

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

12

3 COMMITTEE NAME

Our King Our Future

OFFICE USE ONLY

Date Received

RECEIVED

OCT 25 2021

Date Change of Address or Other Info Marked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

3824 Santa Drive  
Fort Worth, TX 76109

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME

LAST

SUFFIX

Rev. Charles F. Johnson

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3824 Santa Drive  
Fort Worth, TX 76109

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 379.1066

9 REPORT TYPE

☐ January 15

☐ July 15

☐ 30th day before election

☒ 8th day before election

☐ Runoff

☐ Exceeded Modified Reporting Limit

☐ Dissolution Report (Attached PAC-FR)

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

10 / 02 / 2021

THROUGH

Month Day Year

10 / 24 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

11 / 02 / 2021

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description \_\_\_\_\_

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

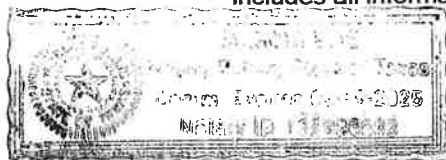
FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Don King Joe Fowler 13 Filer ID (Ethics Commission Filers)

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>	
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <u>FWISD</u>	<b>ELECTION DATE</b> Month <u>11</u> Day <u>02</u> Year <u>2021</u>
		<b>DESCRIPTION</b> <u>FWISD Board Election Procs A,B,C,D</u>	

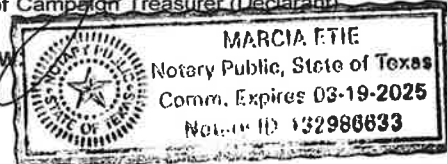
<b>15 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>106,500.00</u>
	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>62,523.49</u>
<b>EXPENDITURE TOTALS</b>			
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>72,193.20</u>
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

16 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.



Charles F. Johnson  
Signature of Campaign Treasurer (Declarant)

Please complete either option below



## (1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles F. Johnson this the 25th day of October, 2021, to certify which, witness my hand and seal of office.

Marcia Etie Marcia Etie Director of Special Projects  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

## (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 Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Our Kids Our Future</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>19,500.</i>
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>87,000.</i>
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>62,523.49</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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: <b>2</b>
2 FILER NAME <b>Don Kim Don Evans</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>OCT 6, 2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CARENCE McSHANE CONSTRUCTION LLC</b> 6 Contributor address; City; State; Zip Code <b>5057 KEMER SPRINGS RD ADDISSAL TX 75001</b> SUITE 500	7 Amount of contribution (\$) <b>\$ 7,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>OCT 14, 2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SUE Mc ADAM</b> Contributor address; City; State; Zip Code <b>6620 PINE VALLEY PARK FW TX 76132</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>OCT 7, 2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LIN BARNER, General Brainer &amp; Sampson LLP</b> Contributor address; City; State; Zip Code <b>P.O. Box 17428 Austin TX 78760</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>OCT 7, 2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rev. Charles F. Johnson</b> Contributor address; City; State; Zip Code <b>3824 South Davis FW TX 76109</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Don Kim Don Evans</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>OCT 15, 2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MATTHEW AVILA</b>	7 Amount of contribution (\$) <b>\$ 5,000.00</b>
6 Contributor address; City; State; Zip Code <b>1929 CHATBURN CT FW TX 76160</b>		
8 Principal occupation / Job title (See Instructions)		9 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)

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)

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 NEEDED**

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

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

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 C1: <b>3</b>
2 FILER NAME <b>Don Kim Don Fourné</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 5, 2021</b>	5 Corporation / Labor Organization name <b>PROGRESSIVE SERVICES, Inc.</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>23 NORTH 35TH AVENUE PHOENIX AZ 85009</b>	7 Amount of contribution (\$) <b>\$ 5,000.00</b>
Date <b>Oct 5, 2021</b>	Corporation / Labor Organization name <b>MUNER SIENA CONSTRUCTION, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>1760 S. PINEVINE ROAD SUITE 250 DALLAS TX 76040</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>
Date <b>Oct 5, 2021</b>	Corporation / Labor Organization name <b>BROWN REYNOLDS WATSON ARCHITECTS, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>3525 TREVIS STREET SUITE 250 DALLAS TX 75204</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Date <b>Oct 7, 2021</b>	Corporation / Labor Organization name <b>Oris Stone Commercial Flooring, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>1701 SUMMIT AVENUE SUITE 10 PIANO TX 75074</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>
Date <b>Oct 13, 2021</b>	Corporation / Labor Organization name <b>VANDEN'S ACOUSTICS &amp; ANYWARE, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>8795 HARMON ROAD F.W. TX 76177</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>

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# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>3</b>
2 FILER NAME <b>Don King Don Evans</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 14, 2021</b>	5 Corporation / Labor Organization name <b>JACOBS : ASSOCIATES</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>701 Gayard Drive Coppell TX 75019</b>	7 Amount of contribution (\$) <b>\$ 3,000.00</b>
Date <b>Oct 15, 2021</b>	Corporation / Labor Organization name <b>PERKINS ARCHITECTS, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>209 E. RIVERSIDE DRIVE AUSTIN TX 78704</b>	Amount of contribution (\$) <b>\$ 10,000.00</b>
Date <b>Oct 15, 2021</b>	Corporation / Labor Organization name <b>HELAS CONSTRUCTION, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>12000 WEST PARKWAY AVE AUSTIN TX 78613</b>	Amount of contribution (\$) <b>\$ 20,000.00</b>
Date <b>Oct 13, 2021</b>	Corporation / Labor Organization name <b>BARNES STEEL CONSTRUCTION</b> Corporation / Labor Organization address; City; State; Zip Code <b>645 LEXINGTON DUNCAN TX 76028</b>	Amount of contribution (\$) <b>\$ 3,000.00</b>
Date <b>Oct 20, 2021</b>	Corporation / Labor Organization name <b>HKS, INC.</b> Corporation / Labor Organization address; City; State; Zip Code <b>350 N. SAINT PAUL STREET SUITE 100 DALLAS TX 75201-4240</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>

