1	CANDIDATE / OFFICEHOLDER N FINANCE REPORT	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to complete this form.	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Steve M. NICKNAME LAST SUFFIX King	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	TARRANT 2017 JAN 13 2017 JAN 13
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-deliverad or Delie Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. George T. NICKNAME LAST SUFFIX "Tommy" Boswell Jr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day 07 01 2016 THROUGH 12 31	_{Year} 2016
11 ELECTION	ELECTION DATE Month ELECTION TYPE Month Day Year Primary Runoff Other Description 11 04 2014 X General Special	Е
12 OFFICE	OFFICE HELD (if any) Judge, Probate Court One Judge, Probate Court One	ate Court One
	GO TO PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Stev	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT NDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	2517 JAN
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	H 2: 3 1 3 1 1 1 1 1 1 1 1 1 1
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,040.83
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I ORTING PERIOD	^{DAY} \$ 16,569.71
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	^{THE} \$
18 AFFIDAVIT	·····		
		true and correct and includes all info under Title 15, prection Code.	erjury, that the accompanying report is prmation required to be reported by me didate or Officeholder
AFFIX NOTARY STAMI	P/SEALABOVE		r.
		Steve M. King	13
Sworn to and subsci	1-1	to certify which, witness my hand and seal of office.	, this the
day of portun	bound	HE HE	ATHER BEYER
Signature of officer a	dministering oath	Printed name of officer administration of the NC	TARY PUBLIC

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SUBTOTALS - JC/OH

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FORM JC/OH COVER SHEET PG 3

19	mission Filers)					
21	SUBTOTAL AMOUNT					
1.	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	\$ 2,040.83				
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	\$				
		FILED IMARANT COLLED 2017 JAN 13 PM 2: 31 FRANK PHILLIPS				

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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Cradit Card Payment			Legal Services	e Expense emorials Expense s	Office Ov Polling E Printing E Salaries/		Solicitation/Fundraising Expense Transportation Equipment & Related E Travel In District Travel Out Of District Other (enter a category not listed above			·
1	Total pages Schedule G: 1 of 4	2 FILER NAM					3 Filer	1D (Ethics Com	mission	Filers)
4	Date	5 Payee nam	e							
	07/18/16	Amazo	n.com							
6	Amount (\$) 46.54 Reimbursement from political contributions intended	7 Payee add	ress;	City; State; Zip	o Code					
8	PURPOSE	(a) Category (S	See Categories li	sted at the top of this sch	hedule)	(b) Description				
	OF EXPENDITURE	Office	Overhea	d-Tablet Sty	lus	Check if travel outside		•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeho	older name		Office sought		Offic	ce held	
	^{Date} 08/14/16	Payee nam SP Parl							2017	
	Amount (\$)	Payee add		City; State; Zi	p Code					
	7.50	777 Ma						i i i	$\overline{\omega}$	
	XX Reimbursement from political contributions intended	Fort We	orth, lex	as 76102					- 2	
	PURPOSE	Category (See Categories li	isted at the top of this scl	hedule)	Description		ာတိ	ÿ	
	OF	Meeting	g Exp - T	СРВА		Check if travel outside		(C)	<u>မ</u>	а на 2
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought		Offic	ce held	
	Date	Payee nam	e			···· ·				
	08/25/16	Amazoi	n.com							
	Amount (\$)	Payee add	ress;	City; State; Zi	p Code					
	14.98									-
	XX Reimbursement from political contributions intended									
	PURPOSE	Category (S	See Categories li	isted at the top of this scl	hedule)	Description				
	OF	Office ()verhear	- USB Hub		Check if travel outside		·		
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida	ite / Officeho			Office sought	, oncenda		ce held	
		ATTA	CH ADDITIC	DNAL COPIES O	F THIS S	CHEDULE AS NEED	ED			

