JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

			** · · · · · · · · · · · · · · · · · ·
The JC/OH Instruction (Guide explains how to complete this form.	r ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Steve	M.	Date Received
	NICKNAME LAST	SUFFIX	
	King		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
Change of Address	SUBJECT NUMBER		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. George	T	Date Processed
	"Tommy" Boswell	Jr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE ZO16 JUL 1 FRANK
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	IT COUNTY I PM 1: 17 PHILLIPS ADDINISTRATOR
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	01 / 01 / 2016 THROUGH	06 / 30 /	2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 / 04 / 2014 X General C	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))
	Judge, Probate Court One	Judge, Probate	e Court One
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Stev	e M. King	Filer ID (Et	hics Commission Filers)	
16 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				
	SPECIFIC	COMMITTEE ADDRESS			
			8	20	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		FARRAI I6 JUL	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		A PHILLIPS	
17 CONTRIBUTION TOTALS	l .	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	I AL	I S I S I S I S I S I S I S I S I S I S	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 4,178.00			4,178.00	
CONTRIBUTION BALANCE	i .	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\Y \$	18,044.28	
OUTSTANDING LOAN TOTALS	i .	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT 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.					
No.	NRK W. SULLIV lotary ID 110742: Commission Exp March 14, 2020	-0 pires		the	
day of July , 20 1 k , to certify which, witness my hand and seal of office.					
many	ull	MARKW SULLIVAN		ny Public	
Signature of officer a	administering oath	Printed name of officer administering oath	litle of o	fficer administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Steve M. King Piler ID (Ethics Com	ımission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,178.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		TARRANT COUNTY 2016 JUL 11 PM 1: 18 ELECTRON PHILLIPS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gfft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how t	o complete this form.		
1 Total pages Schedule G: 1 of 9	2 FILER NAME Steve M. King		3 Filer ID (Ethics Commis	ssion Filers)
4 Date	5 Payee name			· · · · · · · · · · · · · · · · · · ·
01/12/2016	Starbucks			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
107.66	6115 Camp Bowie Blvd.			
Reimbursement from political contributions intended	Fort Worth, Texas 76107			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Office Overhead (coffee)		e of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead (coffee)	Check if Austin, T	X, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office h	neld
				8 -
Date 01/23/2016	Payee name		₩ ES-1	5,
01/23/2010	godaddy.com			TARRANT 016 JUL 11
Amount (\$)	Payee address; City; State; Zip Code		5.25 5.25	_ ==
306.50				_ TC
X Reimbursement from political contributions				300
intended		T	1 -1/4	••
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Charlet # translauteid	le of Texas. Complete Schedelië T.	- <
OF EXPENDITURE	Office Overhead (website fee)		X, officeholder living expense	œ
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office I	held
Date	Payee name			
01/26/2016	Clothes Carpenters			
Amount (\$)	Payee address; City; State; Zip Code			
24.90	4234 Vickery Blvd.			
Reimbursement from political contributions intended	Fort Worth, Texas 76107			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	0.50	Check if travel outsid	de of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead (robe repair)	Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		Office sought	Office	heid
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED)ED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orthor posterons and lighted places)

Candidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services Salane The Instruction Guide explains how to		her (enter a category not listed above)
1 Total pages Schedule G: 2 of 9	2 FILER NAME Steve M. King	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/25/2016	Mulholland's		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
10.83	1332 N. Main St.		
Relmbursement from political contributions intended	Fort Worth, Texas 76164		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Office Overhead (seal)	Check if travel outside of Te	•
EXPENDITURE	Office Overflead (Seal)	Check if Austin, TX, offi	ceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
experiently to benefit OA	511		74 2011 ELES 8Y3
Date	Payee name		
03/24/16	amazon.com		
Amount (\$)	Payee address; City; State; Zip Code		
62.49			
X Reimbursement from political contributions intended			S S S S
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description	DR 6 0
PURPOSE OF	Office Overhead (mini DA)	Check if travel outside of Te	·
EXPENDITURE	Office Overhead (mini-PA)	Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
03/24/2016	amazon.com		
Amount (\$)	Payee address; City; State; Zip Code	•	
764.55			
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Te	oxas. Complete Schedule T.
OF EXPENDITURE	Office Overhead (projector)	I —	iceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 of 9 Steve M. King 4 Date 5 Payee name 04/08/2016 **Batteries Plus Bulbs** 7 Payee address; 6 Amount (\$) City; State; Zip Code 5825 Camp Bowie Blvd. 4.32 Fort Worth, Texas 76107 Reimbursement from political contributions . intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Office Overhead (battery) **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held \Box expenditure to benefit C/OH 2 Date Payee name 04/11/2016 Yolk Amount (\$) Payee address; City; State; Zip Code 305 Main St. 37.12 200 Fort Worth, Texas 76102 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food/Bev Exp (Staff Lunch) **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 04/18/2016 U.S.Postal Service Payee address; City; State; Zip Code Amount (\$) 86.00 4450 Oak Lawn Fort Worth, Texas 76102 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Office Overhead (box rent) **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule G: 4 of 9	2 FILER NAME Steve M. King	3	Filer ID (Ethics Commission Filers)
4	Date	5 Payee name		
	04/20/2016	Costco		
6	Amount (\$)	7 Payee address; City; State; Zip Code		→
	135.30	5300 Overton Ridge Blvd.		TARR. II6 JUI
	Reimbursement from political contributions intended	Fort Worth, Texas 76132		RANT JL 11
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE	Office Overhead (500 Gb SSD)		Texas. Complete Softschule T. Z. C.
9	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	ପ୍ଲ Offige held
	Date	Payee name		
	04/24/2016	Apple Store		
l	Amount (\$)	Payee address; City; State; Zip Code		
ĺ	733.94	1620 S. University Dr., Ste 201		
	X Reimbursement from political contributions intended	Fort Worth, Texas 76107		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
	OF	Office Overhead (iPad Mini 4)	1 ' 🦳	Texas. Complete Schedule T. fficeholder living expense
	EXPENDITURE			
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	Date	Payee name		
	04/24/2016	store.apple.com		
	Amount (\$)	Payee address; City; State; Zip Code		
	647.34			
	X Reimbursement from political contributions intended			
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Tours Complete School Is T
	OF EXPENDITURE	Office Overhead (iPhone SE)		Texas. Complete Schedule T. Ifficeholder living expense
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Orean Card Payment	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule G: 5 of 9	2 FILER NAME Steve M. King		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u> </u>
04/26/016	amazon.com		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
32.99			
Reimbursement from political contributions intended			
8	(a) Category (See Categories listed at the top of t	his schedule) (b) Description	
PURPOSE OF	Office Overhead (keybor		ide of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead (keyboa	ard) L Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.		Office sought	Office held

Date	Payee name		20 87
04/24/2016	amazon.com		6 5
Amount (\$)	Payee address; City; State;	Zip Code	RRANT JUL 11
3.09			
Reimbursement from political contributions			
intended	<u> </u>	·	ide of Texas. Complete Schedule T.
PURPOSE	Category (See Categories listed at the top of t		S C
OF	Office Overhead (eve con		
EXPENDITURE	Office Overhead (svc. co	Check if Austin,	TX, officeholder living prense ထ
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
04/26/2016	Best Buy		
Amount (\$)	Payee address; City; State;	Zip Code	
54.10	5604 SW Loop 820		
X Reimbursement from political contributions intended	Fort Worth, Texas 76132		
PURPOSE	Category (See Categories listed at the top of t	·	ide of Texas. Complete Schedule T.
OF EXPENDITURE	Off Overhd (screen prot/s		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Co		Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEE	DED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orthor portage) and listed above)

