CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR BEVERLE	y Mc CREW	WALKE	мі : <i>С.</i>	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE		RECVD VIA 07/15/2025	A EMAIL
Change of Address	F.D. BOX	270005,1	POUSTON	1×71271		
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	388 - 5826	EXTE	NSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	SEDRICK		MI T	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	NORWANE	WALKER		551174	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	_	(NO PO BOX PLEASE); APT / SI		TY;	STATE;	ZIP CODE
(Residence or Business)	r.o. Box	270005,000	ISTON IX	77277		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 3 28 - 9196	EXTEN			
9 REPORT TYPE	January 15	30th day before e	lection F	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	CHOIT	exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / / / 2095	THROUGH	Month	Day Year / 30 / 20 a	25
11 ELECTION	ELECTION DA	,		ELECTION TYPE		
	Month Day	Year	Runoff	Other Description		
	11/4/	2025 General	Special			
12 OFFICE	OFFICE HELD (if any) DISTRICT	CLEON	_	TRICT	LERK	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED	ACCEPTED OR POLITICA MAY HAVE BEEN MAD	AL EXPENDITURES MA	ADE BY POLITICAL COM	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIMI AIOI	
15 C/OH NAME	ERLEY MCGREW WALKER
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ***TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ CONTRIBUTIONS MADE ELECTRONICALLY) ***TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ CONTRIBUTIONS MADE ELECTRONICALLY)
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 9,501.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
	4. TOTAL POLITICAL EXPENDITURES \$ 4,556.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 34,812.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ - D -
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information quired to be reported by me under Title 15, Election Code.
	Signature of Candidate or Officeholder
÷	Please complete either option below:
(1) Affidavit NOTARY STAMP	SEDRICK WALKER Notary Public, State of Texas Comm. Expires 03-30-2026 Notary ID 7431068
Sworn to and subscribe	d before me by <u>BEVERLEY MCGREW WALKER</u> this the <u>15TH</u> day of <u>JULY</u> ,
20 29, to certif	y which, witness my hand and seal of office.
Signature of officer adminis	tering oath Printed name of officer administering oath Title of officer administering oath OR
(2) Unsworn Declara	tion
My name is	and my date of birth is
1	
	(street) (city) (state) (zip code) (country)
Executed in	County, State of, on the day of, 20 (year)
	Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME BEVERLEY NCGREW WALKER 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9501.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12,240.24
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ *
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 4,556. °
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

13.00			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	LLEY NO GREW WALKER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 6/22/2025	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) 5,000
Principal occup	11815 BALMORHER LANE Dation / Job title (See Instructions)	SUCAR LA NO TX 17498 Employer (See Instruction	tions)
ILANA GEA	e of DPFRATIONS	DISTRICT CA	LERK
Date (0/29/2095	Full name of contributor out-of-state PACE NISHAN KHAN Contributor address; City; 5540 S. PERK ROAD KAT	State; Zip Code 7 7 74 50	Amount of contribution (\$) 50.00
1	Deation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 6 B 2 J 2 1235	Contributor address, City,	State; Zip Code SUBARIAND TY 77498	Amount of contribution (\$) $3,000.00$
Principal occup	Deation / Job title (See Instructions)	Employer (See Instructi	ions) LERK

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. 2 FILER NAME Dete	s Schedule A1: Sethics Commission Filers)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Empl	Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	
LINEBARGER COGGAN BLAIR of Sameson, LLP	f contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor DREAMY JOSE Contributor address; City; State; Zip Code 3115 SELENE DR. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) FORT BEND DISTRICT CLERE Date Full name of contributor DIROIS KELLEY Contributor address; City; State; Zip Code Amount DIROIS KELLEY Contributor address; City; State; Zip Code TOSI Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	500. ⁶⁰
Date Full name of contributor out-of-state PAC (ID#:	
Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) DEPUTY COURT CLERK Date Full name of contributor Contributor address; City; State; Zip Code Total S. GLEN WILLOW LN Employer (See Instructions) Employer (See Instructions) Amount Total S. GLEN WILLOW LN Employer (See Instructions) Employer (See Instructions)	of contribution (\$)
Principal occupation / Job title (See Instructions) DEPUTY COURT CLERK Date Full name of contributor Out-of-state PAC (ID#:	0000
DEPUTY COURT CLERK Fort Bend District Clerk Fort Bend District Clerk	
Date Full name of contributor Out-of-state PAC (ID#:) Amount O[22]2025 Contributor address; City; State; Zip Code 7031 Principal occupation / Job title (See Instructions) Employer (See Instructions)	?10
Principal occupation / Job title (See Instructions) Employer (See Instructions)	of contribution (\$)
Principal occupation 7 300 title (See Institutional)	
Date Full name of contributor Coult-of-state PAC (ID#+) Amount	
Lal an lange Mall IAM RENTON	of contribution (\$)
Contributor address; City; State; Zip Code	00.
BBBENTONTX@SBC GLOBAL. NET	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
REALTOR SELF	

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

in the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:		
2 FILER)NAME	RLEY MCGREW WALKER		3 Filer ID (Ethics Commission Filers)		
4 Date 6/24/2025	5 Full name of contributor out-of-state PAC (ID: DAVID OGUNIOPE otto: State PAC (ID: DAVID OGUNIOPE otto: State PAC (ID:	State; Zip Code 77082)	7 Amount of contribution (\$) 30°		
	pation / Job title (See Instructions) 9 ABLE D	Employer (See Instruct	cions)		
Date	Full name of contributor	÷)	Amount of contribution (\$)		
	Contributor address; City; S	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	:)	Amount of contribution (\$)		
,	Contributor address; City; S	tate; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor		Amount of contribution (\$)		
43	Contributor address; City; S	tate; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	ATTACH ADDITIONAL CODIES OF T	LIC COLEDIN E AC NE	EDED		

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

SCHEDULE A2

ii iiie requ	ested information is not applicable, DO NOT includ	e mis page	in the report.	
Ti	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedu	ule A2:
2 FILER NAM	Beverley McGrew Walker		3 Filer ID (Ethics Con	mmission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 121.66	
5 Date 2-25-25	6 Full name of contributor out-of-state PAC (ID#: Sector CK Walker 7 Contributor address; City; State;	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description Postage
	0.000	17277	i i	de of Texas. Complete Schedule T.
Projec	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) T Manager	Fort B	er (FOR NON-JUDICIA end County	Tax Office
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR/JUI	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		·	
Date 3-27-25	Contributor address, Only,	Zip Code 172 17	Amount of Contribution \$ 71.51	In-kind contribution description POSTAGE e of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	L)(See Instructions)
	ect Manager		Bend County 1	OCIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tors job title (FOR JOL	DICIAL) (See Histrictions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF THE CONTROL OF THE CONT			requirements.

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAME Beverley Mc Grew Walker			3 Filer ID (Ethics Co	ommission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 25.83	
5 Date 3-17-25	6 Full name of contributor	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
-	P.O. Box 270005 Howten TX 7	7277	Check if travel outsi	de of Texas. Complete Schedule T.
Projec	ch Manager principal occupation (FOR JUDICIAL)	Fort B	er (FOR NON-JUDICIA end Gunty T utor's job title (FOR JU	
	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
14 COMMIDATORS	employs.nam (v e. v ee v ee v e.)		•	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
3-24-25	Contributor address; City; State;	Zip Code	2.81	postage
Alexander	P.O. Box 270005 Houston TX 7	7277		de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) Net Manage		Bend Count	4 01
	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		*		
1	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU on guide for	ILEAS NEEDED additional reporting	requirements.

SCHEDULE A2

	4			
Tł	ne Instruction Guide explains how to complete this for	n,	1 Total pages Sched	ule A2:
2 FILER NAME BEVERley McGrew Walker			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 78.70	
5 Date 3-31-25	6 Full name of contributor	Zip Code	Contribution \$	9 In-kind contribution description Postage
	P.D. BOX 270005 HOUSTON 7X	77277	Check if travel outside	de of Texas. Complete Schedule T.
Proj	eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Fort	Bend Gount	AL)(See Instructions) y Tox Office DICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Continue	itor s jou title (i Oi (30	DIGIAL/(OCC INSUCCIONS)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
4-1-25	Contributor address; City; State; Zip Code		67.22	postage
	P.O. Box 270005 Houston TX			le of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		FOR NON-JUDICIA	
Pro	oject Manager		end County Ta	DICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ttors job title (FOR 30)	DICIAL) (Gee mandenons)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ILE AS NEEDED	
4	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting	requirements.

SCHEDULE A2

Ti	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedu	ule A2:
2 FILER NAME Beverley McGrew Walker		3 Filer ID (Ethics Cor	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 253,30	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
4-15-25	7 Contributor address; City; State;	Zip Code	253,30	postage
	P.O.Box 270005 Housles TX 7	7271	Check if travel outsid	de of Texas. Complete Schedule T.
	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	1	er (FOR NON-JUDICIA	
	oject Manager		send County T	
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUL	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's sport				e (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	 Check if travel outside	e of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAI	L)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUD	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse	e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
i	ATTACH ADDITIONAL COPIES OF THE contributor is out-of-state PAC, please see Instruction			requirements.

SCHEDULE A2

ii die reqe	rested information is not applica	able, DO NO	miciaa	e uns page	in the report.		
Т	he Instruction Guide explains ho	w to complete t	this forn	n.	1 Total pages Scheo	dule A2:	8
2 FILER NAM	Beverley Mc Grew	Walker	7		3 Filer ID (Ethics Co	ommission Filers	s)
4 TOTAL C	F UNITEMIZED IN-KIND PO	OLITICAL CO	ONTRIE	BUTIONS	\$ 213.14		
5 Date	6 Full name of contributor G	out-of-state PAC (ID#	t:		8 Amount of Contribution \$	9 In-kind co	
6-23-25		City;	_	Zip Code	20.70	ICE	
	1.0.80 \$ 270003	HO SPO	TX	77277	Check if travel outsi	ide of Texas. Con	nplete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDIC	CIAL) (See Instru	ctions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instru	ictions)
	prect Manager			tert		Tax Offi	the state of the s
12 Contributor's	principal occupation (FØR JUDICIA	L)		13 Contribu	itor's job title (FOR Ju	IDICIAL) (See	Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)		the state of the s	15 Law firm	of contributor's spou	se (if any) (FO	R JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if an	y) (FOR JUDICIA	AL)				
Date	Full name of contributor 0 o	ut-of-state PAC (ID#:)	Amount of Contribution \$	In-kind co description	
6-23-25		City;	State;	Zip Code	192,44	500	la
	P.O BOX270005 +	toute I	× 7	7277	Check if travel outside	te of Texas. Com	plete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDIC	IAL) (See Instruc	ctions)	Employe	r (FOR NON-JUDICIA	AL)(See Instru	ctions)
Pro	iect Manager		1	Fort 1	Bend County	TRU UAR	CP
• • • •	principal occupation (FOR JUDICIA	L)			tor's job title (FOR JU		
Contributor's	employer/law firm (FOR JUDICIAL)			Law firm	of contributor's spous	se (if any) (FO	R JUDICIAL)
If contributor	is a child, law firm of parent(s) (if an	y) (FOR JUDICIA	AL)				
					The second secon		
				•			
							-

1	ATTACH ADDI f contributor is out-of-state PAC	TIONAL COPIE: , please see in:	S OF TH struction	n guide for a	LEAS NEEDED additional reporting	requirement	s.

SCHEDULE A2

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Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2:
2 FILER NAM	Beverley Mc Grew Walker		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 47.61	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
6-23-25	7 Contributor address; City; State;		15.13	ICE
	P.O. BOX 270005 Howfen TX 7	11277	Check if travel outs	ide of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)			AL)(See Instructions)
	ject Manager			Tax Office
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor)	Amount of	I la bind contribution
Date	Sedrick Walker		Contribution \$	In-kind contribution description
6-23-25	•••••		32,48	Certificate
6-23-63	Contributor address; City; State;	Zip Code	36170	holder
-	P.O. Box 270005 Housen TX 7	7217	Check if travel outsi	de of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	a '	AL)(See Instructions)
Pre	principal occupation (ROR JUDICIAL)	bort b	Rend County	ax Office
Contributor's	principal occupation (ROR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
				
11	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction			requirements.

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this forn	n,	1 Total pages Schedule A2:					
2 FILER NAME	ELEY NEGREW WALKER		3 Filer ID (Ethics Commission Filers)					
,	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	utions \$ 7,500.00					
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	Contribution \$ \$\int_{1,500}^{\infty}\$	9 In-kind contribution description					
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)				
DESTAU		SELI						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 6/22/35	Full name of contributor out-of-state PAC (ID#: FARUKH SHAHID Contributor address; City; State;	Zip Code	1	In-kind contribution description				
	9151 S. TEXAS 6 HOUSTON	77. 77.083 Check if travel outside of Texas. Complete Schedule T.						
1)	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)						
	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:		
2 FILER NAM DEVER	1// // /)/		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 5,000.00		
CHIEF	7 Contributor address; City; State; 14415 CASTLE MAINE SUBAR LAND Cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Contribution \$ In-kind contribution description \$5,000 PALL PENTALS PALL PENTALS PENUE HOSTING Check if travel outside of Texas. Complete Schedule Text (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
If	ATTACH ADDITIONAL COPIES OF TH				

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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Print		Printing Exp			Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	a Gorrimittoo	•			mplete this form		(
1 Total pages Schedule F1:	2 FILER N	////	CGREW 1	WALKER		3 File	er ID (Ethic	es Commission Filers)	
4 Date 3-4-2025	5 Payee na	me	LEWIS						
6 Amount (\$)	7 Payee ac				City;		State;	Zip Code	
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8	(a) Categor	y (See Categorie	s listed at the top of	this schedule)	(b) Description	n <i>A /</i>	9 .	P 1	
PURPOSE OF EXPENDITURE	ADVE	2 TISIN	G EXPER	VS E	OVER 40 MODELS FASHION SHOW				
	(c)	Check if travel outs	side of Texas. Comple	ete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	lder name		Office soug	ht		Office held	
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Amount (\$)	Payee ac	idress:			City;		State;	Zip Code	
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			listed at the top of the		Description		1		
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		Check if travel out	side of Texas. Comple	ete Schedule T.	Check if Austin, TX, officeholder living expense				
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₹25,83	3130	GRAN	TS LAKA	E BLVP.	2061	AR LAN	D /X	77479	
PURPOSE OF EXPENDITURE	1	(See Categories	listed at the top of t	his schedu le)	Description	_		·	
		Check if travel out	side of Texas. Comple	ete Schedule T.	Check	if Austin, TX, of	ficeholder livir	ng expense	
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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

Event Expense Fees Food/Beverage Expense Gifl/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

Credit Card Payment	al Committee	Legal Services		Salaries/Wa	ges/Contract Labor	Other (enter a catego	ory not listed above)
			on Guide explain	s how to co	mplete this form.		
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6 Amount (\$)	7 Payee ad	dress;		0	City;	State;	Zip Code
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8	(a) Category	/ (See Categories lin	sted at the top of this:	schedule)	(b) Description		
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	(c)	Check if travel outside	of Texas. Complete So	hedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought		Office held
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		heck if travel outside o	f Texas. Complete Sch	edule T.	Check if Austin	, TX, officeholder living a	xpense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder	name		Office sought		office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	icai Committee	Legal Service			Wages/Contract Labor	Other (enter a cate	egory not listed above)
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F	1 1-1	RLEY /	16 GREW	WALKE	B	3 Filer ID (Eth	ics Commission Filers)
4 Date 6-18-2025	5 Payee na	ime 977)			terminate de la companya de la comp	1	
6 Amount (\$)	7 Payee ac	idress;			City;	State;	Zip Code
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9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	lder name		Office sought		Office held
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Complete ONLY if direct expenditure to benefit C/OH		e / Officeholo	der name		Office sought		Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	6/Wages/Contract Labor o complete this form.	Other (enter a category not listed above)			
1 Total pages, Schedule F1:	BEVERLEY MC GREW	WALKER	3 Filer ID (Ethics Commission Filers)			
4 Date 6-25-2025	914 ABOUT EVENTS					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	EVENT EXPENSE	SLATE KENTALS				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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PURPOSE OF EXPENDITURE	EVENT EXPENSE	FOOD / BEYA	FOOD / BEYERAGE EXPENSE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense			
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