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 7

3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST Debbie MI A NICKNAME LAST Nash-King SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #: CITY STATE; ZIP CODE 2509 Little Nolan Road Killeen, TX 76542
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 526-4629
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST Debbie MI A NICKNAME LAST Nash-King SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY, STATE, ZIP CODE 2509 LittleNolan Road Killeen, TX 76542
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 526-4629

9 REPORT TYPE

- [ ] January 15
- [X] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded Modified Reporting Limit
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 04 / Day 28 / Year 22 THROUGH Month 07 / Day 15 / Year 22

11 ELECTION

ELECTION DATE Month 5 / Day 7 / Year 22

ELECTION TYPE
- [X] Primary
- [ ] General
- [ ] Runoff
- [ ] Special
- [ ] Other Description

12 OFFICE — OFFICE HELD (if any) Mayor

13 OFFICE SOUGHT (if known) Mayor

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.*

COMMITTEE TYPE	
	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	$ 200.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 450.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ N/A
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1822.09
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 535.89
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ N/A

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.

Debbie Nash-King

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

STELLA HAWKINS
NOTARY PUBLIC STATE OF TEXAS
MY COMM. EXP. 11/24/2024
NOTARY ID 13279975-6
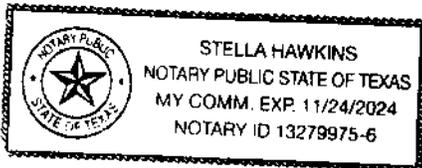
NOTARY STAMP / SEAL

Sworn to and subscribed before me by ___Debbie Nash-King___ this the __12__ day of __July__

20 __22__, to certify which, witness my hand and seal of office

___	___Stella Hawkins___	___Notary___
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

(street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____ on the _____ day of _____, 20_____

(month)   (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME

Debbie Nash-King

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

		NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	X	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 450.00
2		SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ N/A
3		SCHEDULE B PLEDGED CONTRIBUTIONS	$ N/A
4		SCHEDULE E LOANS	$ N/A
5	X	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1000.00
6		SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$ N/A
7		SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
8	X	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$ 67.09
9	X	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 455.00
10		SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ N/A
11		SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ N/A
12		SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ N/A

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
	1

2 FILER NAME

Debbie Nash-King

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	out-of-state PAC (ID# _____)	**7** Amount of contribution ($) 100.00
5/3/22	Donald Smith		

6 Contributor address: City; State; Zip Code

7388 E Trimmier Killeen, TX 76542

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	out-of-state PAC (ID# _____ _____)	Amount of contribution ($) 100.00
4/29/22	Craig Landford		

Contributor address: City; State; Zip Code

2561 E Elms Road Killeen, TX 76542

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	out-of-state PAC (ID# _____ _____)	Amount of contribution ($) 250.00
4/28/22	Ronald Stepp		

Contributor address: City; State; Zip Code

803 Bear Trail Harker Heights, TX 76548

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Debbie Nash-King	3 Filer ID (Ethics Commission Filers)
1		

4 Date	5 Payee name
6/23/22	Debbie Nash-King

6 Amount ($) 1000.00	7 Payee address: 2509 Little Nolan Road Killeen, TX 76542	City:	State:	Zip Code

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Reimbursement for Personal loan

(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	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

☐ 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	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

☐ 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	Office sought	Office held

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
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 Debbie Nash-King	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 Date 4/30/22	6 Payee name Facebook

7 Amount ($) 12.88	8 Payee address: City; State, Zip Code 1601 Willow Avenue Mento Park CA 94025

9 TYPE OF EXPENDITURE   X Political   Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertisement

(c)   Check if travel outside of Texas. Complete Schedule T   Check if Austin, TX, officeholder living expense

11 Complete **ONLY** if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 5/11/22	Payee name Facebook

Amount ($) 54.21	Payee address: City, State, Zip Code 1601 Willow Avenue Mento Park, CA 94025

TYPE OF EXPENDITURE   X Political   Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement

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	Office sought	Office held

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Debbie Nash-King	

4 Date	5 Payee name
5/7/22	Myles Stillman

6 Amount ($) 360.00	7 Payee address:	City:	State:	Zip Code
Reimbursement from political contributions intended	513 South 9th Street Copperas Cove TX 76522			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Worked Poll during the election outside of polling station
	(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	Office sought	Office held

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Date 5/26/22	Payee name
	KDH

Amount ($) 95.00	Payee address.	City:	State,	Zip Code
Reimbursement from political contributions intended	1809 Florence Road Killeen TX 76541			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door magnets
	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	Office sought	Office held

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Date	Payee name

Amount ($)	Payee address.	City:	State:	Zip Code
Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED