JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Angela	$\stackrel{M}{\mathcal{M}}$.	OFFICE USE ONLY
IVANIE	NICKNAME	Kina	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	€ 6	River-front B TX 45204	STATE; ZIP CODE	2024 JAN I
5 CANDIDATE/ OFFICEHOLDER PHONE	(972) 8	PHONE NUMBER 596-4593	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	John	MI	Receipt # Amount \$ Date Processed
		Gioffre	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	4131 N	(NO PO BOX PLEASE); APT / SI	PWY, Steb80	STATE; ZIP CODE
(Residence or Business)	Dallas	1X 15204	f	
8 CAMPAIGN TREASURER PHONE	(214) 7	39-4515	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O 7	Day Year / 01 / 2023	THROUGH (2	Day Year /31/202 3
11 ELECTION	ELECTION DA	NTE .	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11/08/	2023 General	Special	
12 OFFICE	Judge Cou	why Criminal Cou	urth Judge County Co	iminal Court #6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
	,	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ **TOTALS TOTAL POLITICAL EXPENDITURES** 1586.44 CONTRIBUTION 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ **BALANCE** OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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 of Candidate/Officeholder Please complete either option below: Roxanne Gonzales My Commission Expires 05/20/2024 (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Phaela M. King this the 11th day of January to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is ______, and my date of birth is _____ My address is ___ (street) (state) (city) (zip code) (country) _____ County, State of ______, on the _____ day of

(month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	19 FILER NAME Angela M. King 20 Filer ID (Ethics Co.)			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.	S2.11.11.12.12.12.12.12.12.12.12.12.12.12	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	220,000	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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 FUN	IDS	\$ 1586.44
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME Angela M.	King	3 Filer ID (Ethics Commission Filers)
4 Date 7 -12/2023	5 Payee name Digital Space		
Amount (\$) 70,44 Reimbursement from political contributions intended	Dig Halspace.ne	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
7-12/2023	Dallas County De	nocratic Party	
Amount (\$) Reimbursement from political contributions intended	Payee address: 1 1414 N. Washingtor Dallas TX 75204	r dre city; l	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s		ip Council Fees
	Check if travel outside of Texas. Complete Se	chedule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
9/3/2023	Dallas Democrat	5	
Amount (\$) Reimbulsement from political contributions intended	Pavee address:	n Ave city;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Burger	Bash
	Candidate / Office holder name		n, TX, officeholder living expense
- Section of the sect	Candidate / Officeholder name	Office sought	Office held

Complete <u>QNLY</u> if direct expenditure to benefit C/OH

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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Travel Cut of District			
1 Total pages Schedule G:	2 FILER NAME Insela M. King 3 Filer ID (Ethics Commission Filers)			
4 Date 23 23	USPS. com (Postmaster)			
6 Amount (\$) 91.00 Reimbursement from political contributions intended	7 Payee address; Zip Code 229 S. Hampton Rd, De Soto, TX 75115-9998			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Overhead Expense Overhead Expense Overhead Expense Overhead Expense Overhead Expense			
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held			
9/16/2 3	Delta Sigma Theta Sorority, Inc.			
Amount (\$) 450 Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. D. BOX 222051 Dallas, TX 75222			
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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH			
7-12/23	Payee name Tiffs Treats			
Amount (\$) 1 2 5 - Beimbursement from political contributions intended	Payee address; City; State; Zip Code COOKIE delivery. Com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDA BEVENAGE EXPENSE FOOD BEVENAGE 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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				