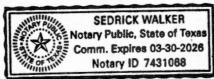
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction                                          | Guide explains ho                          | w to complete this form.                                     | 1 Filer ID (Ethics Commission Filers)                                                                                     | 2 Total pages filed:                                                    |
|---------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR                              | FIRST<br>Beverley                                            | мі<br><b>М</b> .                                                                                                          | OFFICE USE ONLY                                                         |
| NAME                                                          | NICKNAME<br>Walker                         | LAST                                                         | SUFFIX                                                                                                                    | Date Received                                                           |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | P. O. Box 4:<br>Richmond,                  | 34                                                           | CITY; STATE; ZIP CODE                                                                                                     | OCT 1 1 2022                                                            |
| Change of Address                                             |                                            |                                                              |                                                                                                                           | FORT BEND CO ELECTIONS                                                  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (832 )                                     | 9HONE NUMBER 388-5826                                        | EXTENSION                                                                                                                 | Date Hand-delivered or Date Postmarke                                   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR<br>Mr.                           | FIRST<br>Sedrick                                             | мі<br>Т.                                                                                                                  | Receipt # Amount \$                                                     |
| , , , , , , ,                                                 | NICKNAME                                   | Valker                                                       | SUFFIX                                                                                                                    | Date Imaged                                                             |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | P. O. Box 17<br>Houston, TX                |                                                              | JITE #; CITY;                                                                                                             | STATE; ZIP CODE                                                         |
| CAMPAIGN<br>TREASURER<br>PHONE                                | (713 )                                     | 328-9196                                                     | EXTENSION                                                                                                                 |                                                                         |
| REPORT TYPE                                                   | January 15                                 | 30th day before el                                           | ection Runoff                                                                                                             | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only) |
| 4                                                             | July 15                                    | 8th day before elec                                          | tion Exceeded Modified Reporting Limit                                                                                    | Final Report (Attach C/OH - FR)                                         |
| O PERIOD<br>COVERED                                           | Month 7                                    | Day Year / 15 / 22                                           | THROUGH 9                                                                                                                 | Day Year / 30 / 22                                                      |
| 1 ELECTION                                                    | Month Day                                  | Year Primary  22 General                                     | ELECTION TYPE  Runoff Other Description  Special                                                                          |                                                                         |
| 2 OFFICE                                                      | OFFICE HELD (if any) Fort Bend I           | District Clerk                                               | 13 OFFICE SOUGHT (# known) Fort Bend District                                                                             | t Clerk                                                                 |
| NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                      | THE CANDIDATE / OFFICE CONSENT. CANDIDATES | EHOLDER. THESE EXPENDITURES<br>AND OFFICEHOLDERS ARE REQUIRE | CCEPTED OR POLITICAL EXPENDITURES MAI<br>MAY HAVE BEEN MADE WITHOUT THE CANDR<br>ED TO REPORT THIS INFORMATION ONLY IF TH | DATE'S OR OFFICEHOLDER'S KNOWLEDGE OF                                   |
| ,                                                             | COMMITTEE TYPE                             | COMMITTEE NAME                                               |                                                                                                                           |                                                                         |
| Additional Pages                                              | GENERAL                                    | COMMITTEE ADDRESS                                            |                                                                                                                           | ,                                                                       |
|                                                               | SPECIFIC                                   | COMMITTEE CAMPAIGN TREA                                      | SUKEK NAME                                                                                                                |                                                                         |
|                                                               |                                            | COMMITTEE CAMPAIGN TREA                                      | ASURER ADDRESS                                                                                                            |                                                                         |
|                                                               |                                            | GO TO F                                                      | PAGE 2                                                                                                                    |                                                                         |

|                                    | N FINANCE REPORT                                                                                                                                                       | FORM C/OH<br>COVER SHEET PG 2      |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 15 C/OH NAME<br>Beverley McGrew Wa | lker 16 F                                                                                                                                                              | iler ID (Ethics Commission Filers) |
| 17 CONTRIBUTION<br>TOTALS          | 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)                                                                                   | \$ 53,500.00                       |
| EXPENDITURE<br>TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                                                             | \$ 0.00                            |
|                                    | 4. TOTAL POLITICAL EXPENDITURES                                                                                                                                        | \$ 25,424.76                       |
| CONTRIBUTION<br>BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                                                     | \$ 29,907.30                       |
| OUTSTANDING<br>LOAN TOTALS         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                                                          | \$ 0.00                            |
| 18 SIGNATURE I sw                  | ear, or affirm, under penalty of perjury, that the accompanying report is true and or ired to be reported by me under Title 15, Election Code.  Signature of Candidate | ew Walker.                         |

### Please complete either option below:



| (1) Affidavit           | Notary Pt                               | RICK WALKEH<br>ablic, State of Texas<br>expires 03-30-2026<br>ry ID 7431068 |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                 |                      |
|-------------------------|-----------------------------------------|-----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|----------------------|
| NOTARY STAM             | P/SEAL                                  |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                 |                      |
| Sworn to and subs       | cribed before me by $\underline{\beta}$ | EVERLEY N                                                                   | IC GREW W.             | ALKER #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nis the7     | day of OC       | TOBER_               |
|                         | certify which, witness my h             |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                 |                      |
| Veduck                  | - Walker                                | SEDRICK                                                                     | WALKER                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TEXAS M      | VOTARY          | PUBLIC_              |
| Signature of officer ad | ministering oath                        | Printed name o                                                              | f officer administerir | ng oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Title of office | r administering oath |
|                         |                                         |                                                                             | UK                     | TO SERVICE |              |                 |                      |
| (2) Unsworn Dec         | laration                                |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                 |                      |
| My name is              |                                         |                                                                             | , an                   | nd my date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | birth is     |                 | •                    |
| My address is           |                                         |                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                 |                      |
|                         |                                         | reet)                                                                       |                        | (city)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (state)      | (zip code)      | (country)            |
| Executed in             | County,                                 | State of                                                                    | , on the               | day of _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (month)      | , 20            |                      |
|                         |                                         |                                                                             | -                      | Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Candidate/Of | ficeholder (Dec | arant)               |
| Forms provided by Te    | ves Ethics Commission                   | WW                                                                          | w ethics state tx u    | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                 | Revised 8/17/2020    |

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

| 19<br>B | everley McGrew Walker                                                             | D (Ethics Commi | ssion Filers) |
|---------|-----------------------------------------------------------------------------------|-----------------|---------------|
| 21      | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                            |                 | SUBTOTAL      |
| 1.      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                     | \$              | 53,500.00     |
| 2.      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                       | \$              | 2,100.00      |
| 3.      | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                 | \$              | 0.00          |
| 4.      | SCHEDULE E: LOANS                                                                 | \$              |               |
| 5.      | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION              | NS \$           | 19,924.76     |
| 6.      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                          | \$              | 0.00          |
| 7.      | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT                | TIONS \$        | 0.00          |
| 8.      | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                     | \$              | 0.00          |
| 9.      | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                       | \$              | 5,500.00      |
| 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 CONTRIBUTIO            | NS \$           | 0.00          |
| 12.     | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU<br>TO FILER | JRNED \$        | 0.00          |

