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: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: KARA | MI:

NICKNAME: | LAST: KING | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

BEE CAVE TX 78738

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) | PHONE NUMBER: 897-8954 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR | FIRST: BEN | MI:

NICKNAME: | LAST: KING | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

BEE CAVE TX 78738

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 897-7171 | EXTENSION:

OFFICE USE ONLY

Date Received: RECEIVED APR 06 2026 by: MHP

Date Hand-delivered or Date Postmarked: April 6, 2026

Receipt # | Amount $

Date Processed: April 6, 2026

Date Imaged: April 6, 2026

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: 7 / 1 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [■] Other Description: SEMI-ANNUAL
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any): MAYOR

13 OFFICE SOUGHT (if known):

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)
KARA KING	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 929.94
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

_____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is KARA KING, and my date of birth is 12/20/1975.

My address is [redacted], BEE CAVE, TX, 78738, USA.
(street) (city) (state) (zip code) (country)

Executed in TRAVIS County, State of TEXAS, on the 6TH day of APRIL (month), 2026 (year).

Kara King
Signature of Candidate/Officeholder (Declarant)