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# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>3</b>
2 FILER NAME <b>Don King Don Future</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>OCT 14, 2021</b>	5 Corporation / Labor Organization name <b>LPA, Inc</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>5301 CALIFORNIA AVENUE IRVINE CA 92617</b>	7 Amount of contribution (\$) <b>\$ 10,000.00</b>
Date <b>OCT 19, 2021</b>	Corporation / Labor Organization name <b>Core Construction Services of TX, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>6320 RESERVE LANE FORT CO TX 75033</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>
Date <b>OCT 6, 2021</b>	Corporation / Labor Organization name <b>SERALCO, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>4100 FOSSIE CREEK BLVD. FW TX 76137</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>
Date <b>OCT 7, 2021</b>	Corporation / Labor Organization name <b>TERRACON CONSULTANTS, Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>2501 EAST LOOP 820 NORTH FW TX 76118</b>	Amount of contribution (\$) <b>\$ 2,500.00</b>
Date <b>OCT 12, 2021</b>	Corporation / Labor Organization name <b>PERKINS &amp; WILSON</b> Corporation / Labor Organization address; City; State; Zip Code <b>2218 BRYAN STREET DALLAS TX 75201</b>	Amount of contribution (\$) <b>\$ 2,000.00</b>

**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  
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: <b>4</b>	2 FILER NAME <b>Don King Don Turner</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 15, 2021</b>	5 Payee name <b>MAYES MARK GROSS</b>	
6 Amount (\$) <b>\$4,882.43</b>	7 Payee address; City; State; Zip Code <b>312 CRENSHAW DRIVE SUNNYVALE TX 75102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>Campaign Mailer</b>
	(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	Office sought Office held

Date <b>Oct 15, 2021</b>	Payee name <b>MAYES MARK GROSS</b>	
Amount (\$) <b>\$5,000.00</b>	Payee address; City; State; Zip Code <b>312 CRENSHAW DRIVE SUNNYVALE, TX 75102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSTRUCTIVE EXPENSE</b>	Description <b>Campaign Construction</b>
	<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 <b>Oct 15, 2021</b>	Payee name <b>MAYES MARK GROSS</b>	
Amount (\$) <b>\$6,989.74</b>	Payee address; City; State; Zip Code <b>312 CRENSHAW DRIVE SUNNYVALE TX 75102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PRINTING : DISSEMINATION</b>
	<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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# 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: <b>4</b>	2 FILER NAME <b>Don King Don Fournier</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 15, 2021</b>	5 Payee name <b>Mayel Media Group</b>	
6 Amount (\$) <b>\$5,315.43</b>	7 Payee address; City; State; Zip Code <b>312 Greenwood Drive Sunnyvale TX 75182</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Printing &amp; Distribution</b>
	(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 Office sought Office held		

Date <b>Oct 15, 2021</b>	Payee name <b>Mayel Media Group</b>		
Amount (\$) <b>\$676.56</b>	Payee address; City; State; Zip Code <b>312 Greenwood Drive Sunnyvale TX 75182</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Photography</b>	
	<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 <b>Oct 15, 2021</b>	Payee name <b>Mayel Media Group</b>		
Amount (\$) <b>\$2,400.00</b>	Payee address; City; State; Zip Code <b>312 Greenwood Drive Sunnyvale TX 75182</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>	
	<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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# 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: <b>4</b>	2 FILER NAME <b>Don King An Fourn</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 15, 2021</b>	5 Payee name <b>MARIS MEDIA GROUP</b>	
6 Amount (\$) <b>\$3,500.00</b>	7 Payee address; City; State; Zip Code <b>312 Creekwood Drive Sugarland TX 75102</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Press Ban</b>
	(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	Office sought Office held
Date <b>Oct 15, 2021</b>	Payee name <b>MARIS MEDIA GROUP</b>	
Amount (\$) <b>\$370.63</b>	Payee address; City; State; Zip Code <b>312 Creekwood Drive Sugarland TX 75102</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Press Ban</b>
	<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 <b>Oct 15, 2021</b>	Payee name <b>MARIS MEDIA GROUP</b>	
Amount (\$) <b>\$29,886.70</b>	Payee address; City; State; Zip Code <b>312 Creekwood Drive Sugarland TX 75102</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Printing &amp; Distribution</b>
	<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

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: <b>4</b>	2 FILER NAME <b>Sen King Joe Turner</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 2, 2011</b>	5 Payee name <b>UPWARD PUBLIC AFFAIRS</b>	
6 Amount (\$) <b>\$3,500.00</b>	7 Payee address; City; State; Zip Code <b>2211 WINTERGARDEN STREET FORT WORTH TX 76110</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	
	(b) Description <b>Campaign Consulting</b>	
	(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 Office sought Office held		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**