

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>21</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>BEVERLEY M</b> NICKNAME LAST SUFFIX <b>WALKER</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 434; RICHMOND TX 77406</b>	JAN 18 2022 RCV	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(832) 388 5826</b>	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>S. T. WALKER</b> NICKNAME LAST SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>23307 SPARESON BEND LANE; RICHMOND TX 77469</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 328 - 9196</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>7 / 1 / 2021    THROUGH    12 / 31 / 2021</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 1 / 2022</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) <b>FORT BEND COUNTY DISTRICT CLERK    FORT BEND COUNTY DISTRICT CLERK</b>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

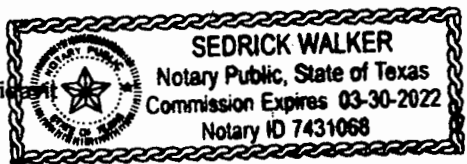
15 C/OH NAME BEVERLEY MCGREW WALKER 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 400. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,560. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,627. <sup>35</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,237. <sup>92</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000. <sup>00</sup>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Beverley McGrew Walker  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirm

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Beverley Walker this the 17<sup>th</sup> day of January,

20 22, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Sedrick Walker Printed name of officer administering oath: SEDRICK WALKER Title of officer administering oath: \_\_\_\_\_

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>BEVERLEY MCGREW WALKER</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7560.<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>10,000.<sup>00</sup></i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>-0-</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,200.<sup>00</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-0-</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1427.<sup>35</sup></i>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>26.<sup>08</sup></i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-0-</i>

# 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: <b>1 of 7</b>
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/21/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARLA TYSON</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>1100 MULCAHY ROSENBERG TX 77471</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>10/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GRADY PRESTAGE</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 835 MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>COUNTY COMMISSIONER</b>		Employer (See Instructions) <b>FORT BEND COUNTY</b>
Date <b>10-29-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GUADALUPE SALCEDO</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1110 FRONT ST, STE B; RICHMOND TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>BAIL AGENT</b>		Employer (See Instructions) <b>SELF</b>
Date <b>10/24/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AMOR SALDAÑA</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1110 RICHMOND PKWY; RICHMOND TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF</b>
1		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>2 of 7</b>
2 FILER NAME <b>BEVERLY McGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/29/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARBIE BENTON</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>1309 GEORGINA ST, ROSENBERG TX 77471</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>10/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUSTINE CHERNE</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6028 RAWLINGS LD, NEEDVILLE TX 77461</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDITH HARRIS</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>3226 DANDELION DR. RICHMOND TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>10/19/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DARRYL CARTER</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5651 WILLERS WAY HOUSTON TX 77054</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>30F 7</b>
2 FILER NAME <b>BEVERLEY McCREW WALKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-27-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL N. NJOKU</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>515 AUSTIN ST., RICHMOND TX 77469</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FARIHA KHOSRAVI</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>6207 N. TAMARIND PARK LN SUGAR LAND, TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHAPNEK KHAN</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>20506 AUTUMN SHORE DR., KATY TX 77450</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RON REYNOLDS</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6140 HIGHWAY 6 SOUTH 233' MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>STATE REPRESENTATIVE</b>		Employer (See Instructions) <b>STATE OF TEXAS</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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: <b>40 F. 9</b>
2 FILER NAME <b>BEVERLEY McCREW WALKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES GRIFFITH</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>10101 HARWIN DR. # 901 HOUSTON TX</b>	
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>GT SECURITY SOLUTIONS</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JA PAULA C. KEMP</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>3418 ALDRIDGE DR MISSOURI CITY TX 77459</b>	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TAMECIA S. GLOVER</b>	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code <b>7406 AVALON TRACE; RICHMOND TX 77407</b>	
Principal occupation / Job title (See Instructions) <b>ASSOCIATE JUDGE</b>		Employer (See Instructions) <b>FORT BEND COUNTY</b>
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OSCAR TELEFAIR</b>	Amount of contribution (\$) <b>150.00</b>
	Contributor address; City; State; Zip Code <b>4210 DAK FOREST DR; MISSOURI CITY TX 77459</b>	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF</b>

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# 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: <b>5 OF 7</b>
2. FILER NAME <b>BEVERLEY Mc GREN WALKER</b>		3. Filer ID (Ethics Commission Filers)
4. Date <b>11/21</b>	5. Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LIN BARGER GOGGAN BLAIR &amp; SAMPSON</b>	7. Amount of contribution (\$) <b>500.00</b>
6. Contributor address; City; State; Zip Code <b>P.O. BOX 3064, HOUSTON TX 77253-3064</b>		
8. Principal occupation / Job title (See Instructions) <b>LAW FIRM</b>		9. Employer (See Instructions)
Date <b>11/17/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BAIG MOHAMMED</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>FM 1464, SUITE 319 RICHMOND TX 77099</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS MAN</b>		Employer (See Instructions) <b>SELF</b>
Date <b>11/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WYVIN CARTER</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>15 CINQUE TERRE DR. MISSISSIPPI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF</b>
Date <b>11/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEXTER McCOY</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>23534 McNABB SPUR LANE, RICHMOND TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>GOVERNMENT EMPLOYEE</b>		Employer (See Instructions) <b>FT. BEND COUNTY</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



**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: 6 OF 7
2. FILER NAME BEVERLY McCREW WALKER		3. Filer ID (Ethics Commission Filers)
4. Date 11/4/2021	5. Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELEXIS WARREN	7. Amount of contribution (\$) 50. <sup>00</sup>
6. Contributor address; City; State; Zip Code 2842 CHALET KNOLL KATY TX 77444		
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

Date 11/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDITH S. HARRIS	Amount of contribution (\$) 25. <sup>00</sup>
Contributor address; City; State; Zip Code 3226 DANDELION DR; RICHMOND TX 77469		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

Date 12/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUHAMMAD HOSSAIN	Amount of contribution (\$) 200. <sup>00</sup>
Contributor address; City; State; Zip Code 1611 LAKESHORE Way; HOUSTON TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEDRICK WALKER	Amount of contribution (\$) 10. <sup>00</sup>
Contributor address; City; State; Zip Code P.O. Box 270005 C/HOUSTON TX 77277		
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) FORT BEND COUNTY

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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: <b>7 of 7</b>
2 FILER NAME <b>BEVERLEY Mc CREW WALKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/4/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BIRDIE KELLEY</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>7631 S. GLEN WILLOW LN. MISSOURI CITY TX 77489</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>11/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACQUELINE S. FAGAN</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2304 HIGH TIDE PEARLAND TX 77584 LANE</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>11/4/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROUSHAN CHOUDHURY</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>17006 SUMMER HOLLOW DR. SUGAR LAND TX 77498</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1 of 6</b>	2 FILER NAME <b>BEVERLY M. CREW WALKER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9-20-21</b>	5 Payee name <b>UNITED STATES POST OFFICE</b>	
6 Amount (\$) <b>58.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>5560 FM 1640 RD. RICHMOND TX 77469</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>SOLICITATION / FUNDRAISING</b>	(b) Description <b>POSTAGE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>10-7-2021</b>	Payee name <b>UNITED STATES POST OFFICE</b>	
Amount (\$) <b>23.20</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>5560 FM 1640 RD. RICHMOND TX 77469</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SOLICITATION / FUNDRAISING</b>	Description <b>POSTAGE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <b>11-3-2021</b>	Payee name <b>CHAMPIONSHIP TROPHIES</b>	
Amount (\$) <b>145.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1815 MONS AVS. ROSENBERG TX 77471</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>	Description <b>RECOGNITION TO ORGANIZERS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2 of 4	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/11/21	<b>5</b> Payee name AMY'S HALLMARK SHOP	
<b>6</b> Amount (\$) 15.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2701 PARKER RD. SOUND ROCK TX 78681	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 9/27/2021	<b>Payee name</b> OFFICE DEPOT	
<b>Amount (\$)</b> 65.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 24212 DOMENICA DR ROSENBERG TX 77471	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 9/27/2021	<b>Payee name</b> UNITED STATES POST OFFICE	
<b>Amount (\$)</b> 58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 5560 FM 1460 RD RICHMOND TX 77469	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3 OF 4	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/27/2021	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) 58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5560 FM 1640 RD RICHMOND TX 77469	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	<b>(b)</b> Description:
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 9-27-2021	<b>Payee name</b> UNITED STATES POSTAL SERVICE	
<b>Amount (\$)</b> 58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 5560 FM 1640 RD. RICHMOND TX 77469	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 9-20-21	<b>Payee name</b> UNITED STATES POSTAL SERVICE	
<b>Amount (\$)</b> 58.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 5560 FM 1640 RD RICHMOND TX 77469	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4 OF 4</b>		2 FILER NAME <b>BEVERLEY McGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-15-2021</b>		5 Payee name <b>UNITED STATES POST OFFICE</b>			
6 Amount (\$) <b>11.60</b>		7 Payee address; <b>5560 FM 1640 RD.</b>		City; <b>RICHMOND</b>	State; Zip Code <b>TX 77469</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>		(b) Description <b>POSTAGE</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>8-28-2021</b>		Payee name <b>UNITED STATES POSTAL SERVICE</b>			
Amount (\$) <b>117.<sup>00</sup></b>		Payee address; <b>5560 FM 1640 RD</b>		City; <b>RICHMOND</b>	State; Zip Code <b>TX 77469</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>POSTAL SERVICE</b>		Description <b>BOX RENTAL</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>10-3-2021</b>		Payee name <b>NAACP</b>			
Amount (\$) <b>60.<sup>00</sup></b>		Payee address; <b>MISSOURI CITY BREAKFAST</b>		City; <b>MISSOURI CITY</b>	State; Zip Code <b>TX 77489</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>		Description <b>NAACP BREAKFAST</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 5 of 6	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/4/21 7500	<b>5</b> Payee name MATTHEW LITTLETON	
<b>6</b> Amount (\$) 7500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5807 WILLOW PARK DR; RICHMOND TX 77469	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FUNDRAISING	<b>(b)</b> Description D J ENTERTAINMENT
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/31/2021	Payee name TREVOR CLARK	
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HOUSTON TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FUNDRAISING	Description ENTERTAINMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/4/2021	Payee name TREVOR CLARK	
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HOUSTON TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FUNDRAISING	Description ENTERTAINMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6 of 6	2 FILER NAME BEVERLEY McCREW WALKER	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2021	5 Payee name DARRYL SMITH	
6 Amount (\$) 75 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code MISSOURI CITY TX 77489	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION / FUNDRAISER	(b) Description EVENT TICKET
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/13/2021	Payee name FORT BEND DEMOCRATIC PARTY	
Amount (\$) 450 <sup>00</sup> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 13515 SOUTHWEST Fwy, SUGAR LAND TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CANDIDATE FILING FEE	Description FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 3	<b>2</b> FILER NAME BEVERLEY Mc CREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-15-21	<b>5</b> Payee name FORT BEND DEMOCRATIC PARTY	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code 13515 SOUTHWEST Fwy; SUGAR LAND TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION	<b>(b)</b> Description DONATION
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11-13-21	Payee name FORT BEND DEMOCRATIC PARTY	
Amount (\$) 800.00	Payee address; City; State; Zip Code 13515 SOUTHWEST Fwy; SUGAR LAND TX 77478	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CANDIDATE FILING FEE	Description FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 OF 3</b>		2 FILER NAME <b>BEVERLEY Mc GREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-4-2021</b>		5 Payee name <b>TREY CLINTON CLARK</b>			
6 Amount (\$) <b>100.00</b>		7 Payee address: <b>HOUSTON</b>		City; State; Zip Code <b>TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>		(b) Description <b>ENTERTAINMENT/COMEDY</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11-4-2021</b>		Payee name <b>JODI SUMMERS</b>			
Amount (\$) <b>75.00</b>		Payee address: <b>HOUSTON</b>		City; State; Zip Code <b>TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>		Description <b>ENTERTAINMENT/COMEDIAN</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11-4-2021</b>		Payee name <b>CARMEN MARTIKA</b>			
Amount (\$) <b>75.00</b>		Payee address: <b>HOUSTON</b>		City; State; Zip Code <b>TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>		Description <b>ENTERTAINMENT/COMEDIAN</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 OF 3</b>	2 FILER NAME <b>DEVERLEY MCGREW WALKER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-4-2021</b>	5 Payee name <b>TRINITY NEWMAN</b>	
6 Amount (\$) <b>75.00</b>	7 Payee address; <b>HOUSTON TX</b>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>	(b) Description <b>ENTERTAINMENT / COMBBIAN</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11-4-2021</b>	Payee name <b>D.K. ABANNOBI</b>	
Amount (\$) <b>75.00</b>	Payee address; <b>HOUSTON TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>	Description <b>ENTERTAINMENT</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B: <u>1</u>	
2 FILER NAME <u>BEVERLEY M. CREW WALKER</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <u>11-4-2011</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FORT BEND UNITED</u>	8 Amount of Pledge \$ <u>10,000<sup>00</sup></u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>P.O. Box 420811 Houston TX 77242</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <i>1 of 1</i>	<b>2</b> FILER NAME <i>BEVERLEY M. CREW WALKER</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>11/5/2021</i>	<b>5</b> Business name <i>ACT BLUE</i>
-----------------------------------	---

<b>6</b> Amount (\$) <i>25.68</i>	<b>7</b> Business address;	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEEES</i>	(b) Description <i>FEEES TO ACT BLUE FROM POLITICAL CONTRIBUTIONS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/27/21</i>	Business name <i>ACT BLUE</i>
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Amount (\$) <i>.404</i>	Business address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEEES</i>	Description <i>FEEES TO ACT BLUE FROM POLITICAL CONTRIBUTIONS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**