

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | | |
|---|---|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 2 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs | FIRST Leah | MI M | OFFICE USE ONLY Date Received Received by Ellie Garcia on January 15, 2024 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| | NICKNAME | LAST King | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE | | | |
| | [REDACTED] | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | | EXTENSION | |
| | [REDACTED] | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Barry | MI G | |
| | NICKNAME | LAST King | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE | | | |
| | [REDACTED] | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | | EXTENSION | |
| | [REDACTED] | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 30th day before election | | Runoff | |
| | <input type="checkbox"/> July 15 8th day before election | | Exceeded Modified Reporting Limit | |
| 10 PERIOD COVERED | Month Day Year 07 / 01 / 2023 | | Month Day Year 01 / / 2024 | |
| | THROUGH | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| | Month Day Year / / | Primary Runoff General Special | 15 | |
| 12 OFFICE | OFFICE HELD (if any) Director-TRWD | | 13 OFFICE SOUGHT (if known) | |
| | | | | |
| 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. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|------------------------------|---|--|
| 15 C/OH NAME Leah 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) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,483.50 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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

Signature of Candidate or Officeholder

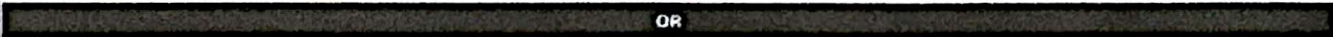
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



(2) Unsworn Declaration

My name is Leah M King and my date of birth is _____

My address is _____, _____, _____, _____, _____, _____, USA

Executed in Tarrant County, State of Texas, on the 15 day of January, 2024

Signature of Candidate/Officeholder (Declarant)