

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: 6

| | | | | |
|---------------------------------|----------------------------|-------------------------|----------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Michael | MI K | OFFICE USE ONLY Date Received: <u>TIME 3:06 PM</u> FEB 05 2024 DONECE GEGORY, COUNTY CLERK TYLER COUNTY, TEXAS BY: <i>[Signature]</i> |
| | NICKNAME | LAST King | SUFFIX | |

| | | | | | |
|--|---|----------------|--------------------------------------|--------|----------|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; 1314 County Road 3230 | APT / SUITE #; | CITY; Colmesneil, TX 75938 | STATE; | ZIP CODE |
| Change of Address <input type="checkbox"/> | | | | | |

| | | | | |
|----------------------------------|-----------------------------|---------------------------------|-----------|--|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (318) | PHONE NUMBER 229-3386 | EXTENSION | Date Hand-delivered or Date Postmarked |
|----------------------------------|-----------------------------|---------------------------------|-----------|--|

| | | | | | |
|---------------------------|----------------------------|-------------------------|----------------|----------------|-------------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Michael | MI K | Receipt # | Amount \$ |
| | NICKNAME | LAST King | SUFFIX | Date Processed | Date Imaged |

| | | | | | |
|--|--|----------------|--------------------------------------|--------|----------|
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 1314 County Road 3230 | APT / SUITE #; | CITY; Colmesneil, TX 75938 | STATE; | ZIP CODE |
|--|--|----------------|--------------------------------------|--------|----------|

| | | | |
|----------------------------|-----------------------------|---------------------------------|-----------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (318) | PHONE NUMBER 229-3386 | EXTENSION |
|----------------------------|-----------------------------|---------------------------------|-----------|

| | | | | |
|---------------|-------------------------------------|--|--|--|
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input checked="" 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 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 1 | Day 1 | Year 24 | THROUGH | Month 1 | Day 26 | Year 24 |
|-------------------|-------------------|-----------------|-------------------|---------|-------------------|------------------|-------------------|

| | | | | | | |
|-------------|-------------------|-----------------|-------------------|---|----------------------------------|--|
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month 3 | Day 5 | Year 24 | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |
| | | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | |

| | | |
|-----------|-------------------------------------|---|
| 12 OFFICE | OFFICE HELD (if any) None | 13 OFFICE SOUGHT (if known) Sheriff |
|-----------|-------------------------------------|---|

| | | | | |
|---------------------------------------|---|--------------------------------------|--|--|
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| Additional Pages | <input type="checkbox"/> GENERAL | COMMITTEE NAME | | |
| | <input type="checkbox"/> SPECIFIC | 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 | | 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) | \$ 3,130.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,144.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 16.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael King this the 5th day of February 2024, to certify which witness my hand and seal of office.
Kimberly Murray Kimberly Murray Deputy
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Michael K King, and my date of birth is 02/07/1966
 My address is 1314 County Road 3230, Colmesneil, TX, 75938, USA
 (street) (city) (state) (zip code) (country)
 Executed in Tyler County, State of Texas, on the 5th day of February, 2024
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|--|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 4,044.00 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 100. |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

Empty space for additional information or notes.

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 Michael K King | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/22/20 | 5 Full name of contributor out-of-state PAC (ID#: _____) Wouter Blom 6 Contributor address; City; State; Zip Code 194 28th Street, Woodville, TX 75979 | 7 Amount of contribution (\$) 3,130.00 |
| 8 Principal occupation / Job title (See Instructions) self employed | | 9 Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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 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 Michael K King | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/09/2024 | 5 Payee name MH Outdoor Advertising | |
| 6 Amount (\$) 1,500.00 | 7 Payee address; City; State; Zip Code 11750 Katy Fwy #1300 Houston, TX 77079 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising | (b) Description billboard rental |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Michael K King | Office sought Sheriff |
| | | Office held None |
| Date 01/11/2024 | Payee name Vista Print | |
| Amount (\$) 790.00 | Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | Description signs/cards |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Michael K King | Office sought Sheriff |
| | | Office held None |
| Date 01/23/2024 | Payee name Tyler County Booster (East Texas Publishing) | |
| Amount (\$) 1,754.00 | Payee address; City; State; Zip Code 205 W Bluff, Woodville, TX 75979 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising | Description newspaper print ads |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Michael K King | Office sought Sheriff |
| | | Office held None |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: | 2 FILER NAME Michael K King | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/20/2024 | 5 Payee name Tyler County Republican Womens Club | |
| 6 Amount (\$) 100.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) event | (b) Description event fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Michael K King | Office sought Sheriff |
| | | Office held None |
| Date | Payee name | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | (c) 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 | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | (c) 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 |

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