CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	1		1		
OFFICEHOLDER NAME	MS / MRS / MR MS.	Beverley	МІ	OFFIC	CEUSEONLY
NOME	NICKNAME	Walker	SUFFIX	Date Received	NOV 3 2022
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 434;	Richmond, Texa	CITY; STATE; ZIP CODE as 77406		1604.0.747
Change of Address	4054 COD5	SUOVE AVAILED			
OFFICEHOLDER PHONE	(832)	388-5826	EXTENSION	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Sedrick	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	. Date Processed	
		Walker	331117	Date Imaged	
CAMPAIGN TREASURER ADDRESS		po BOX PLEASE); APT / Suston, TX 7725		STATE;	ZIP CODE
(Residence or Business)					
CAMPAIGN TREASURER PHONE	(713)	328-9196	EXTENSION		
	(713)	320-3130			
REPORT TYPE	January 15	30th day before	election Runoff	treasurer	after campaign r appointment Ider Only)
REPORT TYPE				treasurer (Officeho	
0 PERIOD	January 15	30th day before	lection Exceeded Modified	treasurer (Officeho	appointment ider Only)
	January 15 July 15	30th day before 8th day before el	lection Exceeded Modified Reporting Limit	treasurer (Officeho	r appointment Ider Only) port (Attach C/OH - FR) ear
0 PERIOD COVERED	January 15 July 15 Month	30th day before el	lection Exceeded Modified Reporting Limit Month	treasurer (Officeho	r appointment Ider Only) port (Attach C/OH - FR) ear
0 PERIOD COVERED	January 15 July 15 Month 9	30th day before el	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other	treasurer (Officeho	r appointment Ider Only) port (Attach C/OH - FR) ear
0 PERIOD COVERED	January 15 July 15 Month 9 ELECTION DATE	30th day before el Bay Year 30 22 Year Primary	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description	treasurer (Officeho	r appointment Ider Only) port (Attach C/OH - FR) ear
0 PERIOD COVERED 1 ELECTION	January 15 July 15 Month 9 ELECTION DATE Month Day	30th day before el Bay Year 30 22 Year Primary	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special	treasurer (Officeho	r appointment Ider Only) port (Attach C/OH - FR) ear
0 PERIOD COVERED 1 ELECTION	January 15 July 15 Month 9 ELECTION DATE Month Day 11 8	30th day before el Bth day before el Day Year 30 / 22 Year Primary 22 General	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description	treasurer (Officeho	r appointment Ider Only) port (Attach C/OH - FR) ear
0 PERIOD COVERED 1 ELECTION 2 OFFICE 4 NOTICE FROM POLITICAL	January 15 July 15 Month 9 ELECTION DATE Month Day 11 8 OFFICE HELD (if any) Fort Bend Di THIS BOX IS FOR NOTICE OF THE CANDIDATE / OFFICEH	30th day before ellowing the strict Clerk Strict Clerk Strict Clerk Strict Clerk Strict Clerk	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if know	treasurer (Officeho Final Rej	cappointment lider Only) port (Attach C/OH - FR) Bar Committees to support OLDER'S KNOWLEDGE OR
0 PERIOD COVERED 1 ELECTION 2 OFFICE	January 15 July 15 Month 9 ELECTION DATE Month Day 11 / 8 OFFICE HELD (if any) Fort Bend Di THIS BOX IS FOR NOTICE OF THE CANDIDATE / OFFICEHE CONSENT. CANDIDATES AN	30th day before ellowing the strict Clerk Strict Clerk Strict Clerk Strict Clerk Strict Clerk	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (If know) Fort Bend Distress Accepted or Political Expenditures is a support of the call of th	treasurer (Officeho Final Rej	cappointment lider Only) port (Attach C/OH - FR) Bar Committees to support OLDER'S KNOWLEDGE OR
0 PERIOD COVERED 1 ELECTION 2 OFFICE 4 NOTICE FROM POLITICAL	January 15 July 15 Month 9 ELECTION DATE Month Day 11 8 OFFICE HELD (if any) Fort Bend Di THIS BOX IS FOR NOTICE OFFICEH CONSENT. CANDIDATES AN COMMITTEE TYPE C	30th day before 8th day before el Day Year 30 22 Year General Strict Clerk DE POLITICAL CONTRIBUTIONS OLDER. THESE EXPENDITURE DO OFFICEHOLDERS ARE REQUI	Exceeded Modified Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (If know) Fort Bend Distress Accepted or Political Expenditures is a support of the call of th	treasurer (Officeho Final Rej	cappointment lider Only) port (Attach C/OH - FR) Bar Committees to support OLDER'S KNOWLEDGE OR
10 PERIOD COVERED 11 ELECTION 2 OFFICE 4 NOTICE FROM POLITICAL COMMITTEE(S)	January 15 July 15 Month 9 ELECTION DATE Month Day 11 8 OFFICE HELD (if any) Fort Bend Di THIS BOX IS FOR NOTICE OF THE CANDIDATE / OFFICEH CONSENT. CANDIDATES AN COMMITTEE TYPE GENERAL C	30th day before el Bath day before el Day Year 30 22 Year General Strict Clerk DESTRICT CLERK DESTRICT CONTRIBUTIONS OLDER. THESE EXPENDITURE DE OFFICEHOLDERS ARE REQUIREMENTALE COMMITTEE NAME	Exceeded Modified Reporting Limit Month THROUGH 10 ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (If know Fort Bend Distress Accepted or Political Expenditures is an any have been made without the call liked to report this information only if	treasurer (Officeho Final Rej	cappointment lider Only) port (Attach C/OH - FR) Bar Committees to support OLDER'S KNOWLEDGE OR

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$	2,720.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	29,987.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	13,289.72
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	Please complete either option below		iceholder
(1) Affidavit NOTARY STAMP/SEAL	Notary Public, State of Texas Comm. Expires 03-30-2026 Notary ID 7431068		
Sworn to and subscribed	before me by BEVERLEY WALKER this the	3/57 day	of OCTOBER,
20 <u>22</u> , to certify	which, witness my hand and seal of office.	m. 41	ρ.
