

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) <div style="text-align: center; font-size: 1.5em;">N/A</div>	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">9</div>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px dashed black;">FIRST Debbie</td> <td style="width:30%; border-bottom: 1px dashed black;">MI A.</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST Nash-King</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST Debbie	MI A.	NICKNAME	LAST Nash-King	SUFFIX	<div style="text-align: center; font-size: 2em; color: blue; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">APR 03 2024</div> <div style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">4:45 PM</div> <div style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">City of Killeen</div> <div style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">By: Angelica Delin</div> <div style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">Principal Secretary-City Hall</div> <div style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="text-align: center; color: blue; font-weight: bold; margin-top: 5px;">HAND-DELIVERED</div> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed	Date Imaged			
MS / MRS / MR	FIRST Debbie	MI A.													
NICKNAME	LAST Nash-King	SUFFIX													
Receipt #	Amount \$														
Date Processed	Date Imaged														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px dashed black;">FIRST Debbie</td> <td style="width:30%; border-bottom: 1px dashed black;">MI A.</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST Nash-King</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST Debbie	MI A.	NICKNAME	LAST Nash-King	SUFFIX								
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														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 340-0552														
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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">15</td> <td style="text-align: center;">2024</td> <td></td> <td style="text-align: center;">04</td> <td style="text-align: center;">03</td> <td style="text-align: center;">2024</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year	01	15	2024		04	03	2024
Month	Day	Year	THROUGH	Month	Day	Year									
01	15	2024		04	03	2024									
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Month Day Year</td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </td> </tr> <tr> <td style="border-bottom: 1px solid black;">05 / 04 / 2024</td> <td style="border-bottom: 1px solid black;"> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	05 / 04 / 2024	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
ELECTION DATE	ELECTION TYPE														
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description														
05 / 04 / 2024	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any) Mayor														
13 OFFICE SOUGHT (if known)	Mayor														
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
COMMITTEE TYPE	COMMITTEE NAME														
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS														
<input type="checkbox"/> SPECIFIC	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 Debbie A. Nash-King **16 Filer ID (Ethics Commission Filers)**

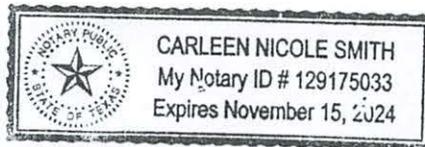
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,048.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5902.14
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



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Debbie Nash King this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] Carleen N Smith 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____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Debbie A. Nash-King		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$9450.00
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	\$ 11,578.42
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4048.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 2788.67
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 Schedule A1: 2
2 FILER NAME Debbie A. Nash-King		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Mayor Jr. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 5000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald & SU Smith Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Patterson Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Passariello Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 2000.00
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.		

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 Debbie A. Nash-King		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Tuggle 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hoxworth Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Ewig Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 Debbie Nash-King		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan Jan/2017 - May/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie A. Nash-King	9 Loan Amount (\$) 11,5778.42
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) N/A		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input 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 AS NEEDED

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:	2 FILER NAME Debbie A. Nash-King	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2024	5 Payee name KDH	
6 Amount (\$)1255.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense/Contract Labor	(b) Description Campaign Signs/ Put up signages
	(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	Candidate / Officeholder name Debbie A. Nash-King	Office sought Mayor
		Office held Mayor
Date 02/29/2024	Payee name KDH	
Amount (\$)1176.42	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs/Material
	<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	Candidate / Officeholder name Debbie A. Nash-King	Office sought Mayor
		Office held Mayor
Date 03/23/24	Payee name KDH	
Amount (\$)358.25	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Advertisement
	<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	Candidate / Officeholder name Debbie A. Nash-King	Office sought Mayor
		Office held Mayor

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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 Debbie A. Nash-King	3 Filer ID (Ethics Commission Filers)
4 Date 02/12/24	5 Payee name The UPS Store	
6 Amount (\$) 199.42	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Postal Box Fee
	(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	Candidate / Officeholder name Debbie A. Nash-King	Office sought Mayor
		Office held Mayor
Date 03/01/2024	Payee name PayPal	
Amount (\$) 59.80	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description PayPal Fees
	<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	Candidate / Officeholder name Debbie A. Nash-King	Office sought Mayor
		Office held Mayor
Date 03/29/2024	Payee name Debbie A. Nash-King	
Amount (\$) 1000.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Partial Loan Repayment from 2017-2021
	<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	Candidate / Officeholder name <i>Debbie Nash-King</i>	Office sought <i>Mayor</i>
		Office held <i>Mayor</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME Debbie A. Nash-King	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2024 02/29/2024 03/23/2024	5 Business name KDH	
6 Amount (\$) 2,789.67	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Material
	(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	Candidate / Officeholder name Debbie A. Nash-King	Office sought Mayor
		Office held Mayor
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Candidate / Officeholder name	Office sought
		Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Candidate / Officeholder name	Office sought
		Office held

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