

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed <div style="text-align: right; font-size: 1.2em;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <div style="text-align: center; font-size: 1.2em;">Dr.</div>	FIRST <div style="text-align: center; font-size: 1.2em;">David</div>	MI <div style="text-align: center; font-size: 1.2em;">T</div>
	NICKNAME <div style="text-align: center; font-size: 1.2em;">Tyler</div>	LAST <div style="text-align: center; font-size: 1.2em;">King</div>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <div style="text-align: center; font-size: 1.2em;">7942 Elka Loop Laredo, TX 78045</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(956) 308-6440</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <div style="text-align: center; font-size: 1.2em;">Mrs.</div>	FIRST <div style="text-align: center; font-size: 1.2em;">Alejandra</div>	MI
	NICKNAME <div style="text-align: center; font-size: 1.2em;">Tyler</div>	LAST <div style="text-align: center; font-size: 1.2em;">King</div>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <div style="text-align: center; font-size: 1.2em;">7942 Elka Loop Laredo, TX 78045</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(404) 375-0654</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">09 / 30 / 2022 THROUGH 10 / 29 / 2022</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">11 / 08 / 22</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">City Council Dist. 6</div>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	



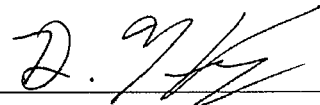
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>David Tyler King</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,147.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,917.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,194.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,507.50

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

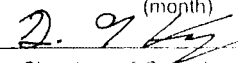
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is David Tyler King, and my date of birth is 12/14/1989
 My address is 7942 Eika Loop, Laredo, TX 78045, USA
(street) (city) (state) (zip code) (country)

Executed in Webb County, State of Texas, on the 31st day of October, 20 22
(month) (year)



Signature of Candidate or Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>David Tyler King</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,147.28
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 20,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,917.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,000.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,068.95
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Submitted: **4**

2 FILER NAME

David Tyler King

3 Filer ID Number (Contributor ID#)

4 Date

10/11/22

5 Full name of contributor

Luis M. Benavides, M.D.

out-of-state PAC (ID#)

7 Amount of contribution (\$) **\$ 500**

6 Contributor address; City; State; Zip Code

401 Merlin Rd. Laredo, TX 78041

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/22

Full name of contributor

JJ Gonzalez

out-of-state PAC (ID#)

Amount of contribution (\$) **\$95.70**

Contributor address; City; State; Zip Code

8735 Aida Ct. Laredo, TX 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/22

Full name of contributor

Bobby Jenkins

out-of-state PAC (ID#)

Amount of contribution (\$) **\$239.70**

Contributor address; City; State; Zip Code

244 Purple Heart Dr. Austin, TX 78660

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/22

Full name of contributor

Ricky & Lisa Heard

out-of-state PAC (ID#)

Amount of contribution (\$) **\$47.70**

Contributor address; City; State; Zip Code

216 Sabal Loop Laredo, TX 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A1 AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional filing requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME David Tyler King		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mercedes Hernandez	7 Amount of contribution (\$) \$47.70
6 Contributor address; City; State; Zip Code 1000 Ranchway Dr. Laredo, TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John DiChiara	Amount of contribution (\$) \$47.70
Contributor address; City; State; Zip Code 3416 S. Calumet Ave. Chicago, IL 60616		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katharina de Klerk, M.D.	Amount of contribution (\$) \$239.70
Contributor address; City; State; Zip Code 72 Pleasant St. Providence, RI 02906		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Carreon	Amount of contribution (\$) \$95.70
Contributor address; City; State; Zip Code 1316 Tulip Cir. McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for a list of states that accept payments.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME David Tyler King		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Fernandez, M.D. 6 Contributor address; City; State; Zip Code 2907 Watkins Dr. Laredo, TX 78045	7 Amount of contribution (\$) \$239.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emmy Welsh Contributor address; City; State; Zip Code 3220 River Lodge Trail FortWorth, TX 76116	Amount of contribution (\$) \$9.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Pomras Contributor address; City; State; Zip Code 632 Wipper St, New Braunfels, TX 78130	Amount of contribution (\$) \$9.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Cortez, M.D. Contributor address; City; State; Zip Code 504 E. Lyon St. Laredo, TX 78040	Amount of contribution (\$) \$729.38
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A1</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional requirements.</p> <p>www.ethics.state.tx.us</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME David Tyler King		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel Castilleja	7 Amount of contribution (\$) \$ 95.70
6 Contributor address; City; State; Zip Code 413 Sendero Ct. Laredo, TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sattori China, M.D.	Amount of contribution (\$) \$ 900.00
Contributor address; City; State; Zip Code 1700 E. Saunders St. Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Boyd	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 140 Adams Ave. Memphis, TN 38103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS REQUIRED
 If contributor is out-of-state PAC, please see instruction guide for appropriate filing requirements.
www.ethics.state.tx.us

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E 1
2 FILER NAME David Tyler King		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 20,000
5 Date of loan 9/30/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) David Tyler King	9 Loan Amount (\$) \$ 20,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 7942 Elka Loop Lardo, TX 78045	10 Interest rate 8.25%
		11 Maturity date 09/26/2025
12 Principal occupation / Job title (See Instructions) Resident Physician		13 Employer (See Instructions) University of the Incarnate Word
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE E WITH EACH LOAN.
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME David Tyler King	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/22	5 Payee name Stronger Together Foundation	
6 Amount (\$) \$200.00	7 Payee address; City: State: Zip Code 1110 Washington St. Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Breast Cancer Walk (Raul Reyes)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 10/5/22	Payee name Vantage GFX Print & Design	
Amount (\$) \$275	Payee address; City: State: Zip Code 918 Hidalgo St. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Graphic Designer Retainer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 10/6/22	Payee name Print X Press	
Amount (\$) \$2,343.61	Payee address; City: State: Zip Code 4820 McPherson Rd. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE FOR EACH ITEM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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 F1:	2 FILER NAME David Tyler King	3 Filer ID (Ethics Commission Filer):
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4 Date 10/7/22	5 Payee name Facebook
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6 Amount (\$) \$900	7 Payee address: 1 Facebook Way Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Post Boosting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7/22	Payee name Medina Eye Productions
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Amount (\$) \$2,500	Payee address: 475 N. Highland Ave. Memphis, TN 38122
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Videography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/22	Payee name Stronger Together Foundation
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Amount (\$) \$100	Payee address: 1110 Washington St. Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations made by c/o	Description Breast Cancer Walk
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE IF AS REQUIRED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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 Filer):
4 Date 10/11/22	5 Payee name Danny's Restaurant	
6 Amount (\$) \$263.24	7 Payee address: 9720 McPherson Rd.	City, State, Zip Code Laredo, TX 78045
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverages	(b) Description Meet & Greet
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/11/22	Payee name Laredo Morning Times	
Amount (\$) \$525.00	Payee address: 111 Esperanza Dr.	City, State, Zip Code Laredo, TX 78041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Election Guide
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/13/22	Payee name USPS	
Amount (\$) \$266.66	Payee address: 2395 E. Del Mar	City, State, Zip Code Laredo, TX 78045
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Every Day Direct Mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS REQUIRED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Solvent and Underlying Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment/TX Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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 F1:	2 FILER NAME <i>David Tyler King</i>	3 Filer ID (Ethics Commission File #)
4 Date <i>10/13/22</i>	5 Payee name <i>USPS</i>	
6 Amount (\$) <i>\$599.90</i>	7 Payee address; City, State Zip Code <i>2395 E. Del Mar Laredo, TX 78045</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Every day direct mail (EDDM)</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder filing expense.	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>10/17/22</i>	Payee name <i>Facebook</i>	City, State Zip Code
Amount (\$) <i>\$651.99</i>	Payee address; <i>1 Facebook Way Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Post Boosting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder filing expense.	
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>10/24/22</i>	Payee name <i>USPS</i>	City, State Zip Code
Amount (\$) <i>\$600.27</i>	Payee address; <i>2395 E. Del Mar Laredo, TX 78045</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>EDDM</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder filing expense.	
Candidate / Officeholder name		
Office sought		
Office held		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 F1:	2 FILER NAME <i>David Tyler King</i>	3 Filer ID (Ethics Commission File #)
4 Date <i>10/24/22</i>	5 Payee name <i>Laredo Morning Times</i>	
6 Amount (\$) <i>\$750</i>	7 Payee address; City: State: Zip Code: <i>111 Esperanza Dr. Laredo, TX 78045</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Digital Ads</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/24/22</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$900</i>	Payee address; City: State: Zip Code: <i>1 Facebook Way Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Post Boosting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/24/22</i>	Payee name <i>USPS</i>	
Amount (\$) <i>\$902.28</i>	Payee address; City: State: Zip Code: <i>2395 E. Del Mar Laredo, TX 78045</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>EDDM</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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 F1: 2		2 FILER NAME David Tyler King		3 Filer ID (Ethics Commission File #)	
4 Date 10/24/22		5 Payee name USPS			
6 Amount (\$) \$913.50		7 Payee address: City: State Zip Code 2395 E. Del Mar Laredo, TX 78045			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description EDDM		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/25/22		Payee name Shipley Do-Nuts			
Amount (\$) \$34.65		Payee address: City: State Zip Code 920 Fenwick Dr. Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense		Description Doughnuts for early voting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/26/22		Payee name Rogue City Media			
Amount (\$) \$1,500		Payee address: City: State Zip Code 5813 Windvale Dr. Windcrest, TX 78239			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Videography		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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www.ethics.state.tx.us

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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 F1:	2 FILER NAME <i>David Tyler King</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>10/27/22</i>	5 Payee name <i>KGN'S</i>	
6 Amount (\$) <i>10/27/22</i>	7 Payee address; City: State: Zip Code <i>120 W. Del Mar Laredo, TX 78041</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Digital Ads</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>10/27/22</i>	Candidate / Officeholder name <i>Rogue City Media</i>	
Amount (\$) <i>\$1,750</i>	Payee address; City: State: Zip Code <i>5813 Windvale Dr. Windcrest, TX 78239</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Videography</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>10/28/22</i>	Candidate / Officeholder name <i>Creativa Media Group</i>	
Amount (\$) <i>\$1,250</i>	Payee address; City: State: Zip Code <i>434 Puig Dr. Laredo, TX 78045</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Radio Ads + Interview</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME David Tyler King	3 Filer ID (Ethics Commission File #)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 4,068.95

5 Date 10/27/22	6 Payee name K6NS
7 Amount (\$) \$4,068.95	8 Payee address; City, State, Zip Code 120 W. Del Mar Laredo, TX 78041

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description TV Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City, State, Zip Code

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE TO EACH REPORT