### SCHEDULE A1

|                                  |                                                                                 |                                          | •                                     |
|----------------------------------|---------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|
| The                              | e Instruction Guide explains how to complete th                                 | is form.                                 | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Beverley         | McGrew Walker                                                                   |                                          | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/16/2022                | 5 Full name of contributor out-of-state Pa<br>Devin House                       | AC (ID#:)                                | 7 Amount of contribution (\$)         |
| 0771072022                       | 6 Contributor address; City; 2417 Micarta Dr. Plano, TX 7                       | State; Zip Code<br>5025-2446             | 100.00                                |
| 8 Principal occu<br>Attorney     | upation / Job title (See Instructions)                                          | 9 Employer (See Instruc<br>Toyota Motors | tions)                                |
| Date                             | Full name of contributor out-of-state PA  Alexander Kluchin                     | C (ID#:)                                 | Amount of contribution (\$)           |
| 07/16/2022                       | Contributor address; City; 1516 Southport Drive; Houstor                        | State; Zip Code                          | 100.00                                |
| Principal occup<br>President     | pation / Job title (See Instructions)                                           | Employer (See Instruct                   | ions)                                 |
| Date                             | Full name of contributor out-of-state PA                                        | C (ID#:)                                 | Amount of contribution (\$)           |
| 07/16/2022                       | Contributor address; City; 12627 Altuve Dr.; Houston,, TX                       | State; Zip Code                          | 2,500.00                              |
| Principal occup<br>President and | ation / Job title (See Instructions)                                            | Employer (See Instruction Riz Energy     | ons)                                  |
| Date                             | Full name of contributor out-of-state PAG                                       | C (ID#:)                                 | Amount of contribution (\$)           |
| 07/18/2022                       | Contributor address; City;  14955 Stonelick Bridge Lane; Sugar Land,            | State; Zip Code Texas 7749801589         | 50.00                                 |
| Principal occup                  | ation / Job title (See Instructions)                                            | Employer (See Instructi                  | ons)                                  |
| Not Employee                     | d                                                                               | Not Employed                             |                                       |
|                                  |                                                                                 |                                          |                                       |
|                                  | ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr |                                          |                                       |

#### SCHEDULE A1

|                                 | Instruction Guide explains how to complete this                                                                                      | form.                                      | 1 Total pages Schedule A1:             |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|
| Beverley                        | McGrew Walker                                                                                                                        |                                            | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date 07/16/2022               | 5 Full name of contributor out-of-state PAC ( Grady Prestage Campaign  6 Contributor address; City;  P.O. Box 832; Missouri City, TX | State; Zip Code                            | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occu<br>County Com  | pation / Job title (See Instructions)  missioner                                                                                     | Employer (See Instruction Bend County      | ions)                                  |
| Date 07/16/2022                 | Full name of contributor out-of-state PAC (I Ashish Agrawal  Contributor address; City;  6714 Apsley Creek Lane; Sugar Land          | State; Zip Code                            | Amount of contribution (\$)  200.00    |
| Principal occup<br>Professional | Services                                                                                                                             | Employer (See Instruction arge Tech Compan | -                                      |
| Date 07/16/2022                 | Full name of contributor out-of-state PAC (I  Drew Sickinger  Contributor address; City;  1625 West Loop S; Houston, TX              | State; Zlp Code                            | Amount of contribution (\$)  100.00    |
| Principal occup Partner         | ation / Job title (See Instructions)                                                                                                 | Employer (See Instruction Connected Solar  | ons)                                   |
| Date 07/16/2022                 | Full name of contributor out-of-state PAC (NU Usman Nabi  Contributor address; City;  4334 E. Earll Dr.; Phoenix AZ 85               | State; Zip Code                            | Amount of contribution (\$)            |
| Principal occup                 | ation / Job title (See Instructions)                                                                                                 | Employer (See Instruction                  | ons)                                   |
|                                 | ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see Instruct                                                  |                                            |                                        |

#### SCHEDULE A1

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

|                                  | e Instruction Guide explains how to complete this form.                                                      | 1 Total pages Schedule A1:            |
|----------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2 FILER NAME<br>Beverley         | McGrew Walker                                                                                                | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/17/2022                | 5 Full name of contributor out-of-state PAC (IDM:                                                            | 7 Amount of contribution (\$) 200.00  |
| 8 Principal occu<br>Not Employe  | upation / Job title (See Instructions)  9                                                                    | structions)                           |
| Date 07/17/2022                  | Full name of contributor out-of-state PAC (ID#:                                                              | Amount of contribution (\$)  100.00   |
| Principal occup<br>Financial Adv | pation / Job title (See Instructions)  Employer (See Instructions)  Mass Mutual                              | tructions)                            |
| Date 07/25/2022                  | Shahadat H. Khan  Contributor address; City; State; Zip Code  17006 Summer Hollow Dr.; Sugar, Land, TX 77498 | Amount of contribution (\$) 250.00    |
| Principal occup                  | cation / Job title (See Instructions)  Employer (See Inst  Not Employed                                      | tructions)                            |
| Date 08/13/2022                  | Full name of contributor  Out-of-state PAC (IDM:                                                             | Amount of contribution (\$) 500.00    |
| Principal occup                  | d Employer (See Instructions)  Employer (See Instructions)  Not Employedp                                    | tructions)                            |
|                                  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS                                                                 | S NEEDED                              |

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

SCHEDULE A1

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

| The                            | e Instruction Guide explains how             | to complete th       | is form.                                        | 1 Total pages Schedule A1:            |
|--------------------------------|----------------------------------------------|----------------------|-------------------------------------------------|---------------------------------------|
| 2 FILER NAME<br>Beverley       | McGrew Walker                                |                      |                                                 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                         | 5 Full name of contributor Bill Bobrick      | out-of-state PA      | AC (ID#:)                                       | 7 Amount of contribution (\$)         |
| 08/02/2022                     | 6 Contributor address; P.O. Box 637 Suga     | city;<br>or Land, T  | State; Zip Code  K 77487                        | 100.00                                |
| 8 Principal occu<br>Specialist | upation / Job title (See Instructions)       |                      | 9 Employer (See Instruction American Federation | ctions) on of Teachers (AFT)          |
| Date                           | Full name of contributor Sourabh Sanduja     | out-of-state PA      | .C (ID#:)                                       | Amount of contribution (\$)           |
| 08/10/2022                     | Contributor address;<br>8711 Hawk Haven C    | city;<br>St.; Richmo | State; Zip Code                                 | 1,000.00                              |
| Principal occup<br>Healthcare  | pation / Job title (See Instructions)        |                      | Employer (See Instruc<br>Theramedic             | tions)                                |
| Date 08/12/2022                | Full name of contributor Zulfiqar Momin      | out-of-state PAI     | C (ID#:)                                        | Amount of contribution (\$)           |
|                                | Contributor address; 7051 Southwest FW       | City;<br>Y; Houstor  | State; Zip Code<br>n, TX 77074                  | 1,000.00                              |
| Principal occup<br>Businessman | pation / Job title (See Instructions)        |                      | Employer (See Instruction Indus Enterprises, L  |                                       |
| Date                           | Full name of contributor  Jamshed Momin      | out-of-state PAC     | C (ID#:)                                        | Amount of contribution (\$)           |
| 08/12/2022                     | Contributor address;  2 Carneval Creek Lane; | City; Sugar Land     | State; Zip Code                                 | 1,000.00                              |
| Principal occup Partner        | pation / Job title (See Instructions)        |                      | Employer (See Instruct Texas Jasmine            | tions)                                |
|                                |                                              |                      |                                                 |                                       |
|                                | ATTACH ADDITIO                               | ONAL COPIES          | OF THIS SCHEDULE AS N                           | EEDED                                 |