Signature of officer administer			of officer administering oath
	OR		
(2) Unsworn Declaration	on .		
My name is	, and my date of birth is		•
My address is		**************************************	, (out to)
Executed in	(street) (city) (street) (county, State of, on the day of(month)	tate) (zip co , 20)	ode) (country) (year)
	Signature of Candida	ate/Officeholde	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (6	thics Commi	ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,720.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	29,987.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIO	NS \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	5,945.00
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 CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	IED \$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Beverley	Walker	3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2022	5 Full name of contributor out-of-state PAC (ID#:) Linebarger Goggan Blair & Sampson 6 Contributor address; City; State; Zip Code P. O. Box 17428; Austin, Texas 78760	7 Amount of contribution (\$) 1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 10/11/2022	Full name of contributor out-of-state PAC (ID#:) Baig Mohammad Contributor address; City; State; Zip Code 7119 FM 1464, suite 360; Houston, TX 77093	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 10/16/2022 Principal occup	Full name of contributor Teamsters Locan Union #988; Driver Political Fund Contributor address; City; State; Zip Code 4304 N. Sam Houston PKWY E.; Houston, TX 77083 Deation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 500.00
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/06/2022	Judy Harris Contributor address; City; State; Zip Code Richmond, Texas 77469	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Beverley				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor William Bobrick	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
10/02/2022	6 Contributor address; P.O. Box 637; H	City;	State; Zip Code	100.00
8 Principal occu	upation / Job title (See Instructions)	100000000000000000000000000000000000000	9 Employer (See Instruc	tions)
Date	Full name of contributor Birdie Kelley	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/08/2022	Contributor address:	City;	State; Zip Code	100.00
	Missouri City,			100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
		10.000	A. A	
	ATTACH ADDIT		OF THIS SCHEDULE AS N	
	It contributor is out-ot-state PAC	, piease see insu	uction guide for additional i	reporting 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 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/Fundralsing Expense Transportation Equipment & Related Expense 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 Beverley Walker		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
10/03/2022	Office Depot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
67.50	Sugar Land, Texas 77478			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	labels		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Beverley Walker	Office sought Fort Bend Distict Cl	lork Fort	Office held Bend District Clerk
	Deverley walker	Fort Bend Distict Ci	erk Fort	Dend District Clerk
Date	Payee name			
10/03/2022	Bill Bobrick			
Amount (\$)	Payee address;	City;	State;	Zip Code
350.00	P. O. Box 637; Sugar Land,TX 7748	37		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Labeling		L ₁
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Beverley Walker	Fort Bend District C	lerk Fort	Bend District Clerk
Date	Payee name	And the state of t		Vinder-in-
10/05/2022	Walker Consulting			
Amount (\$)	Payee address;	City;	State;	Zip Code
600.00	P. O. Box 1794; Houston, TX 77281			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Mailing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Beverley Walker	Fort Bend District Cl	erk Fort E	Bend District Clerk
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundralsing Expense 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) Beverley Walker 4 Date 5 Payee name 10/06/2022 Harland Checks 6 Amount (\$) 7 Pavee address: Zip Code Regions Bank; Brazos Town Center; Rosenberg, TX 77471 36.33 (a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Checks PHRPOSE OF EXPENDITURE (c) 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 Walker** Fort Bend District Clerk Fort Bend District Clerk Payee name 10/06/2022 TGM Printing Amount (\$) Payee address; City: State: Zip Code 13910 Stafford Rd.; Stafford, TX 77477 8,490.00 Category (See Categories listed at the top of this schedule) Description Printing Expense Mailers 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 **Beverlely Walker** Fort Bend District Clerk Fort Bend District Clerk Pavee name Date 10/11/2022 **Butler Wiseman** Amount (\$) Payee address; City: State; Zip Code Houston, Texas 832-879-6833 300.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising E-Blast 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 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 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 Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to		r (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Beverley Walker	3 Fi	ler ID (Ethics Commission Filers)
4 Date 10/19/2022	5 Payee name U. S. Post Office		
6 Amount (\$) 800.00	7 Payee address; 4600 Aldine Bender; Room 224; No	city: rth Houston, TX 7731	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Postage	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Beverley Walker	Office sought Fort Bend District Clerk	Office held Fort Bend District clerk
Date	Payee name		
10/19/2022	U. S. Post Office		
Amount (\$)	Payee address;	City;	State; Zip Code
570.00	4600 Aldine Bender; Rooom 224; No	orth Houston, TX 773	315
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Beverley Walker	Fort Bend District Clerk	Fort Bend District Clerk
Date	Payee name		
10/20/2022	Roderick Garner		
Amount (\$)	Payee address;	City;	State; Zip Code
292.50	Missouri City, Texas 77459		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Blockwalking	
	Check If travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	ficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Beverley Walker	Fort Bend District Clerk	Fort Bend District Clerk
	ATTACH ADDITIONAL COPIES OF THIS	S 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
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/Fundralsing Expense 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 Beverley Walker	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/25/2022	TGM Printing		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,499.00	13920 Murphy Rd.; Stafford, TX 774	477	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Mailer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Beverley Walker	Office sought Fort Bend District Cle	Office held rk Fort Bend District clerk
Date	Payee name		Manual Laboratoria
10/25/2022	U. S. Post Office		
Amount (\$)	Payee address;	City;	State; Zip Code
2,042.47	4600 Aldine Bender; Rooom 224; N	orth Houston, TX 7	77315
and the second s	Category (See Categories listed at the top of this schedule)	Description	And the state of t
PURPOSE	Advertising	Postage	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Beverley Walker	Fort Bend District Cler	rk Fort Bend District Clerk
Date	Payee name		
10/21/2022	Roderick Garner		
Amount (\$)	Payee address;	City;	State; Zip Code
87.50	Missouri City, Texas 77459		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Blockwalking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	. Office held
expenditure to benefit C/OF	Beverley Walker	Fort Bend District Clerk	Fort Bend District Clerk
	ATTACH ADDITIONAL COPIES OF THI	S 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
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 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) 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 Walker 4 Date 5 Payee name 10/27/2022 Office Depot #5943 6 Amount (\$) 7 Payee address; Zip Code City; State: Rosenberg Texas 77471 11.73 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE **Printing Expense** Labels OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH **Beverley Walker** Fort Bend District clerk Fort Bend District Clerk Payee name 10/28/2022 Office Depot #5943 Amount (\$) Payee address; City: State; Zip Code Rosenberg, Tx 77471 67.00 Category (See Categories listed at the top of this schedule) Description Printing Expense Labels **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 Walker Fort Bend District Clerk Fort Bend District Clerk Payee name Date 10/21/2022 Roderick Garner Amount (\$) Payee address; Zip Code State: City; Missouri City, Texas 77459 87.50 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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Beverley 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
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. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) **Beverley Walker** 4 Date 5 Payee name Office Depot #2 10/18/2022 6 Amount (\$) 7 Payee address; City; State: Zip Code Missouri City, Texas 77459 100.43 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **Printing Expense** Labels **PURPOSE** OF EXPENDITURE (c) 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 Walker** Fort Bend District clerk Fort Bend District Clerk Payee name Date Office Depot #1 10/17/2022 Amount (\$) Payee address: City; State: Zip Code Houston, Tx 77031 148.49 Category (See Categories listed at the top of this schedule) Description Printing Expense Labels **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH **Beverley Walker** Fort Bend District Clerk Fort Bend District Clerk Payee name Date 10/25/2022 **Universal Signs** Pavee address: Amount (\$) City; State; Zip Code 7825 S.Texas 6; Houston, Texas 77083 135.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising sign poles 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 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
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 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) Beverley Walker 4 Date 5 Payee name 10/21/2022 NAACP Missouri City Chapter 6 Amount (\$) 7 Payee address: City; State: Zip Code P.O. Box 1053 Missouri City TX 77459 87.13 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 NAACP Freedom Banquet Event PURPOSE EXPENDITURE (c) 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 Walker** Fort Bend District Clerk Fort Bend District Clerk Date Pavee name 10/20/2022 William Bobrick Amount (\$) City; State; Payee address; Zip Code P.O. Box 637 Sugar Land TX 77487 340.00 Description Category (See Categories listed at the top of this schedule) Advertising Labeling **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 Walker** Fort Bend District Clerk Fort Bend District Clerk Date Payee name 10/25/2022 Thomas George Printing Amount (\$) Payee address; City; State; Zip Code Stafford TX 77477 13920 Murphy Rd 8,155.00 Description Category (See Categories listed at the top of this schedule) Advertising **PURPOSE** Printing 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 **Beverley 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Beverley Walker	3	Filer ID (Ethics Commission Filers)
