CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIDST OFFICE USE ONLY **OFFICEHOLDER** Ms. Beverley M NAME Date Received NICKNAME LAST SUFFIX Walker REC'D-BBM 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE **OFFICEHOLDER** P. O. Box 270005 JAN 1 6 2024 MAILING Houson, TX 77277 **ADDRESS** Change of Address FORT BEND COUNTY ELECTIONS 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (832)388-5826 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Sedrick Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Walker STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE TREASURER P.O. 270005 **ADDRESS** Houston, TX 77277 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (713 328-9196 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Day Year Month Day COVERED 12 / 31 / 23 7 / 1 / 23 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fort Bend County District Clerk 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 FI Severley McGrew Walker	iler ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	\$ 3,672.21
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	ESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED \$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVIFAIGI	N FINANCE REPORT	
15 C/OH NAME Beverley McGrew Wa		r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,672.21
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,769.84
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	Please complete either option below:	
	Please complete either option below:	
NOTARY STAMP/SE	SEDRICK WALKE Comm. Expires 03-30 Notery Public, State of Notery Public, State	day of Vanuany.
20 24 , to certify	which, witness my hand and seal of office. SEDILOK WALKER TEXAS I	Spran Public
Signatule of officer administra	W	Title of officer administering oath
	OR DESCRIPTION OR DESCRIPTION OF THE PROPERTY	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state) County, State of, on the day of (month)	(zip code) (country), 20 (year)
	Signature of Candidate/Office	eholder (Declarant)

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Beverley	McGrew Walker	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Susan Bankston	7 Amount of contribution (\$)	
11/07/2023	6 Contributor address; City; State; Zip Code Richmond TX 77469	100.00	
Principal occi Not Employe	upation / Job title (See Instructions) 9 Employer (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC (ID#:) Sharon Davis	Amount of contribution (\$)	
11/04/2023	Contributor address; City; State; Zip Code Missouri City, TX 77489	200.00	
Principal occu lot Employe	pation / Job title (See Instructions) Employer (See Instruct	ons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
1/03/2023	Donna Ellis Contributor address; City; State; Zip Code	250.00	
	Sugar Land, Tx 77498		
Principal occu lot Employe	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
11/03/2023	Vivian Singleton Contributor address; City; State; Zip Code	100.00	
	Missouri City, TX 77489		
Principal occur lot Employe	pation / Job title (See Instructions) Employer (See Instructions)	ons)	

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Beverley	McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Justine cherne	7 Amount of contribution (\$)
10/30/2023	6 Contributor address; City; State; Zince Needville, TX 77461	500.00
Principal occu egal Assista		er (See Instructions) one Humphries Robinson LLP
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/30/2023	Contributor address; City; State; Z	100.00
Principal occur Not Employe		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/02/2023		2,500.00
Principal occup Susiness Mai		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/04/2023	Contributor address; City; State; Zip	5,000.00
Principal occup		or (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED

SCHEDULE A1

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

ii the reques	ted information is not applicable, DO NOT mo	nude this page in the i	eport.	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME Beverley	McGrew Walker	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID Hazel Lundy		(ID#:)	7 Amount of contribution (\$)	
11/04/2023	6 Contributor address; City; Missouri City, TX 774	State; Zip Code	100.00	
8 Principal occu Staff Member	,	9 Employer (See Instructi Linebarger Goggan		
Date	Full name of contributor out-of-state PAC a	(ID#:)	Amount of contribution (\$)	
11/04/2023	Contributor address; City; Missouri City, TX 774	State; Zip Code	100.00	
Principal occup Staff Assistar	ation / Job title (See Instructions)	Employer (See Instruction Texas Senator	ons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
11/04/2023	Eric Fagan Contributor address; City; State; Zip Code		100.00	
	Pearland, TX 77584			
Principal occup Sheriff	eation / Job title (See Instructions)	Employer (See Instructi Fort Bend County To		
Date	Full name of contributor ■ out-of-state PAC	(ID#:)	Amount of contribution (\$)	
11/04/2023	Vivian Burley Contributor address; City;	State; Zip Code	100.00	
	Missouri City, TX 774			
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED eporting requirements.	

SCHEDULE A1

The	Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1: 3
FILER NAME Beverley	McGrew Walker	3 Filer ID (Ethics Commission Filers)	
1/04/2023	5 Full name of contributor out-of-state PA Mohammad Shahid Javed 6 Contributor address; City; Beaumont, TX 77077	State; Zip Code	7 Amount of contribution (\$) 2,500.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 2/03/2023	Full name of contributor out-of-state PA Linebarger Goggan Blair & Sar Contributor address; City;	npson State; Zip Code	Amount of contribution (\$)
Principal occup	P.O. Box 17428; Austin,	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	one)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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	1 Total pages Schedule A1:	
2 FILER NAME Beverley	McGrew Walker	3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor out-of-state PAC (ID#:) Schwante P. Williams Taylor 11/04/2023 6 Contributor address; City; State; Zip Code Sugar Land, TX			7 Amount of contribution (\$) 100.00
8 Principal occu Director	pation / Job title (See Instructions)	9 Employer (See Instruct Life Gift	ions)
Date		C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		

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

Event Expense Fees Food/Beverage Expense Giff/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