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

SCHEDULE A1

| The                             | Instruction Guide explains how to complete this                                  | s form.                                       | 1 Total pages Schedule A1:             |
|---------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|
| 2 FILER NAME<br>Beverley        | McGrew Walker                                                                    |                                               | 3 Filer ID (Elinics Commission Filers) |
| 4 Date                          | 5 Full name of contributor out-of-state PAG Moez Momin                           | C (ID#:)                                      | 7 Amount of contribution (\$)          |
| 08/12/2022                      | 6 Contributor address; City; 5239 Kendall ridge Ln.; Sugar Land,                 | State; Zip Code<br>TX 77479                   | 1,000.00                               |
| 8 Principal occu<br>Business Ma | pation / Job title (See Instructions)                                            | 9 Employer (See Instruction Indus Enterprises | tions)                                 |
| Date                            | Full name of contributor out-of-state PAC Zulfikar Momin                         | : (ID#:)                                      | Amount of contribution (\$)            |
| 08/12/2022                      | Contributor address; City; 7603 Penrose Court; Sugar Lar                         | State; Zip Code                               | 1,000.00                               |
| Principal occup Business Ma     | pation / Job title (See Instructions)                                            | Employer (See Instruct                        | ions)                                  |
| Date                            | Full name of contributor out-of-state PAC                                        | (ID#:)                                        | Amount of contribution (\$)            |
| 08/12/2022                      | Nooruddin Khawaja  Contributor address; City;  5534 Dawington Place; Sugar Land, | State; Zip Code                               | 1,000.00                               |
| Principal occup<br>Self-Employe | eation / Job title (See Instructions)                                            | Employer (See Instructi<br>Universal Merchann |                                        |
| Date                            | Full name of contributor out-of-state PAC                                        | (ID#:)                                        | Amount of contribution (\$)            |
| 08/13/2022                      | Contributor address; City; 2515 Bay Winds Ct.; Houston,                          | State; Zip Code                               | 500.00                                 |
|                                 |                                                                                  |                                               |                                        |
| Physician                       | etion / Job title (See Instructions)                                             | BFC                                           | ons)                                   |
|                                 |                                                                                  |                                               |                                        |
|                                 | ATTACH ADDITIONAL COPIES O                                                       |                                               |                                        |

SCHEDULE A1

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

| The                           | e Instruction Guide explains how to complete this form.                                                                                                    | 1 Total pages Schedule A1:            |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2 FILER NAME<br>Beverley      | McGrew Walker                                                                                                                                              | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/13/2022             | 5 Full name of contributor out-of-state PAC (IDIF:  Dexter McCoy  6 Contributor address; City; State; Zip Code  23534 McNabb Spur Lane; Richmond, TX 77469 | 7 Amount of contribution (\$) 100.00  |
| Not Employe                   | 9 Employer (See Instructions) Not Employed                                                                                                                 | ructions)                             |
| Date 09/02/2002               | Full name of contributor out-of-state PAC (ID#:                                                                                                            | Amount of contribution (\$)  100.00   |
| Principal occup<br>Specialist | pation / Job title (See Instructions)  Employer (See Instru                                                                                                | uctions)                              |
| Date 09/04/2022               | Shuja Mohammad  Contributor address; City; State; Zip Code  538 Broadway Ave.; Winnie, TX 77665                                                            | 5,000.00                              |
| Principal occup Manager       | pation / Job title (See Instructions)  Employer (See Instru<br>Riceland Health C                                                                           | •                                     |
| Date 09/04/2022               | Full name of contributor out-of-state PAC (IDM:                                                                                                            | Amount of contribution (\$)           |
| Principal occup Not Employe   | d Employer (See Instructions)  Employer (See Instructions)  Not Employed                                                                                   | uctions)                              |
|                               |                                                                                                                                                            |                                       |

f contributor is out-of-state PAC, please see instruction guide for additional

SCHEDULE A1

|                            |                                                                             |                                    | •                                     |
|----------------------------|-----------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| The                        | Instruction Guide explains how to complete this f                           | orm.                               | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Beverley   | McGrew Walker                                                               |                                    | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                     | 5 Full name of contributor out-of-state PAC (II Plumbers Local Union No. 68 | D#:)                               | 7 Amount of contribution (\$)         |
| 09/23/2022                 | 6 Contributor address; City; P.O. Box 8746; Houston,                        | State; Zip Code<br>TX 77249        | 500.00                                |
| 8 Principal occu           | pation / Job title (See Instructions)                                       | Employer (See Instruct             | ions)                                 |
| Date                       | Full name of contributor out-of-state PAC (ID Victor M. Olivo, Jr.          | )#:)                               | Amount of contribution (\$)           |
| 09/22/2022                 | Contributor address; City;                                                  | State; Zip Code                    | 500.00                                |
|                            | P.O. Box 517; Richmond, TX 77                                               |                                    | 500.00                                |
| Principal occup<br>Retired | nation / Job title (See Instructions)                                       | Employer (See Instruction Employed | ons)                                  |
| Date                       | Full name of contributor out-of-state PAC (ID                               | #:                                 | Amount of contribution (\$)           |
| 09/23/2022                 | Fort Bend United                                                            |                                    | 0.500.00                              |
|                            | P. O. BCAX 420811; Houston, TX                                              | State; Zip Code  77242             | 9,500.00                              |
| Principal occup            | eation / Job title (See Instructions)                                       | Employer (See Instruction          | ons)                                  |
| Date                       | Full name of contributor out-of-state PAC (ID:                              | *                                  | Amount of contribution (\$)           |
| 10/10/2022                 | Dave Moss  Contributor address; City;                                       | State; Zip Code                    | 500 00                                |
|                            | 72 Sunset Park Lane; Sugar Lane                                             |                                    | 500.00                                |
|                            | ation / Job title (See Instructions)                                        | Employer (See Instruction          | ons)                                  |
| Owner-Opera                | tor Me                                                                      | cDonald's                          |                                       |
|                            |                                                                             |                                    |                                       |
|                            |                                                                             |                                    |                                       |
|                            |                                                                             |                                    |                                       |
|                            | ATTACH ADDITIONAL COPIES OF                                                 | THIS SCHEDULE AS NE                | EDED                                  |
|                            | If anothibutes is not of state DAC planes are instructi                     | an muida far additicant as         | nading requirements                   |

