

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mr. NICKNAME  
 FIRST: Steve LAST: King  
 MI: M SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. NICKNAME  
 FIRST: George LAST: Boswell  
 MI: T. SUFFIX: Jr.

**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  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 COVERED**  
 Month Day Year THROUGH Month Day Year  
 01 / 01 / 2014 THROUGH 06 / 30 / 2014

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 11 / 04 / 2014  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE**  
 OFFICE HELD (if any)  
 Judge, Probate Court One

**13 OFFICE SOUGHT (if known)**  
 Judge, Probate Court One

**OFFICE USE ONLY**

Date Received  
 Date Hand delivered or Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

FILED  
 TARRANT COUNTY  
 2014 JUL 10 4 59:39  
 STEVENSON  
 ELECTIONS ADMINISTRATOR  
 BY: ALM

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

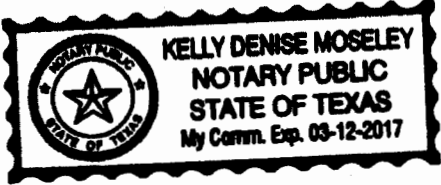
## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	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"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

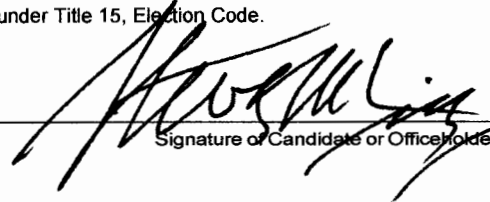
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,485. <sup>16</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,769. <sup>44</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said STEVE M. KING, this the 7th day of July, 20 17, to certify which, witness my hand and seal of office.

Kelly Moseley                      Kelly Moseley                      Notary  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL) SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):  
**One of One**

2 FILER NAME  
**Steve M. King**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**03/28/14**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Laurie Moore**  
6 Contributor address; City; State; Zip Code  
**2004 Indian Creek Dr., Ft Worth, TX 76107**

7 Amount of contribution (\$)  
**500.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation  
**Attorney**

10 Contributor's job title  
**Attorney**

11 Contributor's employer/law firm  
**Self**

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

FILED  
 TARRANT COUNTY  
 2014 JUL 18 AM 9:39  
 ELECTIONS ADMINISTRATION  
 BY:

**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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME <b>STEVE R KING</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-------------------------------------	--

4 Date <b>6/9/14</b>	5 Payee name <b>JOEL SAWYER</b>
-------------------------	------------------------------------

6 Amount (\$) <b>1,633.91</b>	7 Payee address; City; State; Zip Code <b>500 W. 7th Ste 725, Ft. Worth TX 76102</b>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>DR Anniv. Reception</b>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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FILED  
 TARRANT COUNTY  
 2014 JUN 18 AM 9:39  
 ELECTORAL ADMINISTRATION

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

FILED  
 2014 JAN 13 AM 10:39  
 ELECTORAL ADMINISTRATION  
 COMMISSION

1 Total pages Schedule G: <b>1 of 6</b>	2 FILER NAME <b>Steve M King</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/13/14</b>	5 Payee name <b>STAPLES</b>
--------------------------	--------------------------------

6 Amount (\$) <b>55.29</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1600 S. Univ. Ft. Worth, TX 76132</b>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>coffee, software (Quicken)</b>
--------------------------	--	--

Date <b>1/9/14</b>	Payee name <b>Relax the Back</b>
-----------------------	-------------------------------------

Amount (\$) <b>54.13</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>5916 CURZON, Ft. Worth TX 76107</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>CHAIR REPAIR</b>
------------------------	--	--

Date <b>1/25/14</b>	Payee name <b>itunes.apple.com</b>
------------------------	---------------------------------------

Amount (\$) <b>10.81</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>GPS Annual Service</b>
------------------------	--	--

Date <b>1/25/14</b>	Payee name <b>Amazon.com</b>
------------------------	---------------------------------

Amount (\$) <b>27.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>iPad Keyboard</b>
------------------------	--	---

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2 of 6	<b>2</b> FILER NAME BISCHOFF STEVE MYKING	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/7/14	<b>5</b> Payee name Risky's	
<b>6</b> Amount (\$) 23.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 300 N. MACON, FORT WORTH, TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Bev Exp	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) STAFF LUNCH
Date 2/26/14	Payee name Wendy's	
Amount (\$) 11.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3819 SW Loop Blvd, Ft. Worth TX 76133	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev Exp	Description (If travel outside of Texas, complete Schedule T) STAFF LUNCH
Date 2/21/14	Payee name BROOKSTONE	
Amount (\$) 25.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code TERMINAL D24 DFW Airport, TX 75261	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) PRESENTATION REMOTE
Date 3/14/14	Payee name SHERATON	
Amount (\$) 9.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1701 Commerce St. Ft. Worth TX 7602	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP	Description (If travel outside of Texas, complete Schedule T) PARKING FOR SEMINAR