Candidate/Officeholder/Polit Credit Card Payment		es/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule G: 6 of 9	2 FILER NAME Steve M. King		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/29/2016	Hands on Health		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
200.00	417 Bardin Green		
Reimbursement from political contributions intended	Arlington, Texas 76018		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	0:0 (4	Check if travel outside	of Texas. Complete Schedule T.
EXPENDITURE	Gifts/Awards (chair massage)	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete		Office sought	Office held
			- D
Date	Payee name		3 6 5
05/08/2016	Walmart Neighborhood Market		JUL FRAN
Amount (\$)	Payee address; City; State; Zip Code		
32.39	6156 Vickery Blvd		
X Reimbursement from political contributions intended	Fort Worth, Texas 76116		PR - DOUBLE
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside	of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead (candy)	i	, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		reconstruction of the second o
05/10/2016	Parts N PCs		
Amount (\$)	Payee address; City; State; Zip Code		
117.99	8106 Camp Bowie Blvd.		
X Reimbursement from political contributions intended	Fort Worth, Texas 76116		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside	of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead (comp. repair)		, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule G:		3 F	iler ID (Ethics Commission Filers)	
	7 of 9	Steve M. King			
4	Date	5 Payee name		F7: 1	
L	05/19/2016	State Bar of Texas		2016 BY:	
6	Amount (\$)	7 Payee address; City; State; Zip Code		ARRAI I6 JUL	
	325.00	1414 Colorado		RRA JUL	
	X Reimbursement from political contributions intended	Austin, Texas 78701			
8	DUDDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	is. Complete ScrieduleT.	
	PURPOSE OF	Foos (State Par duce)	Check if travel outside of Texa		
	EXPENDITURE	Fees (State Bar dues)	Check if Austin, TX, office	holder living expense	
9	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Г	Date	Payee name	- II		
	06/01/2016	AT&T			
	Amount (\$)	Payee address; City; State; Zip Code			
	180.00	P.O.Box 650487			
	X Reimbursement from political contributions intended	Dallas, Texas 75265			
Г	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	OF EXPENDITURE	Off. Overh. (6 mo. wireless svc)	Check if travel outside of Texa	•	
L					
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Г	Date	Payee name			
	06/08/2016	Partners PCs			
	Amount (\$)	Payee address; City; State; Zip Code			
	103.91	8106 Camp Bowie Blvd.			
	X Reimbursement from political contributions intended	Fort Worth, Texas 76116			
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texa	as. Complete Schedule T.	
	OF EXPENDITURE	Off. Overhead (computer repair)	Check if Austin, TX, office	•	
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how t	o complete this form.	
1 Total pages Schedule G: 8 of 9	2 FILER NAME Steve M. King	3 F	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
06/16/2016	Fort Worth Parc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		B [7] 2
10.00	1200 Houston St. Garage		
X Reimbursement from political contributions intended	Fort Worth, Texas 76102		TARRA 2016 JUL 1 2016 JUL 1 2016 JUL 1 3Y:
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	중의 그 축구
OF	Travel in District (parking)	Check if travel outside of Tex	70 55
EXPENDITURE	Traver in District (parking)	Check if Austin, TX, office	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	S Office held
Date	Payee name		
06/01/2016	Love's		
Amount (\$)	Payee address; City; State; Zip Code		
27.12	1423 N. Market St.		
Reimhursement from	Hearne, Texas 77859		
political contributions intended	,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Office Overhead (achies)	Check if travel outside of Tex	•
EXPENDITURE	Office Overhead (cables)	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
06/17/2016	Staples		
Amount (\$)	Payee address; City; State; Zip Code		
141.23	1600 S. University Dr.		
Reimbursement from political contributions intended	Fort Worth, Texas 76107		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Tex	ras Complete Scherbille T
OF EXPENDITURE	Office Overhead (supplies)	Check if Austin, TX, office	·
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 of 9 Steve M. King 4 Date 5 Payee name 06/14/2016 Vidalia's 7 Payee address; 6 Amount (\$) City; State; Zip Code 200 Main St

	29.23	200 Main Ot.		
	Reimbursement from political contributions intended	Fort Worth, Texas 76102		
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	PURPOSE OF		Check if travel outside of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overhead (staff lunch)	Check if Austin, TX, officeholder	living expense
9		Candidate / Officeholder name	Office sought	Office held
	expenditure to benefit C/0	ОН		77 201 ELEU
	Date	Payee name		RRANT JUL II
	Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		LED IT COURTY I PM I: 19 PHILLIPS ADMINISTRATOR
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address; City; State; Zip Code		
	Reimbursement from political contributions intended		·	
	DUDDOCE	Category (See Categories listed at the top of this schedule)	Description	
	PURPOSE		Check if travel outside of Texas. Con	nplete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

OF **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

ASSETS V	ALUED AT \$500 OR MORE	SCHEDULE M
The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME	Steve M. King	3 Filer ID (Ethics Commission Filers)
4 Description of Asset		
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