### SCHEDULE A1

| Navro  19/16/2022 6 Contri 14335  Principal occupation / Job usiness Man  Date Full na  R. Ga  Contri 6310 Old Principal occupation / Job ttorney  Date Full na                     | eme of contributor  2 Prasla  Dutor address;  5 Tasmania Ct.  Title (See Instructions)  me of contributor  ry Stephens  Dutor address;  de Pecan Drive, Suit     | out-of-state City;                               | State; Zip Code  and, TX 77498  9 Employer (See Instruct Self Employed  PAC (ID#:)  State; Zip Code  nond, TX 77406  Employer (See Instruct Stephens & Stephe | Amount of contribution (\$)                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal occupation / Job usiness Man  Date Full na  Principal occupation / Job usiness Man  Pate Full na  R. Ga Contril 6310 Old Principal occupation / Job ttorney  Date Full na | z Prasla  putor address;  Tasmania Ct.  title (See Instructions)  me of contributor  ry Stephens  putor address;  de Pecan Drive, Suit  title (See Instructions) | City; ; Sugar L out-of-state City; se 200; Richn | State; Zip Code  and, TX 77498  9 Employer (See Instruct Self Employed  PAC (ID#:)  State; Zip Code  nond, TX 77406  Employer (See Instruct Stephens & Stephe | 25,000.00  Amount of contribution (\$)  250.00  tions) Ins Attorneys, PLLC |
| Principal occupation / Job<br>Business Man  Date Full na  R. Ga  Contril 6310 Old  Principal occupation / Job  ttorney  Date Full na                                                | Tasmania Ct.  Ititle (See Instructions)  me of contributor  ry Stephens  outor address; de Pecan Drive, Suit  title (See Instructions)                           | out-of-state  City; se 200; Richn                | eand, TX 77498  9 Employer (See Instruction Self Employed  PAC (ID#:)  State; Zip Code  nond, TX 77406  Employer (See Instruction Stephens & Stephens         | Amount of contribution (\$)  250.00  tions) ns Attorneys, PLLC             |
| Date Full na P/28/2022 Contril 6310 Old Principal occupation / Job ttorney  Date Full na                                                                                            | me of contributor  ry Stephens  outor address;  de Pecan Drive, Suit  title (See Instructions)                                                                   | City;<br>e 200; Richn                            | Self Employed  PAC (ID#:)  State; Zip Code  nond, TX 77406  Employer (See Instruction Stephens & Stephens)                                                    | Amount of contribution (\$)  250.00  tions) ns Attorneys, PLLC             |
| 9/28/2022 R. Ga Contril 6310 Old Principal occupation / Job ttorney  Date Full na                                                                                                   | ry Stephens  outor address; de Pecan Drive, Suit                                                                                                                 | City;<br>e 200; Richn                            | State; Zip Code nond, TX 77406 Employer (See Instruction Stephens & Stephe                                                                                    | 250.00 tions) ns Attorneys, PLLC                                           |
| Contril 6310 Old Principal occupation / Job ttorney  Date Full na                                                                                                                   | de Pecan Drive, Suit                                                                                                                                             | e 200; Richn                                     | Employer (See Instruction Stephens & Stephens                                                                                                                 | tions)<br>ns Attorneys, PLLC                                               |
| Date Full na                                                                                                                                                                        |                                                                                                                                                                  | out-of-state                                     | Stephens & Stephe                                                                                                                                             | ns Attorneys, PLLC                                                         |
|                                                                                                                                                                                     | me of contributor                                                                                                                                                | out-of-state                                     | PAC (ID#:)                                                                                                                                                    | Amount of contribution (\$)                                                |
| Contrib                                                                                                                                                                             |                                                                                                                                                                  |                                                  |                                                                                                                                                               | (0)                                                                        |
|                                                                                                                                                                                     | utor address;                                                                                                                                                    | City;                                            | State; Zip Code                                                                                                                                               |                                                                            |
| Principal occupation / Job                                                                                                                                                          | title (See Instructions)                                                                                                                                         |                                                  | Employer (See Instruct                                                                                                                                        | tions)                                                                     |
| Date Full na                                                                                                                                                                        | ne of contributor                                                                                                                                                | out-of-state 1                                   | PAC (ID#:)                                                                                                                                                    | Amount of contribution (\$)                                                |
| Contrib                                                                                                                                                                             | utor address;                                                                                                                                                    | City;                                            | State; Zip Code                                                                                                                                               |                                                                            |
| Principal occupation / Job                                                                                                                                                          | itle (See Instructions)                                                                                                                                          |                                                  | Employer (See Instruct                                                                                                                                        | ions)                                                                      |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

|                   | he Instruction Guide explains how to complete this for    | m.                                      | 1 Total pages Sched                               |                                           |  |
|-------------------|-----------------------------------------------------------|-----------------------------------------|---------------------------------------------------|-------------------------------------------|--|
| 2 FILER NAM       | IE .                                                      |                                         | 3 Filer ID (Ethics Commission Filers)             |                                           |  |
| Beverley          | McGrew Walker                                             |                                         | Pilet ID (Ethics Commission Filers)               |                                           |  |
| 4 TOTAL O         | F UNITEMIZED IN-KIND POLITICAL CONTRI                     | BUTIONS                                 | \$ 2,100.                                         | 00                                        |  |
| 5 Date            | Date 6 Full name of contributor out-of-state PAC (ID#:)   |                                         |                                                   | 9 In-kind contribution                    |  |
|                   | Summayia Haroon                                           |                                         | Contribution \$                                   | description                               |  |
|                   | 7 Contributor address; City; State;                       | Zip Code                                | 2,100.00                                          | Food, cake and decorations for fundraiser |  |
|                   | 14411 Castlemaine Ct.; Sugar Land, TX                     |                                         |                                                   |                                           |  |
|                   |                                                           |                                         |                                                   | ide of Texas. Complete Schedule T.        |  |
| Not Emp           | supation / Job title (FOR NON-JUDICIAL)(See Instructions) | 300000000000000000000000000000000000000 |                                                   | AL)(See Instructions)                     |  |
|                   | principal occupation (FOR JUDICIAL)                       | Not Emp                                 |                                                   | IDICIAL VOCA Instruction a)               |  |
| 12 COMMIDATORS    | principal occupation (FOR JODICIAL)                       | 13 Contribu                             | tors job title (FOR JU                            | IDICIAL) (See Instructions)               |  |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)                          | 15 Law firm                             | of contributor's spou                             | se (if any) (FOR JUDICIAL)                |  |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                         |                                                   |                                           |  |
| Date              | Full name of contributor                                  | Zip Code                                | Amount of<br>Contribution \$                      | In-kind contribution<br>description       |  |
| Principal occu    | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe                                 | r (FOR NON-JUDICIA                                |                                           |  |
| Contributor's     | principal occupation (FOR JUDICIAL)                       | Contribut                               | tor's job title (FOR JU                           | DICIAL) (See Instructions)                |  |
| Contributor's     | employer/law firm (FOR JUDICIAL)                          | Law firm                                | m of contributor's spouse (if any) (FOR JUDICIAL) |                                           |  |
| if contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                         |                                                   |                                           |  |
|                   | ATTACH ADDITIONAL COPIES OF To                            |                                         |                                                   | requirements.                             |  |

#### 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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expens

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expens Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 3 Filer ID (Ethics Commission Filers) 0 F 1 Beverley McGrew Walker 4 Date 5 Payee name 08/17/2022 Home Depot 6 Amount (\$) 7 Payee address; City; State; Zip Code **Brazos Town Center** 210.13 Rosenberg TX 77471 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising Poles for Signs **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Beverley McGrew Walker Fort Bend District Clerk Fort Bend District Clerk Payee name 08/08/2022 Home Depot Amount (\$) Payee address; Zip Code City; State: **Brazos Town Center** 77471 Rosenberg TX 163.58 Category (See Categories listed at the top of this schedule) Description Advertising Poles for Signs **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Beverley Mc Grew Walker Fort Bend District Clerk Fort Bend District Clerk Payee name Date 08/01/2022 Eric Fagan Benefit Gala; c/o Carmen Turner Payee address: Zip Code Amount (\$) City; State: Richmond TX 77469 301 Jackson St. 125.00 Category (See Categories listed at the top of this schedule) Description Contribution made by Office Holder Sheriff's Gala Benefitting Law **PURPOSE** OF Enforcement EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Beverley McGrew Walker Fort Bend District Clerk Fort Bend District Clerk ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Exp Accounting/Banking Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Exp Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) DF II Beverley McGrew Walker 4 Date 5 Payee name 08/23/2022 Koretta Brown 6 Amount (\$) 7 Payee address; City; State: Zip Code 4bridges4us@gmail.com 200.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising **PURPOSE** Blockwalking **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH **Beverley McGrew Walker** Fort Bend District Clerk Fort Bend District Clerk Payee name 08/27/2022 Koretta Brown Amount (\$) Payee address: City; State: Zip Code 4bridges4us@gmail.com 200.00 Category (See Categories listed at the top of this schedule) Description Advertising Blockwalking PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Beverley McGrew Walker Fort Bend District Clerk Fort Bend District Clerk Date Payee name 08/15/2022 Andrea Johnson Amount (\$) Pavee address: State: Zip Code City: Houston, Texas 77489 100.00 Category (See Categories listed at the top of this schedule) Description Advertising PURPOSE Blockwalking OF EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **Beverley McGrew Walker** Fort Bend District Clerk Fort Bend District Clerk ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) Beverley McGrew Walker 4 Date 5 Payee name 08/31/2022 Andrea Johnson 6 Amount (\$) 7 Payee address: City; State: Zip Code Houston, Texas 77489 250.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising Blockwalking **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH **Beverley McGrew Walker** Fort Bend District Clerk Fort Bend District Clerk Payee name Date Andrea Johnson 09/05/2022 Amount (\$) Payee address; City; State: Zip Code Houston, Texas 77489 57.00 Description Category (See Categories listed at the top of this schedule) Advertising Blockwalking PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Beverley McGrew Walker Fort Bend District Clerk Fort Bend District Clerk Payee name Date 09/19/2022 Andrea Johnson Amount (\$) Zip Code Payee address; City; State: Houston, Texas 77489 272.00 Description Category (See Categories listed at the top of this schedule) Advertising Blockwalking PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Fort Bend District Clerk