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Oi Food/Beverage Expense Pro By Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Ning Expense Iaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G: 2 of 4	2 FILER NAME Steve M. King		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		·			
09/20/16	Walmart	"., "				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de				
48.90 Reimbursement from political contributions intended	3851 Airport Freeway Fort Worth, Texas 76111					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul					
OF EXPENDITURE	Office Overhead - Candy		de of Texas. Complete Schedule T. X, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10/25/16	Vidalia's					
Amount (\$)	Payee address; City; State; Zip Co	ode				
22.32	Renaissance Hotel		ŭ 🎦			
XX Reimbursement from political contributions intended	Fort Worth, Texas 76102		₩08			
PURPOSE	Category (See Categories listed at the top of this schedul					
OF EXPENDITURE	Food/Bev Exp - Staff Lunch		de of Texas. Complete Schedule T. X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
10/28/16	Joe T. Garcias					
Amount (\$)	Payee address; City; State; Zip Co	de				
127.66	2201 N. Commerce					
XX Reimbursement from political contributions intended	Fort Worth, Texas 76164					
PURPOSE	Category (See Categories listed at the top of this schedu					
OF	Gifts/Awards - Retirement Lunc		de of Texas. Complete Schedule T. X. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)				
		now to complete this form.					
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)				
3 of 4	Steve M. King	······································					
4 Date	5 Payee name						
12/02/16	iTunes Store	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
6 Amount (\$)	7 Payee address; City; State; Zip	Code					
7.57							
XX Reimbursement from political contributions intended		······································					
8 PURPOSE	(a) Category (See Categories listed at the top of this sche						
OF	OfficeOverhead:PDFPenSca		de of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, T	"X, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held				
Date	Payee name	· ,, · · · · · · · · · ·					
12/15/16	Steve M. King		cg (A				
Amount (\$)	Payee address; City; State; Zip	Code	6				
1,200.00	P. O. Box 101871	Staff Gifts					
Reimbursement from political contributions intended	Fort Worth, Texas 76109		A NAN				
PURPOSE	Category (See Categories listed at the top of this sche						
OF EXPENDITURE	Gifts/Awards - Christmas Cas		de of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought					
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	a, a de la de la compositiva de la comp El de la compositiva d				
12/21/16	Staples						
Amount (\$)	Payee address; City; State; Zip	Code					
111.49	1600 S. University Drive						
XX Reimbursement from political contributions intended	Fort Worth, Texas 76107						
PURPOSE	Category (See Categories listed at the top of this sche	dule) Description					
OF	OfficeOverhead CopierCartrid		de of Texas. Complete Schedule T.				
EXPENDITURE		Sco Check if Austin, T	X, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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	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 Gitt/Awards/Memorials Expe Legal Services The Instruction Guide	Office Overhead/Rental Expense T ge Expense Polling Expense T Aemorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1	Total pages Schedule G: 4 of 4	2 FILER NA Steve	ME M. King			3 Filer II	D (Ethics Com	mission I	Filers)	
4	Date 12/24/16	5 Payee nan Amazo	ne				····			
6	Amount (\$) 63.87 x political contributions intended	7 Payee add	· · · · ·	te; Zip Code						
8	PURPOSE OF EXPENDITURE		See Categories listed at the top o	ŗ	(b) Description Check if travel outsid Check if Austin, T		•			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Offic	e held		
	Date 12/31/16	Payee nan AT&T	le			<u> </u>			Harts - 2 Nagar - 3 Nagar - 1 Nagar - 1 Nagar - 1 Nagar - 1	
	Amount (\$) 390.00 Reimbursement from political contributions intended		ress; City; Stat ox 650487 Texas 75265	te; Zip Code	6 mo. @ 65.00/ı	mo.				
	PURPOSE OF EXPENDITURE		See Categories listed at the top	·	Description Check if travel outsid Check if Austin, T2	1		2: 32		
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	<u> </u>	Office sought		Offic	e held		
	Date	Payee nan	le	· <u>·····</u> ·····						
	Amount (\$)	Payee add	ress; City; Stat	te; Zip Code						
	Reimbursement from political contributions intended									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	of this schedule)	Description Check if travel outside Check if Austin, T)					
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Offic	e held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									