

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		\$ 5760.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3750.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 15,237.36
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.

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 12/9/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rodney Vannerson 6 Contributor address; City; State; Zip Code Sugar Land, Texas 77478	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Bail Bondsmen		9 Employer (See Instructions) Self Employed
Date 12/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Grace Salcido Contributor address; City; State; Zip Code 210 W. Hwy 90A; Richmond, Texas 77469	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Bail Bondsman		Employer (See Instructions) Self Employed
Date 12/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Guadalupe Saldana Contributor address; City; State; Zip Code 1110 Front Street; Richmond, Texas 77469	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Bail Bondsman		Employer (See Instructions) Self Employed
Date 12/9/2025	Full name of contributor out-of-state PAC (ID#: _____) Amor Garcia Contributor address; City; State; Zip Code 1110 Richmond Parkway; Richmond, Texas 77469	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Bail Bondsman		Employer (See Instructions) Self Employed
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: **4**

2 FILER NAME

Beverley McGrew Walker

3 Filer ID (Ethics Commission Filers)

4 Date

12/09/2025

5 Full name of contributor

Marcos Antonio

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

6 Contributor address;

City;

State;

Zip Code

301 S. 9th Street; Richmond, Texas 77469

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Bail Bondsman

9 Employer (See Instructions)

Self Employed

Date

12/09/2025

Full name of contributor

Carla Tyson

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

Contributor address;

City;

State;

Zip Code

1110 Mulcahy ST. Richmond, TX 44460

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Bail Bondsman

Employer (See Instructions)

Self Employed

Date

12/09/2026

Full name of contributor

Andre Robinson

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

Contributor address;

City;

State;

Zip Code

601 Austin Street; Richmond, TX 77469

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Bail Bondsman

Employer (See Instructions)

Self Employed

Date

12/09/2026

Full name of contributor

Donna Segura

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

Contributor address;

City;

State;

Zip Code

710 S. 11th St.; Richmond, TX 77469

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Bail Bondsman

Employer (See Instructions)

Self Employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 12/30/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Mousumi Banerjee 6 Contributor address; City; State; Zip Code 18306 Cairnbrogie Ct.; Richmond, Texas 77469	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Information Technologist		9 Employer (See Instructions)
Date 12/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Gibson Contributor address; City; State; Zip Code 13407 McDoyle Road; Houston, TX 77048	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Haven Memorial Funeral Home Southeast
Date 12/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Sumeet Barai Contributor address; City; State; Zip Code 2525 City West Blvd. #353; Houston, TX 77042	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Reimbursement Analyst		Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Khurram khan Contributor address; City; State; Zip Code 15619 Lost Maples Dr.; Sugar Land, TX 77498	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		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 10/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Annette Kelley 6 Contributor address; City; State; Zip Code Missouri City, Texas 77489	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Labor Leader		9 Employer (See Instructions) UPS
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)

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

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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 12/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Muhammad Suhaib 6 Contributor address; City; State; Zip Code 1638 Country View Dr.; Rosenberg, TX 77471	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Self-Employed
Date 09/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Sedrick Walker Contributor address; City; State; Zip Code 23307 Peareson Bend Lane; Richmond, TX 77469	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Fort Bend County
Date 08/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Sedrick Walker Contributor address; City; State; Zip Code 23307 Peareson Bend Lane; Richmond, TX 77469	Amount of contribution (\$) 175.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Fort Bend county
Date 09/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Jynell Holiday Contributor address; City; State; Zip Code 16503 Quail Park Drive; Missouri City, Texas 77489	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Fort Bend County
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Beverley McGrew Walker		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/01/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haroon Mughal 7 Contributor address; City; State; Zip Code 14414 Castlemaine; Sugar Land, TX 77498	8 Amount of Contribution \$ 3,750.00	9 In-kind contribution description buttons, T-shirts, key chains, standing print, website14414 Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Chief Deputy		11 Employer (FOR NON-JUDICIAL)(See Instructions) Fort Bend County	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / 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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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:	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date 07/08/2025	5 Payee name Aling's;	
6 Amount (\$) 1,800.00	7 Payee address; City; State; Zip Code 6542 Hwy 90 Alt.; Sugar Land, Texas 77498 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description fundraiser
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Gyro Hut	
Amount (\$) 1,035.00	Payee address; City; State; Zip Code 1914 Westscott; #150; Sugar, Land 77479 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Fundraiser
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Golden Tree Banquet	
Amount (\$) 600.00	Payee address; City; State; Zip Code 9151 South Texas 6; Houston, Texas 77083 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Hall Rental	Description Fundraiser
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> 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:	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2025	5 Payee name Katy Democrats	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code Katy, Texas 77494 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Katy Democrats Rally
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/30/2025	Payee name American Caribbean Chamber of Commerce;	
Amount (\$) 150.00	Payee address; City; State; Zip Code 6201 Bonhomme; Houston, Texas 77036 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Bike Drive
	<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

Date 11/10/2025	Payee name Fort Bend County Democratic Party	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 13515 SW FWY; #204; Sugar Land, TX 77478 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Fundraiser
	<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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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:	2 FILER NAME Beverly McGrew <i>WALKER</i>	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Payee name Edward Ministerial Association	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Wharton, Texas 77488 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Gala
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Fort Bend Democratic Party	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 13515 SW FWY, #204; Sugar Land, TX 77478 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Candidate Filing Fee	Description Filing Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/08/2025	Payee name US Postal Service	
Amount (\$) 114.60	Payee address; City; State; Zip Code Richmond, TX 77469 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> 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:	2 FILER NAME Beverly McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2025	5 Payee name TGM Printing	
6 Amount (\$) 5,647.56	7 Payee address; City; State; Zip Code 13930 Murphy Rd.; Stafford, TX 77477 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/23/2025	Payee name U. S. Postal Service	
Amount (\$) 78.00	Payee address; City; State; Zip Code Richmond, TX 77469 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Postage
	<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
Date 12/23/3035	Payee name U. S. Postal Service	
Amount (\$) 187.20	Payee address; City; State; Zip Code Richmond, Texas 77469 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Postage
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2025	5 Payee name Fort Bend Democratic Party	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 13515 SW FWY, Suite 204; Sugar Land, Texas 77478 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GOTV Activity	(b) Description GOTV Activity
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Jesse Torres	
Amount (\$) 3,500.00	Payee address; City; State; Zip Code Richmond, Texas 77469 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Sign Payment
	<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
Date 12/30/2025	Payee name Dr. Lalitha	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 7711 Cicada Drive; Missouri City, Texas 77459 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Telemarketing
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME Beverley McGrew Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 12/08/2025	5 Payee name Regions Bank; Brazos Town Center; Richmond, Texas 77469
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6 Amount (\$) 10.00	7 Payee address; Brazos Town center <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Bank Fees	(b) Description Cost of Cashier's Check
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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