4 Date 10/26/2022	5 Payee name Lia Arbelaez		
470.00	7 Payee address; Houston, Texas	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Labeling	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Beverley Walker	Office sought Fort Bend District Cler	Office held k Fort Bend District clerk
Date	Payee name		
10/06/2022	U.S. Post Office		
3,250.00	Payee address; 4600 Aldine Bender; Room 224; No	city; rth Houston, Texas	State; Zip Code 77315
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Beverley Walker	Office sought Fort Bend District Cler	Office held K Fort Bend District Clerk
Date	Payee name		
Date Amount (\$)	Payee name Payee address;	City;	State; Zip Code
		City; Description	State; Zip Code
Amount (\$) PURPOSE OF	Payee address;	Description	State; Zip Code

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	out (one) dealeger)	Tiotious above,
1 Total pages Schedule G:	2 FILER NAME	-	3 Filer ID (Ethics	Commission Filers)
4 Date 09/30/2022	Dayse name U. S. Postal Service			
6 Amount (\$) 2,783.00 Reimbursement from political contributions intended	7 Payee address; 4600 Aldine Bender; Room 224; No	City; orth Houston, Tex	State; (ass 77315	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Beverley Walker Fo	Office sought ort Bend District Cleri		District Clerk
Date 10/01/2022	Payee name Texas Campaigns			
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee address; Houston, Texas	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Sign Installation	ŀ	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Beverley Walker Fo	Office sought ort Bend District Cleri		District Clerk
Date 10/05/2022	Payee name U. S. Postal Service			
Amount (\$) 1,400.00 Reimbursement from political contributions intended	Payee address; 4600 Aldine Bender; Room 224; No	City; orth Houston, Tex	State; (as 77315	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Postage		
-A ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Beverley Walker Fo	Office sought ort Bend District Cleri		Office held District Clerk
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE 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
Cendidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Trayel Out Of District

Cendidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services Salarie The Instruction Guide explains how		Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
4 Date 10/11/2022	Dayee name U. S. Postal Service	· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$) 1,210.00 Reimbursement from political contributions intended	7 Payee address; 4600 Aldine Bender; Room 224; N	City; lorth Houston, Texa	State; Zip Code ass 77315
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postage	
	(c) Check if travel outside of Texas. Complete Schedule T.		, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Beverley Walker	Office sought Fort Bend District Clerk	Office held Fort Bend District Clerk
Date 10/11/2022	Payee name Roderick Garner		
Amount (\$) 125.00 Reimbursement from political contributions intended	Payee address; Missouri City, Texas 77459	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Blockwalking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH Beverley Walker	Office sought Fort Bend District Clerk	Office held Fort Bend District Clerk
Date 10/05/2022	Payee name Roderick Garner		
Amount (\$) 67.00 Reimbursement from political contributions intended	Payee address; Missouri City, Texas 77459	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Blockwalking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley Walker F	Office sought ort Bend District Clerk	Office held Fort Bend District Clerk
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

1	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O Food/Beverage Expense Po By Gift/Awards/Memorials Expense Po	can Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting Expense selaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission File
4 Date 10/12/2022	5 Payee name Michelle Menon		
6 Amount (\$) 160.00 Reimbursement from political contributions intended	7 Payee address; Houston, Texas	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Advertising	Blockwalking	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley Walker	Office sought	n, TX, officeholder living expense Office held
Date Date	Payee name	Fort Bend District Cle	erk Fort Bend District Clerk
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description	
	Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office L.	Check if Austin, TO	X, officeholder living expense
		Jugare Sough	Office held
Data			
Date	Payee name		
Amount (\$)	Payee address;		
Amount (\$)		City;	State; Zip Code
Amount (\$) 7.00 Reimbursement from political contributions intended		City; Description	State; Zip Code
Amount (\$) 7.00 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Tayon C		State; Zip Code
Amount (\$) 7.00 Reimbursement from political contributions intended	Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description	State; Zip Code