Beverley McGrew Walker

Fort Bend District Clerk

### 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

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 Out Of District Other (enter a category not listed above)

|                                                      | The Instruction Guide explains how to                            | o complete this form.                |                         |                                    |
|------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|-------------------------|------------------------------------|
| 1 Total pages Schedule F1                            | 2 FILER NAME<br>Beverley McGrew Walker                           |                                      | 3 Filer ID (Ethica      | s Commission Filers)               |
| 4 Date                                               | 5 Payee name                                                     |                                      |                         |                                    |
| 09/23/2022                                           | Catherine Deng                                                   |                                      |                         |                                    |
| 6 Amount (\$)                                        | 7 Payee address;                                                 | City;                                | State;                  | Zip Code                           |
| 30.00                                                | 24333 Cinco Terrace Dr., Apt. 423                                | Katy                                 | TX                      | 77494                              |
| 8                                                    | (a) Category (See Categories listed at the top of this schedule) | (b) Description                      | A                       |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Other                                                            | labeling                             |                         |                                    |
|                                                      | (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/O | Candidate / Officeholder name  Beverley McGrew Walker            | Office sought Fort Bend District Cle |                         | Office held<br>Send District Clerk |
| Date                                                 | Payee name                                                       |                                      |                         |                                    |
| 09/23/2022                                           | Alexandria Deng                                                  |                                      |                         |                                    |
| Amount (\$)                                          | Payee address;                                                   | City;                                | State;                  | Zip Code                           |
| 30.00                                                | 24333 Cinco Terrace Dr., Apt. 423                                | Katy                                 | TX                      | 77494                              |
|                                                      | Category (See Categories listed at the top of this schedule)     | Description                          |                         |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Other                                                            | labeling                             |                         |                                    |
|                                                      | Check if travel outside of Texas. Complete Schedule T.           | Check If Austin, T                   | TX, officeholder living | expense                            |
| Complete ONLY if direct                              | Candidate / Officeholder name                                    | Office sought                        | •                       | Office held                        |
| expenditure to benefit C/Oh                          | Beverley McGrew Walker                                           | Fort Bend District Cle               | rk Fort B               | end District Clerk                 |
| Date                                                 | Payee name                                                       |                                      |                         |                                    |
| 09/23/2022                                           | Michelle Menon                                                   |                                      |                         |                                    |
| Amount (\$)                                          | Payee address;                                                   | City;                                | State;                  | Zip Code                           |
| 30.00                                                | 7826 Mesquite Manor Lane                                         | Richmond                             | TX                      | 77407                              |
|                                                      | Category (See Categories listed at the top of this schedule)     | Description                          |                         |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Other                                                            | labeling                             |                         |                                    |
|                                                      | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, Ta                  | X, officeholder living  | expense                            |
| Complete ONLY if direct                              | Candidate / Officeholder name                                    | Office sought                        |                         | Office held                        |
| expenditure to benefit C/OF                          | Beverley McGrew Walker                                           | Fort Bend District Cler              | k Fort Be               | nd District Clerk                  |
|                                                      | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEEDE                    | <b>ED</b>               |                                    |

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias (Normal Labor)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 3 Filer ID (Ethics Commission Filers) Beverley McGrew Walker 4 Date 5 Payee name 09/23/2022 Bill Bobrick 6 Amount (\$) 7 Payee address; City; State; Zip Code P. O. Box 637; Sugar Land, TX 77487 60.008 (a) Category (See Categories listed at the top of this schedule) (b) Description Other **PURPOSE** labeling OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH **Beverley McGrew Walker** Fort Bend District Clerk Fort Bend District Clerk Payee name City; Amount (\$) Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City: State; Zip Code Payee address: Description Category (See Categories listed at the top of this schedule) P **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

| Alexander and a second                                                                                                  |                        | EXPENDITURE CATE                                                                                  | GORIES                                 | FOR BOX 8(a)                          |                                                            |                                      |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|------------------------------------------------------------|--------------------------------------|
| Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made I Candidate/Officeholder/Politic |                        | Event Expense<br>Fees<br>Food/Beverage Expense<br>Glft/Awards/Memorials Expense<br>Legal Services | Office Ove<br>Polling Ex<br>Printing E |                                       | Transportation E<br>Travel In District<br>Travel Out Of Di |                                      |
| Credit Card Payment                                                                                                     |                        | The Instruction Guide explai                                                                      |                                        |                                       | 00101 (01100 0100                                          | nogory not not above,                |
| 1 Total pages Schedule F1                                                                                               | _                      | AME McGrew Walker                                                                                 |                                        |                                       | 3 Filer ID (E                                              | thics Commission Filers)             |
| 4 Date                                                                                                                  | 5 Payee na             |                                                                                                   |                                        |                                       | ·                                                          |                                      |
| 09/29/2022                                                                                                              | Bill Bobr              |                                                                                                   |                                        |                                       |                                                            |                                      |
| 6 Amount (\$)                                                                                                           | 7 Payee ad             |                                                                                                   |                                        | City;                                 | State;                                                     | Zip Code                             |
| 100.00                                                                                                                  | 1                      | x 637; Sugar Land, T                                                                              | X 7748                                 |                                       | 5.5.0,                                                     | _p 0000                              |
| 8                                                                                                                       | (a) Category           | (See Categories listed at the top of this                                                         | schedule)                              | (b) Description                       |                                                            |                                      |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Other                  |                                                                                                   |                                        | Labeling                              |                                                            |                                      |
|                                                                                                                         | (c)                    | Check if travel outside of Texas. Complete S                                                      | ichedule T.                            | Check if Austin                       | n, TX, officeholder li                                     | ving expense                         |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                                            |                        | ete / Officeholder name<br>ey McGrew Walker                                                       | F                                      | Office sought<br>Fort Bend District C | lerk Fo                                                    | Office held<br>t Bend District Clerk |
| Date                                                                                                                    | Payee nar              | me                                                                                                |                                        |                                       | V                                                          |                                      |
| 09/29/2022                                                                                                              | Michelle               | Menon                                                                                             |                                        |                                       |                                                            |                                      |
| Amount (\$)                                                                                                             | Payee add              | dress;                                                                                            |                                        | City;                                 | State;                                                     | Zip Code                             |
| 120.50                                                                                                                  | 7826 Me                | squite Manor Lane; R                                                                              | Richmon                                | nd, TX 77407                          |                                                            |                                      |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Category<br>Other      | (See Categories listed at the top of this s                                                       | chedule)                               | Description Labeling                  |                                                            |                                      |
|                                                                                                                         | (                      | Check if travel outside of Texas. Complete So                                                     | chedule T.                             | Check if Austin,                      | , TX, officeholder liv                                     | ring expense                         |
| Complete ONLY if direct                                                                                                 | Candida                | te / Officeholder name                                                                            |                                        | Office sought                         |                                                            | Office held                          |
| expenditure to benefit C/OF                                                                                             | Beverl                 | ey McGrew Walke                                                                                   | r F                                    | ort Bend District C                   | lerk For                                                   | t Bend District Clerk                |
| Date                                                                                                                    | Payee nar              | me                                                                                                |                                        |                                       |                                                            |                                      |
| 09/29/2022                                                                                                              | Alexandri              | ia Deng                                                                                           |                                        |                                       |                                                            |                                      |
| Amount (\$)<br>90.50                                                                                                    | Payee add<br>24333 Cir | nco Terrace Dr.; Apt.                                                                             | 423; Ka                                | aty, TX 77407                         | State;                                                     | ZIp Code                             |
|                                                                                                                         | Category               | See Categories listed at the top of this se                                                       | chedule)                               | Description                           |                                                            |                                      |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Other                  |                                                                                                   |                                        | Labeling                              |                                                            |                                      |
|                                                                                                                         | C                      | hack if travel outside of Texas. Complete So                                                      | thedule T.                             | Check if Austin,                      | TX, officeholder liv                                       | ing expense                          |
| Complete ONLY if direct                                                                                                 | Candida                | te / Officeholder name                                                                            |                                        | Office sought                         |                                                            | Office held                          |
| expenditure to benefit C/OH                                                                                             |                        | ey McGrew Walker                                                                                  | r Fo                                   | ort Bend District Cle                 | erk Fort                                                   | Bend District Clerk                  |
|                                                                                                                         | ATT                    | ACH ADDITIONAL COPIES                                                                             | OF THIS S                              | SCHEDULE AS NEED                      | DED                                                        |                                      |

#### 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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| - Control Cymon                                        | The instruction Guide explains how to                                   | complete this form.                  |                                             |
|--------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|
| 1 Total pages Schedule F1:                             | 2 FILER NAME<br>Beverley McGrew Walker                                  |                                      | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>09/29/2022                                   | 5 Payee name<br>Cathering Deng                                          |                                      |                                             |
| 6 Amount (\$)<br>30.00                                 | 7 Payee address;<br>24333 Cinco Terrace Dr.; Apt. 423;                  | City;<br>Katy TX 77407               | State; Zip Code                             |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Other | (b) Description labeling             |                                             |
|                                                        | (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/Ol- | Candidate / Officeholder name Beverley McGrew Walker                    | Office sought Fort Bend District Cle | Office held<br>erk Fort Bend District Clerk |
| Date                                                   | Payee name                                                              |                                      |                                             |
| Amount (\$)                                            | Payee address;                                                          | City;                                | State; Zip Code                             |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)            | Description                          |                                             |
|                                                        | Check if travel outside of Texas. Complete Schedule T.                  | Check if Austin, T                   | X, officeholder living expense              |
| 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                             |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)            | Description                          |                                             |
|                                                        | Check if travel outside of Texas. Complete Schedule T.                  | Check if Austin, T.                  | X, 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 NEEDE                    | ≣D                                          |

### 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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politic                             |                                | al Services<br>he Instruction Guide explain |            | Wages/Contract Labor complete this form. | Other (enter a catego     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------|--------------------------------|---------------------------------------------|------------|------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1                                  |                                | cGrew Walker                                |            |                                          | 3 Filer ID (Ethic         | s Commission Filers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4 Date<br>09/26/2022                                       | 5 Payee name<br>Walker Cor     | sulting                                     |            |                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6 Amount (\$)<br>1,260.00                                  | 7 Payee address<br>P.O. Box 17 | s;<br><b>7</b> 94; Houston TX  7            | 7281       | City;                                    | State;                    | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8                                                          | (a) Category (Se               | Categories listed at the top of this        | schedule)  | (b) Description                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PURPOSE<br>OF<br>EXPENDITURE                               | Advertising                    |                                             |            | Political Mail                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                            | (C) Check                      | if travel outside of Texas. Complete Sc     | thedule T. | Check if Austin                          | , TX, officeholder living | expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 9 Complete ONLY if direct expenditure to benefit C/O       |                                | Officeholder name  McGrew Walker            | ı          | Office sought<br>Fort Bend District C    | lerk Fort B               | Office held<br>end District Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Date                                                       | Payee name                     |                                             |            |                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 09/27/2022                                                 | Walker Con                     | sulting                                     |            |                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Amount (\$)                                                | Payee address                  |                                             |            | City;                                    | State;                    | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2,000.00                                                   | P. O. Box 17                   | 794                                         |            |                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See (                | Categories listed at the top of this so     | hedule)    | Political Mail                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                            | Check                          | if travel outside of Texas. Complete Sci    | nedule T.  | Check if Austin,                         | TX, officeholder living   | expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh |                                | McGrew Walke                                | r F        | Office sought<br>Fort Bend District Cl   |                           | Office held<br>end District Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Date                                                       | Payee name                     | •                                           |            |                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 08/31/2022                                                 | Home Depo                      | t                                           |            |                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Amount (\$)                                                | Payee address                  |                                             | _          | City;                                    | State;                    | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 82.25                                                      | Brazos Iowr                    | Center; Rosenber                            | rg, lex    | as //4/1                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See 0                | Categories listed at the top of this scr    |            | Description Poles for signs              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                            | Checki                         | f travel outside of Texas. Complete Sch     | edule T.   | Check if Austin,                         | TX, officeholder living   | expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Complete ONLY if direct expenditure to benefit C/OH        |                                | Officeholder name McGrew Walker             | Fo         | Office sought<br>ort Bend District Cle   |                           | Office held<br>nd District Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                            |                                | ADDITIONAL COPIES O                         |            | SCHEDULE AS NEED                         | DED                       | Company of the second of the s |

#### 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** 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<br>Beverley McGrew Walker                           |                                    | 3 Filer ID (Ethic          | s Commission Filers)               |
| 4 Date                                               | 5 Payee name                                                     |                                    |                            |                                    |
| 09/27/2022                                           | TGM Printing                                                     |                                    |                            |                                    |
| 6 Amount (\$)                                        | 7 Payee address;                                                 | City;                              | State;                     | Zip Code                           |
| 4,755.00                                             | 13910 Murphy Rd. Stafford, Texas 7                               | 7477                               |                            |                                    |
| 8                                                    | (a) Category (See Categories listed at the top of this schedule) | (b) Description                    |                            |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Printing Expense                                                 | Push Cards                         |                            |                                    |
|                                                      | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin                    | n, TX, officeholder living | expense                            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name  Beverley McGrew Walker            | Office sought Fort Bend District C | Clerk Fort E               | Office held<br>Bend District Clerk |
| Date                                                 | Payee name                                                       | ·                                  |                            |                                    |
| 09/20/2022                                           | Houston Wedding Horses                                           |                                    |                            |                                    |
| Amount (\$)                                          | Payee address;                                                   | City;                              | State;                     | Zip Code                           |
| 375.00                                               | 222 County Rd.; 6769 Dayton, Texas                               | 3 77535                            |                            |                                    |
|                                                      | Category (See Categories listed at the top of this schedule)     | Description                        |                            |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Event Expense                                                    | Fort Bend Cou                      | inty Fair Para             | nde                                |
|                                                      | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin                    | r, TX, officeholder living | ехрепѕе                            |
| Complete ONLY if direct                              | Candidate / Officeholder name                                    | Office sought                      |                            | Office held                        |
| expenditure to benefit C/Oł                          | Beverlely McGrew Walker                                          | Fort Bend District C               | lerk Fort B                | end District Clerk                 |
| Date                                                 | Payee name                                                       |                                    |                            |                                    |
| 09/24/2022                                           | Houston Wedding Horses                                           |                                    |                            |                                    |
| Amount (\$)                                          | Payee address;                                                   | City;                              | State;                     | Zip Code                           |
| 375.00                                               | 222 County Rd 6769; Dayton, Texas                                | 77535                              |                            |                                    |
|                                                      | Category (See Categories listed at the top of this schedule)     | Description                        |                            |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Event Expense                                                    | Fort Bend Coun                     | ity Fair Parac             | de                                 |
|                                                      | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,                   | , TX, officeholder living  | expense                            |
| Complete ONLY if direct                              | Candidate / Officeholder name                                    | Office sought                      |                            | Office held                        |
| expenditure to benefit C/OI                          | Beverley McGrew Walker F                                         | ort Bend District Cle              | erk Fort Be                | end District Clerk                 |
|                                                      | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEED                   | DED                        |                                    |

#### 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** 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<br>Beverley McGrew Walker                           |                                       | 3 Filer ID (Ethic          | s Commission Filers)              |  |  |
| 4 Date 09/28/2022                                           | 5 Payee name Clear Channel Outdoor                               |                                       |                            |                                   |  |  |
| 6 Amount (\$)                                               | 7 Payee address;                                                 | City;                                 | State;                     | Zip Code                          |  |  |
| 1,688.00                                                    | 12852 Westheimer Rd.,                                            | Houston                               | TX                         | 77077                             |  |  |
| 8                                                           | (a) Category (See Categories listed at the top of this schedule) | (b) Description                       |                            |                                   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Advertising Billboard Advertising                                |                                       |                            |                                   |  |  |
|                                                             | (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/O | Candidate / Officeholder name  H Beverley McGrew Walker          | Office sought<br>Fort Bend District C |                            | Office held<br>end District Clerk |  |  |
| Date                                                        | Payee name                                                       |                                       |                            |                                   |  |  |
| 07/18/2022                                                  | Fort Bend County Democratic Party (                              | Coordinated Can                       | npaign                     |                                   |  |  |
| Amount (\$)                                                 | Payee address;                                                   | City;                                 | State;                     | Zip Code                          |  |  |
| 2,500.00                                                    | 13515 Southwest Freeway, Suite 204                               | Sugar Land                            | TX                         | 77478                             |  |  |
|                                                             | Category (See Categories listed at the top of this schedule)     | Description                           |                            |                                   |  |  |
| PURPOSE                                                     | Contribution                                                     | Other (GOTV)                          |                            |                                   |  |  |
| OF<br>EXPENDITURE                                           |                                                                  |                                       |                            |                                   |  |  |
|                                                             | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,                      | TX, officeholder living    | expense                           |  |  |
| Complete ONLY if direct                                     | Candidate / Officeholder name                                    | Office sought                         |                            | Office held                       |  |  |
| expenditure to benefit C/Oh                                 | Beverley McGrew Walker                                           | Fort Bend District Cl                 | erk Fort B                 | end District Clerk                |  |  |
| Date                                                        | Payee name                                                       |                                       |                            |                                   |  |  |
| 08/23/2022                                                  | Koretta Brown                                                    |                                       |                            |                                   |  |  |
| Amount (\$)<br>200.00                                       | Payee address;<br>Koretta Brown 4bridges4us@gmail.d              | City;                                 | State;                     | Zip Code                          |  |  |
|                                                             | Category (See Categories listed at the top of this schedule)     | Description                           |                            |                                   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Advertising                                                      | Blockwalking                          |                            |                                   |  |  |
|                                                             | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,                      | TX, officeholder living of | expense                           |  |  |
| Complete ONLY if direct                                     | Candidate / Officeholder name                                    | Office sought                         | . , ,                      | Office held                       |  |  |
| expenditure to benefit C/OH                                 | Beverley McGrew Walker Fo                                        | ort Bend District Cle                 | rk Fort Be                 | nd District Clerk                 |  |  |
|                                                             | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED                      | )ED                        |                                   |  |  |

#### 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
Candidats/Officaholder/Political Committee

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 Qut 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<br>Beverley McGrew Walker                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 Filer ID (Ethic        | s Commission Fil                        | ers)  |
| 4 Date                                          | 5 Payee name                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
| 09/21/2022                                      | Walker Consulting                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
| 6 Amount (\$)                                   | 7 Payee address;                                                 | City;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State;                   | Zip Code                                |       |
| 1,857.65                                        | P.O. Box 1794                                                    | Houston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TX                       | 77251                                   |       |
| 8                                               | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
| PURPOSE<br>OF<br>EXPENDITURE                    | Advertising                                                      | Political Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                         |       |
|                                                 | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TX, officeholder living  | expense                                 |       |
| evenediture to henefit CION TO I A A CO I A A I |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | Office held<br>end District (           | Clerk |
| Date                                            | Payee name                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
| 09/29/2022                                      | Walker Consulting                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
| Amount (\$)                                     | Payee address;                                                   | City;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State;                   | Zip Code                                |       |
| 1,639.14                                        | P.O. Box 1794                                                    | Houston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TX                       | 77251                                   |       |
|                                                 | Category (See Categories listed at the top of this schedule)     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                         |       |
| PURPOSE                                         | Advertising                                                      | Political Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                         |       |
| OF<br>EXPENDITURE                               |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
|                                                 | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X, officeholder living   | expense                                 |       |
| Complete ONLY if direct                         | Candidate / Officeholder name                                    | Office sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Office held                             |       |
| expenditure to benefit C/OF                     | Beverley McGrew Walker                                           | Fort Bend District Cle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | erk Fort B               | end District C                          | lerk  |
| Date                                            | Payee name                                                       | The state of the s |                          | *************************************** |       |
| 09/30/2022                                      | Walker Consulting                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         |       |
| Amount (\$)                                     | Payee address;                                                   | City;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State;                   | Zip Code                                |       |
| 1,124.01                                        | P.O. Box 1794                                                    | Houston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TX                       | 77251                                   |       |
|                                                 | Category (See Categories listed at the top of this schedule)     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                         |       |
| PURPOSE<br>OF<br>EXPENDITURE                    | Advertising                                                      | Political Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                         |       |
|                                                 | Check If travel outside of Texas. Complete Schedule T.           | Check if Austin, T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X, officeholder living e | expense                                 |       |
| Complete ONLY if direct                         | Candidate / Officeholder name                                    | Office sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                 | Office held                             |       |
| expenditure to benefit C/OH                     | Beverley McGrew Walker                                           | Fort Bend District Cler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | k Fort Be                | nd District Cl                          | erk   |
|                                                 | ATTACH ADDITIONAL COPIES OF THIS                                 | S SCHEDULE AS NEEDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>E</b> D               |                                         |       |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

|                                                                                                                      |                                               | EXPENDITURE CATE                                                                                  | GURIES                | FOR BOX 8(a)                |                                                                                                                             |                        |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi |                                               | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Office O              |                             | Solicitation/Fundralsin<br>Transportation Equipn<br>Travel In District<br>Travel Out Of District<br>Other (enter a category | nent & Related Expense |
| Credit Card Payment                                                                                                  |                                               | The Instruction Guide explain                                                                     |                       |                             |                                                                                                                             |                        |
| 1 Total pages Schedule G:                                                                                            | 2 FILER NA                                    | ME                                                                                                |                       |                             | 3 Filer ID (Ethics                                                                                                          | Commission Filers)     |
| 10F2                                                                                                                 | Bever                                         | ley McGrew Walke                                                                                  | r                     |                             |                                                                                                                             |                        |
| 4 Date                                                                                                               | 5 Payee nan                                   | ne                                                                                                |                       |                             |                                                                                                                             |                        |
| 07/27/2022                                                                                                           | The Yo                                        | oung and the Politics                                                                             |                       |                             |                                                                                                                             |                        |
| 6 Amount (\$)                                                                                                        | 7 Payee add                                   |                                                                                                   |                       | City;                       | State;                                                                                                                      | Zip Code               |
| 220.00  Reimbursement from political contributions intended                                                          | Koretta Brown: 4bridges4us@gmail.com          |                                                                                                   |                       |                             |                                                                                                                             |                        |
| 8<br>PURPOSE                                                                                                         |                                               | (See Categories listed at the top of this se                                                      | chedule)              | (b) Description             |                                                                                                                             |                        |
| OF<br>EXPENDITURE                                                                                                    | Advertisi                                     | ng<br>                                                                                            |                       | Blockwalking                |                                                                                                                             |                        |
|                                                                                                                      | ( <b>c</b> ) C                                | Check if travel outside of Texas. Complete Sci                                                    | nedule T.             | Check if Austin,            | TX, officeholder living exp                                                                                                 | pense                  |
| 9<br>Complete ONLY if direct                                                                                         |                                               | ate / Officeholder name                                                                           |                       | Office sought               |                                                                                                                             | Office held            |
| expenditure to benefit C/OH                                                                                          | Beverley McGrew Walker Fort Bend District Cle |                                                                                                   | rt Bend District Cler | k Fort Bend                 | District Clerk                                                                                                              |                        |
| Date                                                                                                                 | Payee nam                                     | le .                                                                                              |                       |                             |                                                                                                                             |                        |
| 08/05/2022                                                                                                           | The Yo                                        | ung and The Politics                                                                              |                       |                             |                                                                                                                             |                        |
| Amount (\$)                                                                                                          | Payee add                                     |                                                                                                   |                       | City;                       | State;                                                                                                                      | Zip Code               |
| 180.00  Reimbursement from political contributions intended                                                          | Koretta Brown: 4bridges4us@gmail.com          |                                                                                                   |                       |                             |                                                                                                                             |                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                         | Category Advertisir                           | (See Categories listed at the top of this so                                                      | chedule)              | Description<br>Blockwalking |                                                                                                                             |                        |
|                                                                                                                      | C                                             | theck if travel outside of Texas. Complete Sch                                                    | nedule T.             | Check if Austin,            | TX, officeholder living exp                                                                                                 | pense                  |
| Complete ONLY if direct                                                                                              |                                               | ate / Officeholder name                                                                           |                       | Office sought               | C                                                                                                                           | Office held            |
| expenditure to benefit C/O                                                                                           | <sup>™</sup> Beverle                          | ey McGrew Walker                                                                                  | For                   | rt Bend Distict Clerk       | Fort Bend I                                                                                                                 | District Clerkp        |
| Date                                                                                                                 | Payee nam                                     | e                                                                                                 |                       |                             |                                                                                                                             |                        |
| 09/11/2022                                                                                                           |                                               | nd County Democration                                                                             | c Party               | Coordinated Ca              | ampaign                                                                                                                     |                        |
| Amount (\$)                                                                                                          | Payee add                                     |                                                                                                   | Second 1              | City;                       | State;                                                                                                                      | Zip Code               |
| 5,000.00 Reimbursement from political contributions intended                                                         | 13515 8                                       | Southwest Freeway; S                                                                              | ugar L                |                             | - Mariana                                                                                                                   |                        |
| PURPOSE                                                                                                              |                                               | See Categories listed at the top of this sci                                                      | hedule)               | Description                 |                                                                                                                             | -d Compoler            |
| OF<br>EXPENDITURE                                                                                                    | Donation                                      |                                                                                                   |                       | Democratic Pa               | ny Coordinate                                                                                                               | o Campaign             |
|                                                                                                                      | CI                                            | heck if travel outside of Texas. Complete Sch                                                     | edule T.              | Check if Austin, 7          | TX, officeholder living exp                                                                                                 | ense                   |
| Complete ONLY if direct                                                                                              | Candida                                       | te / Officeholder name                                                                            |                       | Office sought               | C                                                                                                                           | Office held            |
| expenditure to benefit C/OH                                                                                          | Beverle                                       | ey McGrew Walker                                                                                  | For                   | t Bend Distrrict Cler       | rk Fort Bend                                                                                                                | District Clerk         |
|                                                                                                                      | ATTAC                                         | CHADDITIONAL COPIES OF                                                                            | THIS SC               | HEDULE AS NEEDE             | :D                                                                                                                          |                        |

## 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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politi<br>Credit Card Payment                     | · · · · · · · · · · · · · · · · · · ·                                                                   | es/Wages/Contract Labor                  | Travel Out Of District<br>Other (enter a category not listed above) |  |  |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------|--|--|
| 1 Total pages Schedule G: 2 o F 2 4 Date 08/26/2022                      | 2 FILER NAME Beverley McGrew Walker 5 Payee name Katie Herrington for JaPaula Kem                       |                                          | 3 Filer ID (Ethics Commission Filers)                               |  |  |
| 6 Amount (\$) 100.00 Reimbursement from political contributions intended | 7 Payee address;<br>Fort Bend County, Texas                                                             | City;                                    | State; Zip Code                                                     |  |  |
| 8 PURPOSE OF EXPENDITURE                                                 | (a) Category (See Categories listed at the top of this schedule)  Event                                 | (b) Description Jazz Brunch              |                                                                     |  |  |
|                                                                          | (c) Check if travel outside of Texas. Complete Schedule T.                                              | Check if Austin, TX                      | C, officeholder living expense                                      |  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH       | Candidate / Officeholder name Beverley McGrew Walker F                                                  | Office sought<br>ort Bend District Clerk | Office held Fort Bend District Clerk                                |  |  |
| Date                                                                     | Payee name                                                                                              |                                          |                                                                     |  |  |
| Amount (\$)  Reimbursement from political contributions intended         | Payee address;                                                                                          | City;                                    | State; Zip Code                                                     |  |  |
| PURPOSE<br>OF<br>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/O                       | Candidate / Officeholder name<br>)H                                                                     | Office sought                            | Office held                                                         |  |  |
| Date                                                                     | Payee name                                                                                              |                                          |                                                                     |  |  |
| Amount (\$)  Reimbursement from political contributions intended         | Payee address;                                                                                          | City;                                    | State; Zip Code                                                     |  |  |
| PURPOSE<br>OF<br>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 S                                                                      | SCHEDULE AS NEEDED                       |                                                                     |  |  |