

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
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| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 29 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST <i>Angela</i> NICKNAME LAST <i>King</i> | | MI <i>M.</i> | OFFICE USE ONLY | | |
| | SUFFIX | | | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: <i>133 N. Riverfront Blvd, LB20</i> APT / SUITE #: <i>133 N. Riverfront Blvd, LB20</i> CITY: <i>Dallas, TX 75201</i> | | STATE: <i>TX</i> | ZIP CODE | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(972)</i> | PHONE NUMBER <i>896-4593</i> | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST <i>John</i> NICKNAME LAST | | MI | Date Hand-delivered or Date Postmarked <i>JOHNNIE JARRAH COUNTY LEARN DALLAS JUNIOR DUTY</i> | | |
| | SUFFIX <i>Gioffredi</i> | | Amount \$ <i>3.50</i> | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): <i>4942 Gaston Ave.</i> | | APT / SUITE #: <i>4942</i> | CITY: <i>Dallas, TX</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(214)</i> | PHONE NUMBER <i>739-4515</i> | EXTENSION | | | |
| 9 REPORT TYPE | <input checked="" 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 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 <i>07</i> | Day <i>01</i> | Year <i>2025</i> | Month <i>12</i> | Day <i>31</i> | Year <i>2025</i> |
| 11 ELECTION | ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i> | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 12 OFFICE | OFFICE HELD (if any) <i>Judge of County Criminal Court #6</i> | | 13 OFFICE SOUGHT (if known) <i>Judge of County Criminal Court #6</i> | | | |
| 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. | | | | | |
| <input type="checkbox"/> Additional Pages | 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)

\$ 8125.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

CONTRIBUTION
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 12,322.01

OUTSTANDING
LOAN TOTALS

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

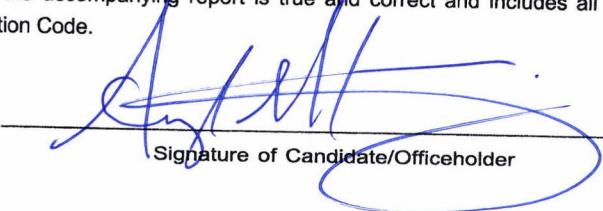
\$ 4.14

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

\$

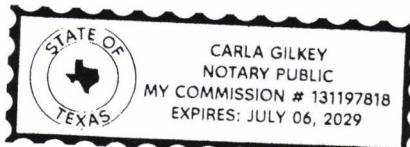
18 SIGNATURE

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 of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angela King this the 15th day of January,
20 2026, to certify which, witness my hand and seal of office.

Carla Gilkey
Signature of officer administering oath

Carla Gilkey
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

(street)

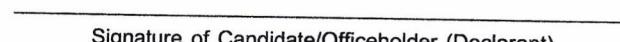
(city)

(state)

(zip code)

(country)

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


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/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>8125.00</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>8120.86</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>4201.15</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.

| | | | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|
| <p>The Instruction Guide explains how to complete this form.</p> | | | <p>1 Total pages Schedule A(J)1: <i>1 of 9</i></p> |
| <p>2 FILER NAME <i>Angela M. King</i></p> | | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 Date <i>11/11/25</i></p> | <p>5 Full name of contributor <i>Charles Maduka</i></p> <p>6 Contributor address; City; State; Zip Code <i>2201 Main St, Ste 800, Dallas, TX 75201-4378</i></p> | | <p>7 Amount of contribution (\$) <i>250-</i></p> |
| <p>8 Contributor's principal occupation <i>Attorney</i></p> | | <p>9 Contributor's job title</p> | |
| <p>10 Contributor's employer/law firm <i>Law Offices of Charles U. Maduka</i></p> | | <p>11 Law firm of contributor's spouse (if any)</p> | |
| <p>12 If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>Date <i>11/11/25</i></p> | <p>Full name of contributor <i>Daniel Johnson</i></p> <p>Contributor address; City; State; Zip Code <i>Cedar Hill, TX 75104</i></p> | | <p>Amount of contribution (\$) <i>50-</i></p> |
| <p>Contributor's principal occupation <i>Education</i></p> | | <p>Contributor's job title <i>Superintendent</i></p> | |
| <p>Contributor's employer/law firm <i>Nova Academy</i></p> | | <p>Law firm of contributor's spouse (if any)</p> | |
| <p>If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>Date <i>11/11/25</i></p> | <p>Full name of contributor <i>Okey Anyiam</i></p> <p>Contributor address; City; State; Zip Code <i>P.O. Box 743201, Dallas, TX 75374</i></p> | | <p>Amount of contribution (\$) <i>300-</i></p> |
| <p>Contributor's principal occupation <i>Attorney</i></p> | | <p>Contributor's job title</p> | |
| <p>Contributor's employer/law firm <i>Law Office of Okey Anyiam</i></p> | | <p>Law firm of contributor's spouse (if any)</p> | |
| <p>If contributor is a child, law firm of parent(s) (if any)</p> | | | |