4 Date 07/07/2023 Best Buy 6 Amount (\$) 7 Payee address; City: 64.94 (a) Category (See Categories listed at the top of this schedule) Office sought PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office sought Purpose OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office sought Payee address; City: Candidate / Officeholder name Office sought Payee address; City: Port Bend County District Clerk Complete ONLY if direct Contribution made by candidate Category (See Categories listed at the top of this schedule) Contribution made by candidate Complete ONLY if direct Candidate / Officeholder name Office sought Contribution made by Candidate Candidate / Officeholder name Office sought Fort Bend County District Clerk Candidate / Officeholder name Office sought Payee name Houston Slingshot Amount (\$) Payee address; City: 20212 Hempstead Rd.; Houston, Texas 77095 Category (See Categories listed at the top of this schedule) Description Advertising in Fort Benade Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Office sought Category (See Categories listed at the top of this schedule) Description Advertising in Fort Benade Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Office sought Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Office sought Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Office sought Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Office sought Check if travel Cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Office sought Check if travel Cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder name Offi	vel Out Of District er (enter a category not listed above)	
4 Date 07/07/2023 Best Buy 6 Amount (\$) 7 Payee address; 64.94 6 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Other (b) Candidate / Office holder name 07/25/2023 Candidate / Office Bend County District Clerk Payee name Purpose OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office sought for the schedule) Office sought for the schedule of this schedule of the sch	iler ID (Ethics Commission Filers)	
16980 Southwest Freeway Sugar Land, TX 77479	The state of the s	
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Amount (\$) Payee address; Fort Bend County Texas Category (See Categories listed at the top of this schedule) Contribution made by candidate Camplete ONLY if direct expenditure to benefit C/OH Payee name Candidate / Office Sought Payee address; Category (See Categories listed at the top of this schedule) Contribution made by candidate Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office Sought Candidate / Office Sought Payee name Date Payee name Houston Slingshot Payee address; City; 20212 Hempstead Rd.; Houston, Texas 77095 Category (See Categories listed at the top of this schedule) Advertising Category (See Categories listed at the top of this schedule) Advertising in Fort Bearade Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Candidate / Office bolder name Office sought	Office held Fort Bend County District Clerk	
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Payee name 19/08/2023 Houston Slingshot Payee address; 20212 Hempstead Rd.; Houston, Texas 77095 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Category See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Complete ONLY if direct Candidate / Officeholder name Category Candidate / Officeholder name Candidate / Officeholder name	Office held	
Amount (\$) Payee address; City; 20212 Hempstead Rd.; Houston, Texas 77095 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name City; Complete Schedule Description Advertising in Fort B Parade Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name City; City; Coty; Cot	Fort Bend County District Clerk	
Amount (\$) Payee address; 20212 Hempstead Rd.; Houston, Texas 77095 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name City; Description Advertising in Fort B Parade Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought		
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Complete ONLY if direct Candidate / Officeholder name Office sought	Description	
Complete ONLY if direct Candidate / Officeholder name Office sought	Bend County Fair	
overally to the first of the second of the s	iceholder living expense	
expenditure to benefit C/OH Powerlay McGrow Malker	Office held	
Beverley McGrew Walker	Fort Bend County District Clerk	

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

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

Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2023	5 Payee name Houston Slingshot		
6 Amount (\$) 250.00	7 Payee address; 20212 Hempstead Rd.; Houston,Tex	city;	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Advertising in Fort Bend County Fair Parade	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held Fort Bend County District Clerk
Date	Payee name		
10/28/2023	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
56.79	5943 Houston Texas 77031		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Fundraiser	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held
	beverley wide out walker		Fort Bend County Distric Clerk
Date	Payee name		Fort Bend County Distric Clerk
			Fort Bend County Distric Clerk
10/28/2023 Amount (\$)	Payee name	City;	Fort Bend County Distric Clerk State; Zip Code
10/28/2023 Amount (\$)	Payee name U. S. Postal Service Payee address;	City; Description	•
10/28/2023 Amount (\$)	Payee name U. S. Postal Service Payee address; 9402 Sugar Land, Texas 77479 Category (See Categories listed at the top of this schedule)		
10/28/2023 Amount (\$) 105.60 PURPOSE OF	Payee name U. S. Postal Service Payee address; 9402 Sugar Land, Texas 77479 Category (See Categories listed at the top of this schedule)	Description Postage	
10/28/2023 Amount (\$) 105.60 PURPOSE OF	Payee name U. S. Postal Service Payee address; 9402 Sugar Land, Texas 77479 Category (See Categories listed at the top of this schedule) Addvertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Postage	State; Zip Code

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

Event Expense Fees Food/Beverage Expense Giff/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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/ContractLabor s how to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 3	2 FILER NAME Beverley McGrew Walker		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
11/04/2023	Fountain Lakes			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
605.42	Missouri City,Texas 77459			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF	Event Expense	Food/Beverage	e Expense	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held Fort Bend County District Clerk	
Date	Payee name			
11/04/2023	HEB			
Amount (\$)	Payee address;	City;	State; Zip Code	
39.46	5411 Sugar Land, TX 77479		•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Event Expense	Food/Beverag	e Expense	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held Fort Bend County District Clerk	
Date	Payee name			
12/07/2023	Ridgepoint Jr. LLC	1		
Amount (\$)	Payee address;	City;	State; Zip Code	
2,500.00	2,500.00 6464 Savoy Drive, Suite150B Houston, Texas 77036			
	Category (See Categories listed at the top of this sci	nedule) Description		
PURPOSE OF EXPENDITURE	Advertising	Advertising		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Beverley McGrew Walker		Fort Bend County District Clerk	
and the second s	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	DED	