lete either option belov	w:
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed		1. King this the	18h day of January
Signature of officer administer	all Caral-	cer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on	OR	
			s
My address is	(street)		(state) (zip code) (country)
Executed in	County, State of		, 20 (year)
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
-3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 686.30
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1423.44
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica							
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F2:	2 FILERNAME Angela M. King 3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 686.30							
5 Date 6 Payee name							
7 Amount (\$) 686.30	8 Payee address; City; State; Zip Code 2700 Bee Cave Rd, Ste 200 Austin, Tx 78746						
9 TYPE OF EXPENDITURE	Political Non-Political						
10	(a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF EXPENDITURE							
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held						
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Legal Services Salaries		xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide ex	xplains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME Angela M. King 3 Filer ID (Ethics Comm					Commission Filers)	
4 Date 9/2//2/	5 Payee nan	ce West	-	J			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	ress; JBWP. CON	1	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of	f this schedule)	(b) Description			
	(c) (c)	Check If travel outside of Texas. Comp	elete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(Office held	
9 117 (2)	Payee nar	nocratic No	thonal	Committe	e CDNC)		
Amount (\$) Reimbursement from political contributions intended	Payee add	tblue.com	i	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of	of this schedule)	Description			
		Check if travel outside of Texas. Com	plete Schedule T.		in, TX, officeholder living ex		
Complete ONLY if direct expenditure to benefit C/G		ate / Officeholder name		Office sought		Office held	
8/23/2/	Payee nar	as Count	y Den	ocratic Po	rrty		
Amount (\$)	Payee ad	dress;	(City;	State;	Zip Code	
Reimbursement from political contributions intended	Aest	Blue con	7				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the Control of	of this schedule)	Description			
		Check if travel outside of Texas. Com	plete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
	ATTA	ACH ADDITIONAL COP	ES OF THIS	SCHEDULE AS NEE	DED		
L			41.1 - 4-7.1			Davised 11/4/2020	

SCHEDULE G

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

		EXPENDIT	JRE CATEGO	RIESFO	OR BOX	(8(a)				
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		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Transpo Travel I Travel 0	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
ordan darah aymon		The Instruction	Guide explains h	how to cor	nplete th	nis form.				
1 Total pages Schedule G:	2 FILER NA	ME					3 File	r ID (Ethics	Commission Filers)	
5/29/2/	5 Payee nar	oprah t	People	5			•			
Amount (\$) 25 Beimbursement from political contributions intended	7 Payee add	fBlue. 60	gr			City;		State;	Zip Code	
8 PURPOSE OF EXPENDITURE	Cons	(See Categories listed a	1		b) Desc					
	· ·	Check if travel outside of Te				Check if Austi	in, TX, office	eholder living		
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	late / Officeholder	name		office so	ught			Office held	
Pate 6/30/21 1/31/21, 9/30/21	Payee nai	re Hope	Han	ilte	m					
Amount (\$) 100 — Beimbursement from political contributions intended	Payee ad	tBlue. Œ	m			City;		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed	l		Desc	Check if Aus	tin TX offic	eholder living	expense	
	Candid		Office sought			cholder living	Office held			
Complete ONLY if direct expenditure to benefit C/C										
Date 3-12-21	Payee na	me Coun as Der	sty	he 4	Par	4				
Amount (\$) -	Payee ad	dress;				City!		State;	Zip Code	
Reimbursement from political contributions intended	Ac	fBlue.	'om		to					
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed	at the top of this sche	edule)	Des	cription				
		Check if travel outside of T	exas. Complete Scheo				tin, TX, offic	eholder living		
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder	name		Office so	ought			Office held	
	ATT	ACH ADDITIONA	L COPIES OF	THIS SC	HEDUL	E AS NEE	DED			

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By **Printing Expense** Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date Zip Code Amount (\$) State: imbursement from political contributions intended 8 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH State; Zip Code Reimbursement from political contributions intended **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Zip Code Reimbursement from political contributions Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name City; Amount (\$) State; Zip Code bursement from political contributions intended (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED