CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST ZACHARY NICKNAME LAST	MI C suffix	OFFICE USE ONLY Date Received
* * entropico (con)	KING	SOFFIX	FILED FOR RECGION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; PO BOX 271429 CORPUS CHRIST	CITY; STATE; ZIP CODE	FEB 1 9 2020 KARA SANDS CLERK, COUNTY COURT, NUECES FOURTY, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 361 813-7165	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	ZACHARY	C	Date Processed
, A.C.	NICKNAME LAST	SUFFIX	Date Imaged
	KING		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 2805 LAKE TRANQUILITY CIR CO		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 361 813-7165	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 11 / 01 / 2019	THROUGH 01	Day Year 15 / 2020
11 ELECTION	BLECTION DATE Month Day Year 03 03 2020 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	CONSTABLE, PRECINCT 2

2020-0058

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
ZACHARY C KING			4	
16 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		The state of the s
	SPECIFIC	u.		
		COMMITTEE CAMPAIGI	N TREASURER NAME	
Additional Pages				
		COMMITTEE CAMPAIG	N TREASURER ADDRESS	
*				
17 CONTRIBUTION TOTALS	PLEDG		CAL CONTRIBUTIONS (OTHER THAN RANTEES OF LOANS, OR CTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0			\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 2,052.10	
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,052.10	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ 0	
18 AFFIDAVIT				
				perjury, that the accompanying report is cormation required to be reported by me
			1	
Signature of Candidate of Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribe	d before me, by the s	aid Lagar	Carltonting, this the	19th
day of Fenruac	4.2020	to certify which, wi	tness my hand and seal of office	
The state of the s				
OSO OSO	2 12 King	A I VA COLEN	- Authorate	
Signature of officer a	Motary ID # 01 VistoM	Printed name	of officer administering oath	Title of officer administering oath
Forms provided by Texas E		www.e	ethics.state.tx.us	Revised 1/1/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	ommission Filers)	
ZAC	CHARY C KING		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	120	\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,052.10
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 1,000
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ 0

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B		Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District	
Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor show to complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
2	ZACHARY C KING		,	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 1052.10	
5 Date	6 Payee name	*		
11/02/2019	FAST SIGNS			
7 Amount (\$) 230.10	8 Payee address;	City;	State; Zip Code	
	1220 AIRLINE #170	CORPUS CHF	RISTI TX 78412	
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this se	chedule) (b) Description		
PURPOSE				
OF EXPENDITURE	ADVERTISING EXPENSE	YARD SIGNS		
	(c) Check if travel outside of Texas. Complete So	hedule T. Check if Au	stin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/19/2019, 12/16/2019, 01/13/2020	DALEY PROFESSIONAL WEB SC	LUTIONS		
Amount (\$) 87	Payee address;	City;	State; Zip Code	
,	211 CARDINAL DRIVE	MONTGOMER	RY NY 12549	
TYPE OF		NONTOONLI	(1 111 12549	
EXPENDITURE	X Political	Non-Political		
	Category (See Categories listed at the top of this s	chedule) Description		
PURPOSE			8	
OF EXPENDITURE	ADVERTISING EXPENSE	WEB HOSTIN	G	
	Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
·				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	l Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	The Instruction Guide explain	is how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
2	ZACHARY C KING			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 1052.10	· · · · · · · · · · · · · · · · · · ·
5 Date	6 Payee name			
12/01/2019, 12/31/2019	CRICKET WIRELESS	era anti-archive anno anno anno anno anno anno anno ann		
7 Amount (\$) 55	8 Payee address;	City;	State;	Zip Code
	1025 LENOX BLVD. NE	ATLANTA	GA	30319
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE				
OF EXPENDITURE	OTHER	CELLULAR SE	RVICE	
	(c) Check if travel outside of Texas. Complete 9		stin, TX, officeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name		12	
01/07/2020	iHEART MEDIA			
Amount (\$) 680	Payee address;	City;	State;	Zip Code
, , , , , , , , , , , , , , , , , , ,	20880 STONE OAK PKWY	SAN ANTONI	XT C	78258
TYPE OF EXPENDITURE	X Political	Non-Political		
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE				
OF EXPENDITURE	ADVERTISING EXPENSE	RADIO ADS		
	Check if travel outside of Texas. Complete	p	ustin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	neld
, ,	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
1	ZACHARY C KING		· · · · · · · · · · · · · · · · · · ·	Commission and Commission (Commission of Commission of Com
4 Date	5 Payee name			
11/09/2019	NUECES COUNTY REPUBLICAN PART	V		
6 Amount (\$) 1,000	7 Payee address;	City;	State;	Zip Code
				Standard Tool Sentitivities states of
Reimbursement from political contributions				
intended	5151 FLYNN PARKWAY #101 (a) Category (See Categories listed at the top of this schedule)	CORPUS CI	HRISTI TX	78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	FEES	FILING FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH				
Date	Payee name			
	. ayso name			
Amount (\$)	Davida address			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from				
political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
***************************************	Candidate / Officeholder name	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	ОН			
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from			4	
political contributions intended				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TV officeholder living ev	nanca
	Candidate / Officeholder name	Office sought	n, TX, officeholder living exp	Office held
Complete ONLY if direct expenditure to benefit C/OH	Sandidate / Sinceriolder Harris	omeo coagn	`	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				