CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR DC. NICKNAME THE	David Last King	SUFFIX	STEELE AT THE PROPERTY OF THE PARTY OF THE P
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Elka Loop	CITY, STATE, ZIP CODE	OCT 3 1 2022
Change of Address	Laten	0,11/1001	<u>J</u>	163 CITY Office FS
5 CANDIDATE/ OFFICEHOLDER PHONE	1956) 3(NONE NUMBER	EXTENSION	Receipt # and 5
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MCS, NICKNAME	Alejanoli Last	Al SUFFIX	Date Processed Date Imaged
		KING		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #, CITY;	STATE. ZIP CODE
TREASURER ADDRESS (Residence or Business)	7942	Elka Loop	b Laredo, TX	78045
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE		75-0654	EX.EXXX	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month () 9	/30 / 2022	THROUGH / O	29 / 2022
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
	11 /00	/27 General	Description Special	
	11/08/	66		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known	il Dist. 6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Etnics Commission Filers 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN Ś TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** \$ 3,147.28 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS 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:

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
	OR		
(2) Unsworn Declaration			
My name is David Tyles	, and my date	of birth is	12/14/1989
My address is	Loop Laredo		18079. USH
1.1.016.1-	state of Texas, on the 3/5+ day of	of Octob (month)	e) (zip code) (country) 20 2 2 (year)
	2. 9	7/2	· · · · · · · · · · · · · · · · · · ·
	Signature	of Candidate	Oliiceolder (Declarant)

(1) Affidavit

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethic	is Commission Filers				
'	David Tyler King					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	53,147.28				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S				
3.						
4.	4. SCHEDULE E: LOANS					
5.	THE SHART IRES MADE FROM POLITICAL CONTRIBUTIONS					
6.	CONTROL OF LICATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	54,068.95				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	рн \$				
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	S				
12.	TO FILER					

schedule A1

If the requested information is not applicable. DO NOT include this page in the report.

		1 True pages Series a.
The	Instruction Guide explains how to complete this form.	1 Trib bages Street e
2 FILER NAME $\mathcal{D}a$	5 Full name of contributor	3 Fight Dividence Commission Fight
4 Date	5 Full name of contributor	7 Amount of controls
10/11/22	Luis M. Beravides, M. D. 6 Contributor address; City: State. Zip Code 401 Merlin Rd. Laredo, TX 78041	\$ 500
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state_PAC (ID#	Amount of contribution ⇒S
10/14/22	JJ GONZALEZ Contributor address; City; State; Zip Code 8735 Aida Ct. Lando, TX 78045	\$95.70
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
10/18/22	Boloby Jenkins Contributor address; City; State; Zip Code 244 Purple Heart Dr. Austin, TX 78610	\$239.70
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#) Ricky & Lisa Heard	Amount of contribution (\$)
10/18/22	Contributor address; City; State: Zip Code 216 Sabal Loop Lardb, TX 78045	\$47.70
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional release quirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Date Full name of contributor out-of-state PAC (ID#	2; Zip Code \$47.70 Inployer (See Instructions) Amount of contribution (5) a; Zip Code \$47.70
David Tyler King 4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 2; Zip Code \$47.70 Inployer (See Instructions) Amount of contribution (\$) 2; Zip Code \$47.70 [IL Welle \$47.70
Date Full name of contributor out-of-state PAC (ID#	2: Zip Code \$47.70 Inployer (See Instructions) Amount of contribution (\$) 2: Zip Code \$47.70 IL Collele
Date Full name of contributor out-of-state PAC (IDII) John DiChiara Contributor address; City; State 3416 S. Calumet Ave. Chicago	Amount of contribution (5) a: Zip Code JUC Colle
John Dichiara Contributor address; City; State 3416 S. Calumet Ave. Chicago	is zip code \$47.70
3416 S. Calumet Ave. Chicago	IL 60elle
72 Pleasant St. Providence	a; Zip Code
Date Full name of contributor oul-of-state PAC (ID#	Amount of contribution (\$)
13/6 Tulip Cir. McAllen, T.	
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
ATTACH ADDITIONAL COPIES OF THI	S SCHECOLD IN THE LIST

Forms provided by Texas Ethics Commission

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Fotal pages Schedule A1
2 FILER NAME	wid Tyler King	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Education Fernandez, M. D. 6 Contributor address; City: State: Zip Code 2907 Wathins Dr. Lardy, TX 78045	7 Amount of contribution (\$) \$\begin{align*} \begin{align*} \begi
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
10/18/22	Emmy Welsh Contributor address; City; State: Zip Code 3220 River Lodge Trail FortWorth, 76/6	₹9.30
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/20/22	Jennifer Porras Contributor address; City: State; Zip Code 632 WipperSt, New Brawfels, TX 78130	#9.36
Principal occup	ation / Job litle (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/20/22	James Contez, M.D. Contributor address: City: State: Zip Code 504 E. Lyon St. Lancolo, TX 78040 Employer (See Instruct	\$729.38
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	igns)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE is a sea Instruction guida for a galaxy.	1 () () () () () () () () () (
	ATTACH ADDITIONAL COPIES OF THIS SCHED Below of Contributor is out-of-state PAC, please see Instruction guida for address.	(4.4.7.502)

SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	1 Total pages Schedule A1
FILER NAME D	avid Tyler King	3 Filer ID (Ethics Commission Filers)
Date 5	Full name of contributor	7 Amount of contribution (\$)
0/24/22 6	Gabriel Castilleja contributor address: City: State; Zip Code 13 Sendero Ct. Laredo, TX 78045	\$ 95.70
	on / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
0/24/22	Sathori Chning, M.D. Contributor address; City; State; Zip Code 700 E. Saunders St. Laredo, TX78141	\$ 900,00
	n / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
0/24/22	Paul Bayd Contributor address; City; State; Zip Code 10 Adams Ave. Memphis, TN 38103	\$ 250.00
	on / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation	n / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AND contributor is out-of-state PAC, please see instruction guide for additional	Politikali Samuran mangan men

LOANS

SCHEDULE E

If the requested information is not	If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide ex	ete this form.	1 Total pages Schedule E			
2 FILER NAME David Tyler		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED LOAM	NS		\$ 20,000		
6 Is lender 8 Lender address;	2 David Tyler King				
Y N // / L L 12 Principal occupation / Job title (See Inst		13 Employer (See Instructions)	09/26/2025		
Resident Physician		University of the	Incornate Word		
14 Description of Collateral		Check if personal fun- account (See Instruct			
16 GUARANTOR INFORMATION 17 Name of guaranto 18 Guarantor addre		State; Zip Code	19 Amount Guaranteed (5)		
not applicable 20 Principal Occupation (See Instructions)		21 Employer (See Instructions)			
			Loan Amount (\$)		
Date of loan Name of lender	aut-of-state	PAC (ID#:)			
Is lender Lender address a financial Institution?	; City;	State; Zip Code	Interest rate Maturity date		
Y N Principal occupation / Job title (See Inst	ructions)	Employer (See Instructions)			
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR Name of guaranto INFORMATION Guarantor addre		State, Zip Code	Amount Guaranteed (\$)		
not applicable Principal Occupation (See Instructions)		Employer Constan			
ATTACH ADDITIONAL COPIES OF THIS SCHEDDE - AS MED DOO If lender is out-of-state PAC, please see instruction guide for a declaration and additional properties of the properti					

SCHEDULE F1

15 June 3 17 2020

If the requested information is not applicable, DO NOT include this page in the report.

		EX	PENDITURE	CATEG	ORIESF	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awar Legal Sei	verage Expense ds/Memonals Exp rvices		Office Over Polling Exp Printing Exp Salaries/Wa		Solicitation/Fun Transportation I Travel In Distric Travel Out Of E Other (enter a c	Equipment & ct District	Related Expense
1 Total pages Schedule F1:	2 FILER N	AME ,	<u> </u>	. /			3 Filer ID (5	Ethics Comi	nission Filers)
ן יי	Da	vid	Tyler	Kin	g				
4 Date						-73 o			
10/3/22	Stro	Nger	Togethe	r toi	MODE	701			Code
6 Amount (\$)	7 Payee a					City;	State	. 21) Code
\$ 200.00	1110	Was	shington	St.	L	acclo, TX	780	40	
8	(a) Catego	ry (See Cal	egories listed at the	top of this s	chedule)	(b) Description Broast (~ \ ~ C	Wal	k
PURPOSE	X	tur				B/OUST C	.cence 1		
OF EXPENDITURE	07	my.				CRaul	Reyes)		
EXPENDITURE	(3)	Chack if tra	vel outside of Texas.	Complete Sci	nedule T.	Check if Auslii	n, TX, officenolder	living expens	e
	(c)					Office sought		Office	held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Office	ceholder name						
Date	Payee n	ame		~ . /	^ .				
10/5/22	Var	tag	e 67	-X_	Prin	+ \$ Desi	9∩ State	; Ziç	Code
Amount (\$)	Payee a					1		5110	
\$275	918	Hio	lalgo s	St	La	redo, TX	1/80	40	
	Categor	y (See Cale	gories listed at the	top of this sc	hedule)	Description .			0 ()
PURPOSE OF	Ad	rent	TSing			Graph	ic Desi	igner	Retainer
EXPENDITURE	,		vel outside of Texas.	Complete Sch	nedule T.	Check if Austii	n, TX, officeholder	living expens	e
						Office sought		Office	held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jale / Offic	ceholder name						
Dale	Payee n	ame	/ 0						
10/6/22	Pr	int	XYC	es <i>.5</i>					
(0/0/0/00)	11					City:	State	Zir	Code
Amount (\$)	Payee a	ddress;	- 1		0 1	1 - 1 -	TI DO	141	
H22113/1	427	$\cap \Lambda$	AcPher	∞	Kď.	Larelloi	1/1/101) (1	
92,570.01	100	\mathcal{O}				Description			
	Categor	/ (See Cale	gories listed at the t	op of this sc	negale)		_		
PURPOSE	0~	intin	g Exp	22NS1	2	Mailer.	>		
OF	41	(1////	5 7					h, no expens	e
EXPENDITURE		Check if trail	vel outside of Texas.	Complete Sci	redule 1		y governmentaler		e held
			ceholder nam			$(\mathbf{r}_i)_{k=1,\dots,k} = (\mathbf{r}_i)_{i=1}^{k-1}$		4.0.000	
Complete ONLY if direct expenditure to benefit C/OH		,a.c. , O					T 6 11		

