

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: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MRS KARA
NICKNAME LAST SUFFIX
KING

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
BEE CAVE TX 78738

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

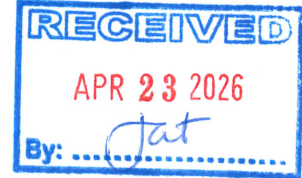
AREA CODE PHONE NUMBER EXTENSION
(512) 897-8954

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR BEN
NICKNAME LAST SUFFIX
KING

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

4-23-2026

Receipt #

Amount \$

Date Processed

4-23-2026

Date Imaged

4-23-2026

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
BEE CAVE TX 78738

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 897-7171

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
3 / 24 / 26 THROUGH 4 / 22 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
5 / 2 / 26 ☒ General ☐ Special

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
KARA 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)	\$ 1,400.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,680.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,680.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 329.94
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.

Kara King
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kara King this the 23rd day of April,
2026, to certify which, witness my hand and seal of office.
JoAnn Touchstone JoAnn Touchstone City Secretary
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**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****KARA KING****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,830.55
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,680.55
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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**KARA KING****3** Filer ID (Ethics Commission Filers)**4** Date**03/27/2026****5** Full name of contributor**David Schlosser**

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

BEE CAVE TX 78738**7** Amount of contribution (\$)**20.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/31/2026

Full name of contributor

Nicole Davis

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

BEE CAVE TX 78738

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2026

Full name of contributor

Jeff Leinen

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

BEE CAVE TX 78738

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2026

Full name of contributor

Karen Adams

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

BEE CAVE TX 78738

Amount of contribution (\$)

100.00

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****2** FILER NAME**KARA KING****3** Filer ID (Ethics Commission Filers)**4** Date

04/06/2026

5 Full name of contributor**Blake Sbrocco**

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

**BEE CAVE TX 78738****7** Amount of contribution (\$)**250.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/07/2026

Full name of contributor

Paula McNabb

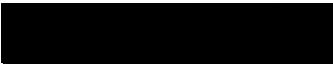
out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

**BEE CAVE TX 78738**

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/08/2026

Full name of contributor

Bonnie Thatcher

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

**BEE CAVE TX 78738**

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2026

Full name of contributor

Chris Wheeler

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

**BEE CAVE TX 78738**

Amount of contribution (\$)

500.00

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.

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: 1	2 FILER NAME KARA KING	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2026	5 Payee name Pale Rider Public Affairs	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 6601 RIALTO BLVD, AUSTIN TX 78735 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE/PUSH CARD DESIGN
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name KARA KING	Office sought MAYOR
		Office held MAYOR
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code Check if individual's residence address.	
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 <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 Check if individual's residence address.	
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 <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

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	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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME KARA KING	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,830.55
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5 CREDIT CARD ISSUER	Name of financial institution CHASE
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6 PAYMENT	(a) Amount Charged \$ 738.80	(b) Date Expenditure Charged 03/24/2026	(c) Date(s) Credit Card Issuer Paid 3/24/26
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7 PAYEE	(a) Payee name STOKES SIGN CO.	(b) Payee address; City, State, Zip Code 1909 RANCH RD 620 S, LAKEWAY TX 78734 ☐ Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN SIGNS
☒ Political ☐ Non-Political	(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 KARA KING	Office Sought MAYOR	Office Held MAYOR
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PAYMENT	(a) Amount Charged \$ 2,000.00	(b) Date Expenditure Charged 04/17/2026	(c) Date(s) Credit Card Issuer Paid 4/17/26
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PAYEE	(a) Payee name PALE RIDER PUBLIC AFFAIRS	(b) Payee address; City, State, Zip Code 6601 RIALTOBLVD, AUSTIN TX 78735 ☐ Check if individual's residence address.
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WEBSITE/PUSH CARD DESIGN
☒ Political ☐ Non-Political	(c) 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 KARA KING	Office Sought MAYOR	Office Held MAYOR
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PAYMENT	(a) Amount Charged \$ 91.75	(b) Date Expenditure Charged 04/18/2026	(c) Date(s) Credit Card Issuer Paid 4/18/26
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PAYEE	(a) Payee name MAUDIES TEX-MEX	(b) Payee address; City, State, Zip Code 12506 SHOPS PKWY, BEE CAVE TX 78738 ☐ Check if individual's residence address.
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description CAMPAIGN MEETING
☒ Political ☐ Non-Political	(c) 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 KARA KING	Office Sought MAYOR	Office Held MAYOR
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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: 1	2 FILER NAME KARA KING	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2026	5 Payee name STOKES SIGN CO.	
6 Amount (\$) 738.80 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1909 RANCH RD 620 S, LAKEWAY TX 78734 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. 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 KARA KING MAYOR MAYOR	
Date 04/13/2026	Payee name SUREFIRE PUBLIC AFFAIRS LLC	
Amount (\$) 2,850.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15700 CINCA TERRA DR, BEE CAVE TX 78738 ☒ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description PUSH CARDS/MAILER
	Check if travel outside of Texas. Complete Schedule T. 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 KARA KING MAYOR MAYOR	
Date 04/18/2026	Payee name MAUDIES	
Amount (\$) 91.75 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12506 SHOPS PKWY, BEE CAVE TX 78738 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description CAMPAIGN MEETING
	Check if travel outside of Texas. Complete Schedule T. 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 KARA KING MAYOR MAYOR	

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