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3 of 6</b>	2 FILER NAME <b>DPB STEVE A King</b>	3 ACCOUNT # (Ethics Commission Filer) <b>20141118</b>
--	---	--

4 Date <b>3/21/14</b>	5 Payee name <b>UPS</b>
--------------------------	----------------------------

6 Amount (\$) <b>10.80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>6387B Camp Bowie, Ft. Worth TX 76099</b>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>POSTAGE (RETURN)</b>
--------------------------	--	--

Date <b>3/22/14</b>	Payee name <b>LOVE'S TRUCK STOP</b>
------------------------	--

Amount (\$) <b>19.81</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4800 E Hwy 114, Rhame TX 76078</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>DATA CABLE</b>
------------------------	--	--

Date <b>3/23/14</b>	Payee name <b>FEDEX</b>
------------------------	----------------------------

Amount (\$) <b>16.23</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4487 Boyan Irwin, Ft. Worth TX 76132</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>URGE PROTECTOR</b>
------------------------	--	--

Date <b>3/23/14</b>	Payee name <b>LA Madeline</b>
------------------------	----------------------------------

Amount (\$) <b>50.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4626 SW Loop 870, Ft. Worth, TX 76109</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gifts/Awards</b>	Description (If travel outside of Texas, complete Schedule T) <b>GIFT CARDS</b>
------------------------	---	--

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel in District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4 of 6</b>		2 FILER NAME <b>STEVE M KING</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/26/14</b>		5 Payee name <b>TWO SISTERS RESTAURANT</b>			
6 Amount (\$) <b>36.15</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>257 W. Bedford-ZULESS RD HURST, TX 76053</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Bev Exp</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>STAFF LUNCH</b>	
Date <b>4/7/14</b>		Payee name <b>USPS</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>4450 OAK LAWN, FT. WORTH, TX 76109</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>		Description (If travel outside of Texas, complete Schedule T) <b>POSTAGE</b>	
Date <b>4/15/14</b>		Payee name <b>DIXIE HOUSE</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>3701 E. BELKNAP, FT. WORTH TX 76111</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Bev Exp</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAFF LUNCH</b>	
Date <b>4/16/14</b>		Payee name <b>USPS</b>			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>4450 OAK LAWN, FORT WORTH TX 76109</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>		Description (If travel outside of Texas, complete Schedule T) <b>P.O. Box Rent</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G <b>5 of 6</b>		2 FILER NAME <b>STEVE M KING</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/23/14</b>		5 Payee name <b>COSSCO</b>			
6 Amount (\$) <b>7.34</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>5300 Overton Ridge Blvd Ft Worth TX 76132</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Office Overhead</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>water (2 yells)</b>	
Date <b>5/5/14</b>		Payee name <b>COSSCO</b>			
Amount (\$) <b>139.64</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>5200 Overton Ridge Blvd, Ft Worth TX 76132</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office Overhead</b>		Description (If travel outside of Texas, complete Schedule T) <b>Printer cartridges</b>	
Date <b>5/8/14</b>		Payee name <b>STATE BOA OF TEXAS</b>			
Amount (\$) <b>325.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>1414 Colorado, Austin TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEES</b>		Description (If travel outside of Texas, complete Schedule T) <b>STATE BOA DUES</b>	
Date <b>5/26/14</b>		Payee name <b>STEVE M. King</b>			
Amount (\$) <b>1,490.75</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>100 W. WEATHERS RD RM 760A FT. WORTH TX 76196</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL OUT OF DISTRICT</b>		Description (If travel outside of Texas, complete Schedule T) <b>3rd WASH CONGRESS ON ADULT GUARDIANSHIP - REIMB</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>6 of 6</b>		2 FILER NAME <b>STEVE M KING</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/27/14</b>		5 Payee name <b>Diginet</b>			
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>73.99</b>		7 Payee address; City; State; Zip Code <b>910 S. Horton St. Seattle WA 98134</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		<b>Office Overhead</b>		<b>Network Office</b>	
Date <b>6/1/14</b>		Payee name <b>AT&amp;T</b>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>226.90</b>		Payee address; City; State; Zip Code <b>P.O. BOX 650487, Dallas, TX 75265</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<b>Office Overhead</b>		<b>Widen Server Cams.</b>	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

FILED  
 TARRANT COUNTY  
 21 JUL 18 AM 9:40  
 STATE BAR OF TEXAS  
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# ASSETS VALUED AT \$500 OR MORE

# SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M: 1

2 FILER NAME

*Steve M King*

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

*SAMSUNG Laptop Computer*

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

FILED  
TARRANT COUNTY  
2014 JUL 18 AM 9:40  
STATE OF TEXAS  
ELECTIONS ADMINISTRATOR  
BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED