

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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms. Beverley M
NICKNAME LAST SUFFIX
Walker

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P. O. Box 270005
Houston, TX 77277

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 388-5826

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Sedrick
NICKNAME LAST SUFFIX
Walker

OFFICE USE ONLY

Date Received

REC'D-BBM

JAN 16 2024

FORT BEND COUNTY ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P. O. 270005
Houston, TX 77277

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 328-9196

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
7 / 1 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
General Special

12 OFFICE

OFFICE HELD (if any)
Fort Bend County District Clerk

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Beverley McGrew Walker

20 Filer 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 CONTRIBUTIONS	\$ 3,672.21
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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)

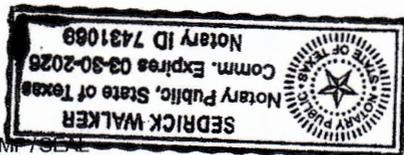
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,672.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,769.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Sworn to and subscribed before me by BEVERLEY MCGREW WALKER this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Sedrick Walker Signature of officer administering oath
SEDRIK WALKER Printed name of officer administering oath
Texas Notary Public 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)

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:**2** FILER NAME**Beverley McGrew Walker****3** Filer ID (Ethics Commission Filers)**4** Date

11/07/2023

5 Full name of contributor**Susan Bankston**

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

Richmond TX 77469**8** Principal occupation / Job title (See Instructions)**Not Employed****9** Employer (See Instructions)

Date

11/04/2023

Full name of contributor

Sharon Davis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

Missouri City, TX 77489

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Date

11/03/2023

Full name of contributor

Donna Ellis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Sugar Land, Tx 77498

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Date

11/03/2023

Full name of contributor

Vivian Singleton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Missouri City, TX 77489

Principal occupation / Job title (See Instructions)

Not Employed

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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1 Total pages Schedule A1:

2 FILER NAME

Beverley McGrew Walker

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/2023

5 Full name of contributor

Justine cherne

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

Needville, TX 77461

8 Principal occupation / Job title (See Instructions)

Legal Assistant

9 Employer (See Instructions)

Allen Boone Humphries Robinson LLP

Date

10/30/2023

Full name of contributor

Shah Haleem

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Katy, TX 77494

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Date

12/02/2023

Full name of contributor

Saad T. Javed

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

Beaumont, TX 77077

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

Date

12/04/2023

Full name of contributor

Abraham T. Javed

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5,000.00

Contributor address;

City;

State;

Zip Code

Sugar Land, TX 77498

Principal occupation / Job title (See Instructions)

Business Man

Employer (See Instructions)

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.

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1 Total pages Schedule A1:**2** FILER NAME**Beverley McGrew Walker****3** Filer ID (Ethics Commission Filers)**4** Date

11/04/2023

5 Full name of contributor**Hazel Lundy**

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

Missouri City, TX 77489**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)**Staff Member****9** Employer (See Instructions)**Linebarger Goggan Blair Sampson**

Date

11/04/2023

Full name of contributor

Birdie M. Kelley

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Missouri City, TX 77489

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Staff Assistant

Employer (See Instructions)

Texas Senator

Date

11/04/2023

Full name of contributor

Eric Fagan

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Pearland, TX 77584

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Sheriff

Employer (See Instructions)

Fort Bend County Texas

Date

11/04/2023

Full name of contributor

Vivian Burley

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Missouri City, TX 77489

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Not Employed

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1: **3**

2 FILER NAME

Beverley McGrew Walker

3 Filer ID (Ethics Commission Filers)

4 Date

11/04/2023

5 Full name of contributor

Mohammad Shahid Javed

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2,500.00

6 Contributor address;

Beaumont, TX 77077

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Business Man

9 Employer (See Instructions)

Date

12/03/2023

Full name of contributor

Linebarger Goggan Blair & Sampson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

P.O. Box 17428; Austin, TX 78760

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Law Firm

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

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:
2 FILER NAME Beverley McGrew Walker		3 Filer ID (Ethics Commission Filers)
4 Date 11/04/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Schwante P. Williams Taylor 6 Contributor address; City; State; Zip Code Sugar Land, TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Life Gift
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date 07/07/2023	5 Payee name Best Buy	
6 Amount (\$) 64.94	7 Payee address; City; State; Zip Code 16980 Southwest Freeway Sugar Land, TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description electrical equipment
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fort Bend County District Clerk	Office sought Office held Fort Bend County District Clerk
Date 07/25/2023	Payee name Fort Bend Tejano Democrats	
Amount (\$) 35.00	Payee address; City; State; Zip Code Fort Bend County Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution made by candidate	Description Tejano Democrats membership dues
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fort Bend County District Clerk	Office sought Office held Fort Bend County District Clerk
Date 09/08/2023	Payee name Houston Slingshot	
Amount (\$) 15.00	Payee address; City; State; Zip Code 20212 Hempstead Rd.; Houston, Texas 77095	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising in Fort Bend County Fair Parade
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought Office held Fort Bend County District Clerk

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 09/28/2023	5 Payee name Houston Slingshot
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6 Amount (\$) 250.00	7 Payee address; 20212 Hempstead Rd.; Houston, Texas 77095	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Advertising in Fort Bend County Fair Parade
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held Fort Bend County District Clerk
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Date 10/28/2023	Payee name Office Depot
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Amount (\$) 56.79	Payee address; 5943 Houston Texas 77031	City;	State;	Zip Code
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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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held Fort Bend County District Clerk
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Date 10/28/2023	Payee name U. S. Postal Service
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Amount (\$) 105.60	Payee address; 9402 Sugar Land, Texas 77479	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Addvertising	Description Postage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought	Office held Fort Bend County District Clerk
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date 11/04/2023	5 Payee name Fountain Lakes	
6 Amount (\$) 605.42	7 Payee address; City; State; Zip Code Missouri City, Texas 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food/Beverage Expense
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office sought Fort Bend County District Clerk
Date 11/04/2023	Payee name HEB	
Amount (\$) 39.46	Payee address; City; State; Zip Code 5411 Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food/Beverage Expense
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office held Fort Bend County District Clerk
Date 12/07/2023	Payee name Ridgepoint Jr. LLC	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 6464 Savoy Drive, Suite150B Houston, Texas 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Beverley McGrew Walker	Office held Fort Bend County District Clerk

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED