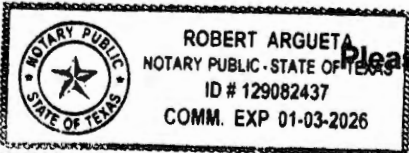


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME <u>Ms. BEVERLEY WALKER</u>		Date Received <u>JUL 17 2023</u>		
MS / MRS / MR <u>Ms.</u>		FIRST <u>BEVERLEY</u>	MI <u>M</u>	Date Hand-delivered or Date Postmarked
NICKNAME		LAST <u>WALKER</u>	SUFFIX	
4 ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
5 ORIGINAL PERIOD COVERED		Month Day Year <u>10 / 30 / 22</u> THROUGH <u>12 / 31 / 22</u>		Amount \$
6 EXPLANATION OF CORRECTION <u>1/15/23 REPORT IS AMENDED WITH THIS AFFIDAVIT TO CORRECT PAGE 2, LINE 5 FROM \$ 7,123.93 TO \$ 9,904.94 - CONTRIBUTION BALANCE. PAGE 2 FROM THE ORIGINAL REPORT IS ATTACHED.</u>				
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.				
Check ONLY if applicable:				
<input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.				
<input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.				
<u>Beverley M. Drew Walker</u> Signature of Candidate/Officeholder				
(1) Affidavit		 <p style="text-align: center;">Please complete either option below:</p>		
Sworn to and subscribed before me by <u>Beverly Walker</u> this the <u>17</u> day of <u>July</u>				
20 <u>23</u> , to certify which, witness my hand and seal of office.				
Signature of officer administering oath		Printed name of officer administering oath		Title of officer administering oath
<u>Robert Argueta</u>		<u>Robert Argueta</u>		<u>Banler</u>
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)				

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

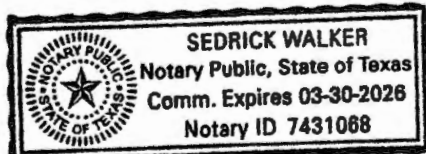
15 C/OH NAME Beverley Walker		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,890.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,123.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Beverley McGrew Walker
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by BEVERLEY MCGREW WALKER this the 17th day of JANUARY,

20 23 to certify which, witness my hand and seal of office.

Sedrick Walker SEDRICK WALKER TEXAS NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)