

# 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: **10**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <b>Angela</b> MI: <b>M.</b> NICKNAME: _____ LAST: <b>King</b> SUFFIX: _____	<b>OFFICE USE ONLY</b>
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <b>133 N. Riverfront Blvd, LB20 Dallas, TX 75207</b>	2026 FEB 23 PM 2:01 FILED COUNTY CLERK DALLAS COUNTY BY <b>OB</b>
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ <b>(972) 896-4593</b>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <b>John</b> MI: _____ NICKNAME: _____ LAST: <b>Griottredi</b> SUFFIX: _____	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <b>4942 Gaston Ave, Dallas, TX 75214</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ <b>(214) 739-4515</b>	Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>01 / 23 / 2026    THROUGH    02 / 21 / 2026</b>	
<b>11 ELECTION</b>	ELECTION DATE: _____ Month Day Year <b>03 / 03 / 2026</b>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any): <b>Judge of County Criminal Court #6</b>	OFFICE SOUGHT (if known): <b>Judge of County Criminal Court #6</b>
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	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.	
	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME Angela M. King 16 Filer ID (Ethics Commission Filers)

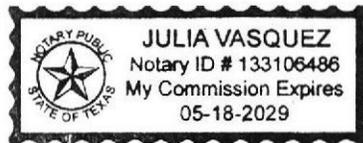
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,200.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>19,272.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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]  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angela King this the 23<sup>rd</sup> day of February, 2020, to certify which, witness my hand and seal of office.

Julia Vasquez Signature of officer administering oath  
Julia Vasquez Printed name of officer administering oath  
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

19 FILER NAME <i>Angela M. King</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,200.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,531.32</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>16,741.01</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1: <i>1 of 3</i>
2 FILER NAME <i>Angela M. King</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/25/2026</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Virginia Taborn</i>	7 Amount of contribution (\$) <i>100-</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 397713, Dallas, TX 75336</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Law Office of Virginia F. Taborn</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>1/23/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jeffrey Rosenfield</i>	Amount of contribution (\$) <i>300-</i>
Contributor address; City; State; Zip Code <i>1812 Glenneagle Dr, Dallas, TX 75248</i>		
Contributor's principal occupation <i>Retired</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>1/26/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Marcus Fellman</i>	Amount of contribution (\$) <i>200-</i>
Contributor address; City; State; Zip Code <i>4131 N. Central Expy #900 Dallas, TX 75204</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Fellman Law office, PLLC</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:

2 of 3

2 FILER NAME  
Angela M. King

3 Filer ID (Ethics Commission Filers)

4 Date: 2/8/2026  
5 Full name of contributor: Calvin Johnson Prof Corp  
6 Contributor address: 6060 N. Central Expy, Dallas, TX 75206  
City: Dallas, State: TX, Zip Code: 75206

7 Amount of contribution (\$)

100-

8 Contributor's principal occupation  
Attorney

9 Contributor's job title

10 Contributor's employer/law firm  
Calvin D. Johnson Law Office

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date: 2/15/2026  
Full name of contributor: Rufus Bardwell  
Contributor address: Private Home Address, 402 Old York, Coppell, TX 75019  
City: Coppell, State: TX, Zip Code: 75019

Amount of contribution (\$)

150-

Contributor's principal occupation  
Engineer

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: 2/16/2026  
Full name of contributor: Rex Gunter  
Contributor address: 717 N. Harwood St, Ste 2750, Dallas, TX 75201  
City: Dallas, State: TX, Zip Code: 75201

Amount of contribution (\$)

500-

Contributor's principal occupation  
Attorney

Contributor's job title

Contributor's employer/law firm  
Shook + Gunter Attorneys at Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1: <b>3 of 3</b>
2 FILER NAME <b>Angela M. King</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/17/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Stephanie Ola</b>	7 Amount of contribution (\$) <b>100 -</b>
6 Contributor address; City: State: Zip Code <b>2619 Hibernia St, Dallas, TX 75204</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Stephanie L. Ola Attorney at Law</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/18/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sheridan Lewis</b>	Amount of contribution (\$) <b>250 -</b>
Contributor address; City: State: Zip Code <b>8150 N. Central Expy, Ste M 1101 Dallas, TX 75206</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Udashen Anton Law Firm</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>2/15/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tulani Washington</b>	Amount of contribution (\$) <b>500 -</b>
Contributor address; City: State: Zip Code <b>2626 Cole Ave, Ste 300, Dallas, TX 75204</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Tulani Washington - Attorney at Law Office</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: 1 of 1	<b>2</b> FILER NAME Angela M. King	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/13/2026	<b>5</b> Payee name Democracy Toolbox	
<b>6</b> Amount (\$) 500-	<b>7</b> Payee address; City; State; Zip Code PO Box 6250, McKinney, TX 75071 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description Poll workers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/19/2026	Payee name Democracy Toolbox	
Amount (\$) 2000-	Payee address; City; State; Zip Code PO Box 6250, McKinney, TX 75071 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description Texting Program
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/25/2026	Payee name Lowe's Home Improvement	
Amount (\$) 31.32	Payee address; City; State; Zip Code 8520 S. Hampton Rd, Dallas, TX 75232 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Sign stakes - large
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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	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.

<b>1</b> Total pages Schedule G: 1 of 3	<b>2</b> FILER NAME Angela M. King	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date Jan 24, 2026	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 344.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 39759 LBJ Fwy, Ste 400, Dallas, TX 75237 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Yard Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/12/2026	Payee name Vistaprint.com (Netherlands)	
Amount (\$) 141.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code https://vistaprint.com 275 Wyman St, Waltham, MA 02451 <input type="checkbox"/> Check if individual's residence address.	
<b>9</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/13/2026	Payee name The Political Arm, LLC	
Amount (\$) 429.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8604 Turtle Creek Blvd, Dallas, TX 75225 #12484 <input type="checkbox"/> Check if individual's residence address.	
<b>9</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**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                        | 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.

<b>1</b> Total pages Schedule G: 2 of 3	<b>2</b> FILER NAME Angela M. King	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/28/2026	<b>5</b> Payee name Reilly Echols Printing, Inc	
<b>6</b> Amount (\$) 5888.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1710 S. Harwood Dallas, TX 75215 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>4</b> Date 2/6/2026	<b>5</b> Payee name Finishing and Mailing Center	
<b>6</b> Amount (\$) 9512.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 2151 W. Commerce St Dallas, TX 75212 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Advertising Expense	Description Bulk mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>4</b> Date 2/6/2026	<b>5</b> Payee name Dallas County Democratic Party	
<b>6</b> Amount (\$) 125 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 1414 N. Washington Ave, Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Leadership Council
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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                                                        | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3 of 3	<b>2</b> FILER NAME Angela M. King	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date Jan 24 2026	<b>5</b> Payee name Dallas County Democratic Party	
<b>6</b> Amount (\$) 125 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1414 N. Washington Ave, Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Fish Fry Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/11-15/2026	Payee name Home Depot	
Amount (\$) 175- <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 500 N I-35 E Rd, Lancaster, TX 75146 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign stakes - large
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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