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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr.	Richard	B

NICKNAME	LAST	SUFFIX
	King	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
4101 Texas Blvd		Texarkana	TX	75503

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(903)	278-5606	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr.	Stephen	A

NICKNAME	LAST	SUFFIX
	Mayo	

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
10 Wood Bridge Dr		Texarkana	TX	75503

8 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(903)	293-0450	

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☑ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

	Month	Day	Year		Month	Day	Year
	04	03	2026	THROUGH	04	24	2026

11 ELECTION

ELECTION DATE

Month	Day	Year
05	02	2026

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description

☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Texarkana ISD Board of Trustees, Place 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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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)	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,850.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,135.46
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 982.27
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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

KIMBERLY MURPHY
Notary Public, State of Texas
Comm. Expires 10-12-2028
Notary ID 132721562

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Richard B. King this the 24 day of April, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Kimberly Murphy — Printed name of officer administering oath | Notary Public — 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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Richard Benjamin King	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,750.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑	SCHEDULE E: LOANS	$ 1,767.73
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3,535.46
6.	☑	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 600.00
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	$
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	$

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
Richard Benjamin King

3 Filer ID (Ethics Commission Filers)

4 Date
4/9/26

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
[redacted]

6 Contributor address; City; State; Zip Code
[redacted]

7 Amount of contribution ($) 1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/9/26

Full name of contributor ☐ out-of-state PAC (ID#:_____)
[redacted]

Contributor address; City; State; Zip Code
[redacted]

Amount of contribution ($)1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/9/26

Full name of contributor ☐ out-of-state PAC (ID#:_____)
[redacted]

Contributor address; City; State; Zip Code
[redacted]

Amount of contribution ($) 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/9/26

Full name of contributor ☐ out-of-state PAC (ID#:_____)
[redacted]

Contributor address; City; State; Zip Code
[redacted]

Amount of contribution ($) 250.00

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.

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:

2 FILER NAME

Richard Benjamin King

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$ 1,767.73

5 Date of loan: 03/04/2026

7 Name of lender: Ben King ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($) 1,216.95

6 Is lender a financial Institution? Y ☒ N

8 Lender address; City; State; Zip Code: 4101 Texas Blvd; Texarkana; TX; 75503

10 Interest rate: 0

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☑ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender: Ben King ☐ out-of-state PAC (ID#:_____)

Loan Amount ($) 550.78

Is lender a financial Institution? Y ☒ N

Lender address; City; State; Zip Code: 4101 Texas Blvd; Texarkana; TX; 75503

Interest rate: 0

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☑ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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
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	3 Filer ID (Ethics Commission Filers)
1	Richard Benjamin King	

4 Date 03/04/2026

5 Payee name
Cigainero Enterprises

6 Amount ($) 1,216.95

7 Payee address; 2828 S State Line Ave | **City;** Texarkana | **State;** TX | **Zip Code** 75501

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Signs

(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 4/4/2026

Payee name
Crazy Cheap Political Signs

Amount ($) 550.78

Payee address; 11525A Stonehollow Dr Ste 100 | **City;** Austin, | **State;** TX | **Zip Code** 78758

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description: Yard Signs

☐ 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 04/24/2026

Payee name
Citi Cards

Amount ($) 1,767.73

Payee address; PO Box 658202 | **City;** Dallas | **State;** TX | **Zip Code** 75265-8202

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Loan Repayment

Description: Payment of loan made by self to cover campaign sign expenses

☐ 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2		

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$ 600.00

5 Date	6 Payee name
04/24/2026	KC Strategies LLC

7 Amount ($)	8 Payee address;	City;	State;	Zip Code
600.00	3571 Far West Blvd Ste 196	Austin	TX	78731

☐ Check if individual's residence address.

9 TYPE OF EXPENDITURE

☑ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

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

(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 | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

☐ Check if individual's residence address.

TYPE OF EXPENDITURE

☐ Political ☐ Non-Political

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