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)**

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| <p>The Instruction Guide explains how to complete this form.</p> | | | <p>1 Total pages Schedule A(J)1: <i>2 of 9</i></p> |
| <p>2 FILER NAME <i>Angela M. King</i></p> | | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 Date <i>11/11/25</i></p> | <p>5 Full name of contributor <i>Thomas Hunter</i></p> <p>6 Contributor address; City; State; Zip Code <i>600 W Carpenter Fwy, Ste 276 Irving, TX 75062</i></p> | | <p>7 Amount of contribution (\$) <i>300-</i></p> |
| <p>8 Contributor's principal occupation <i>Attorney</i></p> | | <p>9 Contributor's job title</p> | |
| <p>10 Contributor's employer/law firm <i>Thomas Hunter Law Group</i></p> | | <p>11 Law firm of contributor's spouse (if any)</p> | |
| <p>12 If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Amount of contribution (\$)</p> <p><i>9/25/25 Jeffrey Rosenthal</i></p> <p>Contributor address; City; State; Zip Code <i>7812 Glenneagle Dr., Dallas, TX 75248</i></p> <p>Contributor's principal occupation <i>Retired</i></p> <p>Contributor's job title</p> <p>Contributor's employer/law firm</p> <p>Law firm of contributor's spouse (if any)</p> <p>If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Amount of contribution (\$)</p> <p><i>11/3/25 Maurice Jones</i></p> <p>Contributor address; City; State; Zip Code <i>@ Dallas Area Patrol and Protection Svc, LLC Cedar Hill, TX</i></p> <p>Contributor's principal occupation <i>Patrol and Protection</i></p> <p>Contributor's job title</p> <p>Contributor's employer/law firm</p> <p>Law firm of contributor's spouse (if any)</p> <p>If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <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
(JUDICIAL)**

SCHEDULE A(J)1

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| <p>2 FILER NAME <i>Angela M. King</i></p> | | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 Date <i>11/11/25</i></p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Melanie Black</i></p> | | <p>7 Amount of contribution (\$) <i>100 -</i></p> |
| <p>6 Contributor address; <i>PayPal.com</i></p> | | <p>City; _____ State; _____ Zip Code</p> | |
| <p>8 Contributor's principal occupation</p> | | <p>9 Contributor's job title</p> | |
| <p>10 Contributor's employer/law firm</p> | | <p>11 Law firm of contributor's spouse (if any)</p> | |
| <p>12 If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>Date <i>11/11/25</i></p> | | | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Alicia Young</i></p> |
| <p>Contributor address; <i>PayPal.com</i></p> | | | <p>City; _____ State; _____ Zip Code</p> |
| <p>Contributor's principal occupation</p> | | <p>Contributor's job title</p> | |
| <p>Contributor's employer/law firm</p> | | <p>Law firm of contributor's spouse (if any)</p> | |
| <p>If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>Date <i>11/12/25</i></p> | | | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kenneth Weatherspoon</i></p> |
| <p>Contributor address; <i>1700 Pacific Ave, #2260, Dallas, TX 75201</i></p> | | | <p>City; _____ State; _____ Zip Code</p> |
| <p>Contributor's principal occupation <i>Attorney</i></p> | | <p>Contributor's job title</p> | |
| <p>Contributor's employer/law firm</p> | | <p>Law firm of contributor's spouse (if any)</p> | |
| <p>If contributor is a child, law firm of parent(s) (if any)</p> | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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| <p>2 FILER NAME <i>Angela M. King</i></p> | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 Date <i>11/11/25</i></p> | <p>5 Full name of contributor <i>Taylor Johnson</i></p> <p>6 Contributor address; <i>900 Jackson St, Ste 650, Dallas, TX 75202-4401</i></p> <p>City: _____ State: _____ Zip Code: _____</p> | <p>7 Amount of contribution (\$) <i>500 -</i></p> |
| <p>8 Contributor's principal occupation <i>Attorney</i></p> | | <p>9 Contributor's job title</p> |
| <p>10 Contributor's employer/law firm <i>Taylor R. Johnson Attorney at Law</i></p> | | <p>11 Law firm of contributor's spouse (if any)</p> |
| <p>12 If contributor is a child, law firm of parent(s) (if any)</p> | | |
| <p>Date <i>11/11/25</i></p> <p>Full name of contributor <i>Semaj Garrett</i></p> <p>Contributor address; <i>thegarrettlawoffices.com</i></p> <p>City: _____ State: _____ Zip Code: _____</p> | | <p>Amount of contribution (\$) <i>200 -</i></p> |
| <p>Contributor's principal occupation <i>Attorney</i></p> | | <p>Contributor's job title</p> |
| <p>Contributor's employer/law firm <i>The Garrett Law Office</i></p> | | <p>Law firm of contributor's spouse (if any)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any)</p> | | |
| <p>Date <i>7/15/25</i></p> <p>Full name of contributor <i>Semaj Garrett</i></p> <p>Contributor address; <i>thegarrettlawoffices.com</i></p> <p>City: _____ State: _____ Zip Code: _____</p> | | <p>Amount of contribution (\$) <i>500 -</i></p> |
| <p>Contributor's principal occupation <i>Attorney</i></p> | | <p>Contributor's job title</p> |
| <p>Contributor's employer/law firm <i>The Garrett Law Office</i></p> | | <p>Law firm of contributor's spouse (if any)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any)</p> | | |