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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 Accounting/Banking Consulting Expense Couldbutions/Donations M

Event Expense Fees Food/Beverage Expense Loan Repayment/Re-indursement Office Overhead/Rental Expense Polling Expense

Scholtation Fundraising Expense Transportation Equipment & Related Expense Fravel In District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salanes/V The Instruction Guide explains how to describe the service of the service o	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME David Tyler Wing	3 Filar ID (Etnics Commission Flors)
4 Date 10/7/22	5 Payee name Facebook	
6 Amount (\$)	7 Payee address;	City. State, Zip Code
\$900	1 Facebook Way 1	Menlo Pork, CA 94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Post Boosting
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin TX officeholder fizing expanse
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/7/22	Medina Eye Production	
Amount (\$)	Payee address;	City; State: Zip Code
\$2,500	475 N. Highland Ave.	. Memphis, TN 38122
	Category (See Calegories listed at the lop of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Videography
	Check if travel outside of Texas, Complete Schedule T.	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	
10/11/27	Stronger Together For	indation
Amount (\$)	Payee address.	City State, Zip Code
\$ 100	1110 Washington St.	***************************************
PURPOSE OF EXPENDITURE	Category (See Categories listed at the for of this socied also. Donations Madle by C/O	Breast Concer Walk
	Chack if travel outside of Taxas (Out plets (activities)	. Communication to an expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	et utfige held
	ATTACH ADDITIONAL COPIES OF 1995	Acres a Constantitu
	Dente offices 11:	15 16 4 8 1 2 20 20

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

expenditure to benefit C/OH

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Etnics Commission Filers) David 4 Date 10/11/

McPherson Rd (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Meet & Greet OF

EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder hang expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct

Laredo Morning Times City; State. Zip Code Laredo, Esperanza Dr. \$ 525.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE

Check if travel outside of Texas. Complete Schedule T. Check if Austin "X officeholder living expense Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct

expenditure to benefit C/OH Payee name

Zip Code E. Del Mar Laredo, Tt Description Category (See Categories Island at the top of this schedule,

Every Day Direct Mail **PURPOSE** Advertising **EXPENDITURE** Check if travel outside of Toxas. Complete Schellus-Office results Candidate / Officeholder name Office hold Complete ONLY if direct

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS HEEDED

expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

SCHEDULE F1

II tile requested iiii	ormation is not approasie; 2 c		
	EX PENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expenso Accounting/Banking Consulting Exponse Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees		(1, 20)
1 Total pages Schedule F1.	2 FILER NAME David Tyler Ling	3 Filer ID (Etnics Commission	
4 Date 13/22	5 Payee name /	Cdv State Zip Code	
6 Amount (\$)	7 Payee address;	City.	
\$ 599.90	2395 E. Del Mar		
8	(a) Category (See Categories listed at the top of this schedul	dule) (b) Description	TOOM
PURPOSE OF EXPENDITURE	Advertising	Every day direct mail(EVVI)
	(c) Check if travel outside of Texas. Complete Schedule	le T. Chock if Austin, Tx. off scholder 1, ng discrete	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	Payee name		
10/17/22	Facebook	City: State Zip Code	
Amount (\$)	Payee address:		5
\$651.99	1 faceball 00 sog	Menlo Park, CA 9402	
	Category (See Categories listed at the top of this schedul	Post Boosting	
PURPOSE OF	Advertising		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	le T. Check if Austin. TX officenotder Lizing expense. Office hold	
	Candidate / Officeholder name	Office sought	
Complete ONLY if direct expenditure to benefit C/Oh			
Date /	Payee name		
10/24/22	USPS	City. State Zip Code)
Amount (\$)	Payee address: 2395 F Del Mor	r Laredo, TX 78045)
\$ 600.21			
Haco.	Category (See Categories listed at the top of this schedul	EDDM)	
PURPOSE OF	Advertising	trin'i	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	Office steams	
	Candidate / Officeholder name	Ottors See as	
Complete ONLY if direct expenditure to benefit C/OH		COMEDINE AS NELLY	=
Caponia	ATTACH ADDITIONAL COPIES OF	THIS SCUEDOCE	
	www.ethics.stat	ate Ix.u5	

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/Flandra single voensy Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Excen Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Fravel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed applied Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Editis Dr. Laredo, TX 78045 Esperanza **PURPOSE** Digital Ads Advertising EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officenalder Living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Facebook Way Menb Pork, CA \$900 Category (See Categories listed at the top of this schedule) **PURPOSE** Post Boosting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder bying expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name USP5 Amount (\$) State Laredo, TX 78545 Category (See Categories listed at the top of this schodule) Description PURPOSE Advertising OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Candidate / Officeholder name Complete QNLY if direct Office squart expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	
1 Total pages Schedule F1:	2 FILER NAME David Tyler King	3 Filer ID (Ethics Commission Flors
4 Date (0/24/22	5 Payee name	State Zip Code
6 Amount (\$)	7 Payee address;	City.
\$913.50	2395 E. Del Ma	r Laredo, TX 78045
8	(a) Category (See Categories listed at the top of this school	
PURPOSE OF EXPENDITURE	Advertising	EDDM
2 /1	(c) Check if travel outside of Texas. Complete Sched	fulo T. Check if Austin TX, officeholder living expanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	Payee name	
10/25/22	Shipley Do-Nut	City; State Zip Code
Amount (\$)	Payee address;	•
\$34.65	920 Fenwich Dr.	Laredo, TX 78041
	Category (See Categories listed at the top of this sched	Description of adverting
PURPOSE OF	Food expense	Doughnuts for early voting
EXPENDITURE	Check if travel outside of Texas. Complete Sched	UleT. Check if Austin, TX, officeholder Ling expense Office held
nuny it direct	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Payee name A A	
Date 10/26/22	Roque City Med	State Side Side
•	Payee address:	1 TV 78739
Amount (\$)	5813 Windvale 1	Dr. Windcrest, TX 78239
\$(1500	Category (See Categories listed at the top of this schad	(ula) Description
PURPOSE OF	Advertising	V1006919010/
EXPENDITURE	Check if travel outside of Texas. Complete Sched	cle T. Check if Austro Tymospecial is in a control of the month.
	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH		THE SCHEDULE AS NEEDWA
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

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schedule F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gill/Awards/Memorials Expense Printing I Committee Legal Services Salari	Repayment/Reimbursement Overhead/Rental Expenso g Expense ig Expense es/Wages/Contract Labor	Solicitation-Eundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Fayment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME David Tyler King		3 Filer ID (Ethics Commission Filers	
4 Pate (691.50	5 Payee name K 6 NS			
6 Amount (\$)	7 Payee address;	City;	State, Zip Code	
10/27/22	120 W. Del Mar	Laredo,	TX 78041	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Digita	Digital Ads	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	in, TX- officeholder lizing expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/27/22	Rogue City Medi		State Zip Code	
Amount (\$)	Payee address:	City;	5.6.0	
\$1,750	5813 Windvale P		est, 1X 1/8239	
	Category (See Categories listed at the top of this schedule)	Description	1.	
PURPOSE OF EXPENDITURE	Advertising	Vidagraphy		
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austi	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 10/28/22	Creativa Media Gro	up		
Amount (\$)	Payee address;	City;	State, Zip Code	
	4 - 4 0 . 0	Laredo, T	X 78045	
\$1,250	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Radio	, Ads + Interview	
	Check if travel outside of Texas. Complete Schedule T		on the major that expense Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	слисе овч	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDOLISM				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation Fundrationg Expense Fransportation Equipment & Related Expens Travel In District Travel Out Of District Other renter a category and listed 100 zea.

Printing Expense Salanes/Wages/Contract Labor Other lenter a category not listed incover Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Etnics Commission Flacs 1 Total pages Schedule F4: 2 FILER NAME s 4,068.95 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD K6NS Zip Code 120 W. Del Mor Laredo, TX 7804/ \$4,068.95 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE EXPENDITURE Check if Austin TX officeholder truing expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City. Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Comptete Schedule T Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHED ALL CAPTURE OF