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

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|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
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| 2 FILER NAME <i>Angela M. King</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/11/25</i> | 5 Full name of contributor <i>Lori Leonard</i> 6 Contributor address; City; State; Zip Code <i>1156 Landon Lane, Allen, TX 75013 (Private Home Address)</i> | 7 Amount of contribution (\$) <i>50 -</i> |
| 8 Contributor's principal occupation | | 9 Contributor's job title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date <i>11/11/25</i> | Full name of contributor <i>Earl Hudley</i> Contributor address; City; State; Zip Code <i>1156 Landon Lane, Allen, TX 75013 (Private Home Address)</i> | Amount of contribution (\$) <i>100 -</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>11/12/25</i> | Full name of contributor <i>Myra McIntosh</i> Contributor address; City; State; Zip Code <i>1910 Pacific Ave, Ste 8050, Dallas, TX 75201</i> | Amount of contribution (\$) <i>250 -</i> |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title |
| Contributor's employer/law firm <i>McIntosh + Associates</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: <i>6 of 9</i> |
| 2 FILER NAME <i>Angela M. King</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/13/25</i> | 5 Full name of contributor <i>Monique Ward</i> | 6 Contributor address; City; State; Zip Code <i>445 E. FM 1382, Ste 3 #3642, Cedar Hill, TX 75104</i> |
| 7 Amount of contribution (\$) <i>250 -</i> | | |
| 8 Contributor's principal occupation <i>Attorney</i> | | 9 Contributor's job title |
| 10 Contributor's employer/law firm <i>Law Office of Monique Ward</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>11/14/25</i> | | Full name of contributor <i>Douglas Huff</i> |
| Contributor address; City; State; Zip Code <i>3300 Oak Lawn, Ste 700, Dallas, TX 75219</i> | | Amount of contribution (\$) <i>500 -</i> |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title <i>Partner & Criminal Division Chief</i> |
| Contributor's employer/law firm <i>DeAndra Grant Law Firm</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date <i>11/17/25</i> | | Full name of contributor <i>Michael Todd</i> |
| Contributor address; City; State; Zip Code <i>700 N. Pearl St, Ste 2100 Dallas, TX 75201-7441</i> | | Amount of contribution (\$) <i>500 -</i> |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title |
| Contributor's employer/law firm <i>Law Office of Michael J Todd</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: <i>7 of 9</i> |
| 2 FILER NAME <i>Angela M. King</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/31/25</i> | 5 Full name of contributor <i>Jesus Marquez</i> | 6 Contributor address; City: State: Zip Code <i>11300 N. Central Ewy, Ste 370 Dallas, TX 75243</i> |
| 7 Amount of contribution (\$) <i>500-</i> | | |
| 8 Contributor's principal occupation <i>Attorney</i> | | 9 Contributor's job title |
| 10 Contributor's employer/law firm <i>Jesus Marquez, Lawyer</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>12/9/25</i> | | Full name of contributor <i>Stephanie Mitchell</i> |
| Contributor address; City: State: Zip Code <i>133 N. Riverfront Blvd, LB 34 Dallas, TX 75207-4349</i> | | Amount of contribution (\$) <i>100-</i> |
| Contributor's principal occupation <i>Judge</i> | | Contributor's job title |
| Contributor's employer/law firm <i>Dallas County</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date <i>12/9/25</i> | | Full name of contributor <i>Shequitta Kelly</i> |
| Contributor address; City: State: Zip Code <i>133 N. Riverfront Blvd, LB Dallas, TX 75207-</i> | | Amount of contribution (\$) <i>100-</i> |
| Contributor's principal occupation <i>Judge</i> | | Contributor's job title |
| Contributor's employer/law firm <i>Dallas County</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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| 2 FILER NAME <i>Angela M. King</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/11/25</i> | 5 Full name of contributor <i>Randall Isenberg</i> | 6 Contributor address; City; State; Zip Code <i>4303 N. Central Expy, Dallas, TX 75205</i> |
| 7 Amount of contribution (\$) <i>1000 -</i> | | |
| 8 Contributor's principal occupation <i>Attorney</i> | | 9 Contributor's job title |
| 10 Contributor's employer/law firm <i>Law Offices of R. B. Isenberg</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>11/7/25</i> | Full name of contributor <i>Randall Cross</i> | □ out-of-state PAC ID#: Amount of contribution (\$) <i>1000 -</i> |
| Contributor address; City; State; Zip Code <i>3500 Oaklawn Ave, UNIT 530, Dallas, TX 75219</i> | | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title |
| Contributor's employer/law firm <i>Law Office of Randel Cross</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date <i>12/17/25</i> | Full name of contributor <i>Adwoa Asante</i> | □ out-of-state PAC ID#: Amount of contribution (\$) <i>500 -</i> |
| Contributor address; City; State; Zip Code <i>705 Ross Ave, Dallas, TX 75202-2007</i> | | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title |
| Contributor's employer/law firm <i>Asante Legal 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.

| | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------|----------------------------------------------------------------------------|-----------------------------|--|--------------------------------------------|--|------------------------------------|--|-------------------------|---------------------------------|--|-------------------------------------------|-----------------------------------------------------------|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A(J)1: <i>9 of 9</i></p> | | | | | | | | | | | | | | | |
| <p>2 FILER NAME <i>Angela M. King</i></p> | | <p>3 Filer ID (Ethics Commission Filers)</p> | | | | | | | | | | | | | | | |
| <p>4 Date <i>12/17/25</i></p> | <p>5 Full name of contributor <i>Nigel Redmond Law Firm</i></p> <p><input type="checkbox"/> out-of-state PAC ID#:</p> | <p>7 Amount of contribution (\$) <i>250-</i></p> | | | | | | | | | | | | | | | |
| <p>8 Contributor's principal occupation <i>Attorney</i></p> | | <p>9 Contributor's job title</p> | | | | | | | | | | | | | | | |
| <p>10 Contributor's employer/law firm</p> | | <p>11 Law firm of contributor's spouse (if any)</p> | | | | | | | | | | | | | | | |
| <p>12 If contributor is a child, law firm of parent(s) (if any)</p> | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> | | | Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$) | | Contributor address; City; State; Zip Code | | Contributor's principal occupation | | 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 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$) | | | | | | | | | | | | | | | |
| | Contributor address; City; State; Zip Code | | | | | | | | | | | | | | | | |
| Contributor's principal occupation | | 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) | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table> | | | Date | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$) | | Contributor address; City; State; Zip Code | | Contributor's principal occupation | | 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 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$) | | | | | | | | | | | | | | | |
| | Contributor address; City; State; Zip Code | | | | | | | | | | | | | | | | |
| Contributor's principal occupation | | 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) | | | | | | | | | | | | | | | | | |

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.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 8 | Angela M. King | | |
| 4 Date | 5 Payee name | | |
| 11/8/25 | Walmart.com | | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code | |
| 116.77 | Walmart.com | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Office Overhead | Supplies | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 11/22-23/25 | VistaPrint Netherlands BV | | |
| Amount (\$) | Payee address: | City; State; Zip Code | |
| 336.67 | VistaPrint.com | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Advertising EXPENSE | Flyers & Posters | |
| <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 | Payee name | | |
| 12/2/25 | Dallas County Democratic Party | | |
| Amount (\$) | Payee address: | City; State; Zip Code | |
| 25- | 1414 N. Washington Ave, Dallas, TX 75204 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Other Expense | Merchandise | |
| <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 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.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| 12/14/25 | Uber Technologies, Inc. | 39.76 | 1725 3rd St, San Francisco, CA |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Transportation Expense | Ride share | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 7-12/2025 | Luby's Culinary Services | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 200.52 | 500 Elm St, Dallas, TX 75202 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Food/Beverages Expense | Food & Beverages | |
| <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 | Payee name | | |
| 11/23/25 | Sam's Club | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 277.00 | 6185 Retail Rd, Dallas, TX 75231 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Food/Beverages Expense | Food + Beverages | |
| <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 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.

| | | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Gift/Awards/memorials Expense | Gift cards | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 11/11/2025 | ClayMade Media | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| 150- | otisclayborne@gmail.com | <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Event Expense | Photography | |
| | <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 | Payee name | | |
| 11/17/2025 | Brittney Busby - Elite News | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| 100- | 3155 S. Lancaster Rd, Ste 240, Dallas, TX 75216 | <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Advertising Expense | Advertising Color Expense | |
| | <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 |
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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 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.

| | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Food/Beverage Expense | Donation for Food | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 11/11/2025 | Times Ten Cellars | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| 1,021.49 | 6324 Prospect Ave Dallas, TX 75214 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Event Expense | | |
| | <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 | Payee name | | |
| 10/10/2025 | Costco | | |
| Amount (\$) | Payee address; | City; State; Zip Code | |
| 51.87 | 250 W. Hwy 67 Duncanville, TX 75137 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Food/Beverage Expense | Food: Cookie Trays | |
| | <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 |
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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 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.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|-----------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | 6 Amount (\$) | |
| 10-12/2025 | Dallas County Democratic Party | 375 | |
| 7 Payee address; | City; | State; Zip Code | |
| 1414 N. Washington Ave, Dallas, TX 75204 | | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Fees | Leadership Council | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 9/31/2025 | Texas Center for the Judiciary | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 35- | 1210 San Antonio St, Ste 800, Austin, TX 78701 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Other | Merchandise | |
| <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 | Payee name | | |
| 12/6/2025 | Walmart Supercenter | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 21.46 | 4122 LBJ Fwy, Dallas, TX 75244 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Gifts/Awards/Memorials Expense | Gifts | |
| <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 |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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) |

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| | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Gifts | Gifts | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 12/20/2025 | Walmart | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 74.09 | 951 W. Beltline Rd, DeSoto, TX 75115 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Gifts/Awards/Memorials Expense | Donations | |
| | <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 | Payee name | | |
| 12/15/2025 | Walmart | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 40.25 | 1521 N. Cockrell Hill Rd, Dallas, TX 75211 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Event Expense | Event - Merchandise | |
| | <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 |
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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 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.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Gift/Awards/Memorials Expense | Gifts | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | Payee name | | |
| 12/14/2025 | Michaels | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 52.00 | 751 N US Hwy 67, Cedar Hill, TX 75104-2142 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Event Expense | Supplies | |
| <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 | Payee name | | |
| 12/20-23/25 | Costco | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 210.93 | 250 W Hwy 67, Duncanville, TX 75137 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Gifts/Awards/Memorials Expense | Gifts | |
| <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 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.

| | | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Logo & Signs | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 11/16/2025 - 12/5/2025 | Payee name Democracy Toolbox | | |
| Amount (\$) 439.05 | Payee address; <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description Political Consulting | |
| | <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 12/30/2025 | Payee name Angela King | | |
| Amount (\$) 3950.00 | Payee address; <input checked="" type="checkbox"/> Check if individual's residence address. | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other/Contributions | Description Reimbursement for Political Expenditures from Personal Funds | |
| | <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 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.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 8 | Angela M. King | |
| 4 Date | 5 Payee name | |
| 7/1/2025 | Digital Space | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code |
| 75 | https://digitalspace.net | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | Fees / Overhead Expense | Domain Registry Renewal |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date | Payee name | |
| 7/2/2025 | Digital Space | |
| Amount (\$) | Payee address: | City; State; Zip Code |
| 79.95 | https://digitalspace.net | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Fees / Overhead Expense | Domain Registry Renewal |
| <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 | Payee name | |
| 7-12/2025 | Digital Space | |
| Amount (\$) | Payee address: | City; State; Zip Code |
| 82.14 | https://digitalspace.net | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Fees / Overhead Expense | Webhosting |
| <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 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.

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| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--------------|---------------------------------------|

| | |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

| | | | | |
|---------------|------------------|-------|--------|----------|
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
|---------------|------------------|-------|--------|----------|

| | | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|--------------------------|------------------------------------------------------------------|-----------------|

| | | |
|-----|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| (c) | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-----|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

Complete ONLY if direct expenditure to benefit C/OH

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

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| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

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| 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 <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 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.

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|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | 6 Amount (\$) | |
| 7-9/2025 | Dallas County Democratic Party | 375 | |
| 6 Amount (\$) | | 7 Payee address: | |
| 375 | | 1414 N. Washington Ave, Dallas, TX 75204 | |
| | | <input type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | | Leadership Council | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Candidate / Officeholder name | | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 8/23/2025 | Amazon | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| 79.49 | Amazon.com | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| 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 |
| Candidate / Officeholder name | | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 9/3/2025 | Delta Sigma Theta Sorority, Inc. | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| 466.78 | P.O. Box 222051, Dallas, TX 75222 | | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | Description |
| | | Fees | Membership Dues |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name | | Office sought | Office held |
| Complete ONLY 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 | 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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | 6 Amount (\$) |
| 7182025 | Enterprise RAC | 221.89 |
| 6 Amount (\$) | | City: State: Zip Code |
| 7 Payee address: | | 2273 Research Blvd, Ste 700 Rockville, MD 20850 |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Rental car + Tolls (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date | Payee name | Office sought |
| 10/15/2025 | Democracy | Office held |
| Amount (\$) | Payee address: | City: State: Zip Code |
| 46.43 | https://www.democracyclothing.com | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Other Description Merchandise <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date | Payee name | Office sought |
| 12/15/2025 | Silver10Group | Office held |
| Amount (\$) | Payee address: | City: State: Zip Code |
| 50 - | https://silvergroup.us unknown | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Fees Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
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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.

| | | | |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Event Expense | Deposit | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 7-8-2025 | Door Dash, Inc | | |
| Amount (\$) | Payee address: | City; State; Zip Code | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Food/Beverage Expense | Food + Beverages | |
| | <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 | | | |
| Date | Payee name | | |
| 9-27-25 | SQ Beware Tees | | |
| Amount (\$) | Payee address: | City; State; Zip Code | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Other - Misc | Tee Shirt / T-shirt | |
| | <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 | | | |
| 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.

| | | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contributions</i> | (b) Description <i>Donation</i> | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 10/16/2025 | <i>Royce West Campaign</i> | | |
| Amount (\$) | Payee address: | City: | State: Zip Code |
| 100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 5787 S. Hampton Rd #385 Dallas, TX 75232 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contributions</i> | Description <i>Donation</i> | |
| | <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 | Payee name | | |
| 10/16/2025 | <i>Total Wine + More</i> | | |
| Amount (\$) | Payee address: | City: | State: Zip Code |
| 222.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 428 E. FM 1382 Cedar Hill, TX 75104 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Event Expense Food + Beverage Expense</i> | Description | |
| | <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 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.

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|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Other</i> | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date <i>7/8/2025</i> | Payee name <i>Southwest Airlines</i> | | |
| Amount (\$) <i>527.25</i> | Payee address: <i>2702 Love Field Dr, Dallas, TX 75235</i> | City; State; Zip Code | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Travel Out of District</i> | Description <i>Travel</i> | |
| | <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 | | | |
| Date <i>11/9-10/2025</i> | Payee name <i>Walmart</i> | | |
| Amount (\$) <i>140.26</i> | Payee address: <i>15220 Montfort Rd, Dallas, TX 75248</i> | City; State; Zip Code | |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i> | Description <i>Food & Beverage</i> | |
| | <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 | | | |
| 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.

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| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | 6 Amount (\$) | |
| 11/19/2025 | Spec's | 45.52 | |
| 7 Payee address: | | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Food & Beverage Expense | (b) Description Food & Beverage |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Candidate / Officeholder name | | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 7/19/2025 | NTTA | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| 48 | 5900 W. Plano Pkwy, Plano, TX 75093 | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Transportation Expense | Description Airport Parking |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name | | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 7-12/2025 | NTTA | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| 240- | 5900 W. Plano Pkwy, Plano, TX 75093 | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Transportation Expense | Description Toll tag |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name | | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

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 T: <i>lot 1</i> |
| 2 FILER NAME | <i>Angela M. King</i> | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | <i>Angela M. King</i> | |
| 5 Contribution / Expenditure reported on: | <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input checked="" type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | |
| 6 Dates of travel | 7 Name of person(s) traveling <i>Angela King</i> 8 Departure city or name of departure location <i>DFW</i> 9 Destination city or name of destination location <i>Raleigh, NC</i> | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) <i>Plane & Rental Car Other</i> | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel | Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

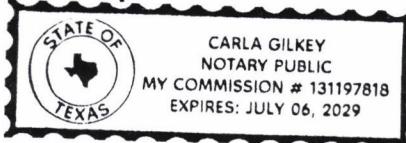
| | | |
|------------|----------------|------------|
| Filer name | Angela M. King | Filer ID # |
|------------|----------------|------------|

| | |
|----------------------------------------|---------------------|
| OFFICE USE ONLY | |
| Date Received | |
| 2026 JAN 15 PM 3:51 | |
| Date Hand-delivered or Date Postmarked | 2026 JAN 15 PM 3:51 |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the C10H report due on 1/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

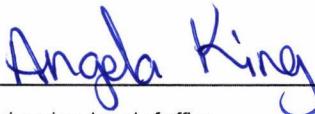
Please complete either option below:

(1) Affidavit

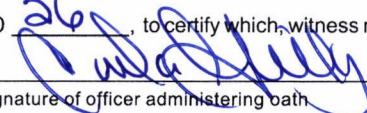

Signature of Filer

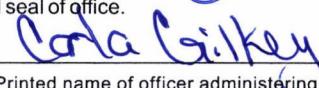
NOTARY STAMP/SEAL

Sworn to and subscribed before me by


Angela King

this the 15th day of January,

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

 Carla Gilkey
Printed name of officer administering oath

 Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____, _____, _____.

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


Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**