

# 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: <b>34</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / <input checked="" type="checkbox"/> MRS / MR FIRST <b>BEVERLEY</b>	MI <b>M</b>	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX <b>WALKER</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. BOX 1036; RICHMOND TX 77469</b>		Date Received  <b>RECVD VIA EMAIL 02/23/2026</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(832) 388 5826</b>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI <b>SEDRICK</b>		Receipt # Amount \$
	NICKNAME LAST SUFFIX <b>WALKER</b>		Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>13307 PEARESON BEND LANE; RICHMOND TX 77469</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 328 - 9196</b>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 23 / 2026    THROUGH    2 / 21 / 2026</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 2026</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>FORT BEND COUNTY DISTRICT CLERK</b>	13 OFFICE SOUGHT (if known) <b>FORT BEND COUNTY DISTRICT CLERK</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>BEVERLEY MCGREW WALKER</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,000 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,563. <sup>16</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29,611.03
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 15,149. <sup>05</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

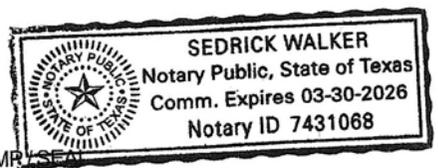
<b>15 C/OH NAME</b> <i>BEVERLEY MCGREW WALKER</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 44,760.28
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 255.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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**



Sworn to and subscribed before me by BEVERLEY MCGREW WALKER this the 23<sup>RD</sup> day of FEBRUARY, 2026, to certify which, witness my hand and seal of office.

*Sedrick Walker*      SEDRICK WALKER      TEXAS Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# 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: <b>3</b>
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TANIR BHATTI</b>	7 Amount of contribution (\$) <b>\$3500.00</b>
6 Contributor address; City; State; Zip Code <b>10 HARBOR VIEW DRIVE SUGAR LAND TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSINESS MAN</b>		9 Employer (See Instructions) <b>SELF-EMPLOYED</b>
Date <b>2/4/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ASAF QADEER</b>	Amount of contribution (\$) <b>\$3500.00</b>
Contributor address; City; State; Zip Code <b>8660 MEMORIAL DRIVE HOUSTON TX 77024</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS MAN - CEO</b>		Employer (See Instructions) <b>MERCHANT SERVICES</b>
Date <b>2/10/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TANWEER AMED</b>	Amount of contribution (\$) <b>\$3500.00</b>
Contributor address; City; State; Zip Code <b>18934 KUYKENDALL RD, SPRING TX 77379</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/31/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AJIM VARMA</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>14335 TASMANIA CT; SUGAR LAND TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS PERSON</b>		Employer (See Instructions) <b>SELF-EMPLOYED</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <i>BEVERLEY McGREW WALKER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IMRAN BASHARAT KHAN</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>13100 W. BELLFORT ST. HOUSTON TX 77099</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/11/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MUHAMMAD FAHAD RAZA</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2406 LANNA CT.; SUGAR LAND TX 77498</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/10/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WAQAR AHMED</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2414 BURKDALE DR.; SUGAR LAND TX 77478</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/9/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ABEED B. KHAN</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>10307 LOGAN BRIDGE LN. SUGAR LAND TX 77498</i>		
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 <i>BEVERLEY MCGREW WALKER</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/2026</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WASI V KHAN</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>10307 LOGAN BRIDGE LN, SUGAR LAND, TX 77498</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/9/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILVIN CARTER</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>7322 SOUTH WEST FWY, 1010 HOUSTON, TX 77074</i>		
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF EMPLOYED</i>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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: <b>1 of 10</b>	2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-23-2026</b>	5 Payee name <b>OFFICE DEPOT # 5943</b>	
6 Amount (\$) <b>217.29</b>	7 Payee address; City; State; Zip Code <b>ROSENBERG TX 77471</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>ADVERTISING</b>
	(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 <b>1-23-2026</b>	Payee name <b>OFFICE DEPOT</b>	City; State; Zip Code
Amount (\$) <b>11.50</b>	Payee address; City; State; Zip Code <b>ROSENBERG TX 77471</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	<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 <b>1-26-2026</b>	Payee name <b>MR JI CONNECTIONS</b>	City; State; Zip Code
Amount (\$) <b>225.00</b>	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address. <b>P.O. Box 2082                      MISSOURI CITY TX 77459</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>FACEBOOK / SOCIAL MEDIA ADVERTISING</b>
	<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

**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  
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.

<b>1</b> Total pages Schedule F1: 2 of 10	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1-26-2026	<b>5</b> Payee name MICHAEL GOULD	
<b>6</b> Amount (\$) 150. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2506 SUTHERLAND ST, HOUSTON TX 77023 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description AF2-CIO-LUNCHEON
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date 1-26-2026	Payee name OFFICE DEPOT	City; State; Zip Code
Amount (\$) 27.21	Payee address; City; State; Zip Code ROSENBERG TX 77471 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
	<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 1-26-2026	Payee name U.S. POSTAL SERVICE	City; State; Zip Code
Amount (\$) 1,000. <sup>00</sup>	Payee address; City; State; Zip Code 5534 FM 1640 RICHMOND TX 77469 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	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

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  
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: <b>3 OF 10</b>		2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-2-2024</b>		5 Payee name <b>TOWANA BRYANT</b>			
6 Amount (\$) <b>100.00</b>		7 Payee address; <b>TOWANA@TRINITY FREIGHT SERVICES.COM</b> <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code <b>FRESNO TX 77545</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>		(b) Description <b>CANDIDATE FORUM DONATION</b>		
	(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 <b>2-2-2026</b>		Payee name <b>JOHN BRAXTON</b>			
Amount (\$) <b>250.00</b>		Payee address; <b>BRAXTON.JOHNSONMPW@GMAIL.COM</b> <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>SPONSORSHIP MATHEMATICS OF COMMUNITY/PUBLICATION</b>		
	<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 <b>2-2-2026</b>		Payee name <b>JESSE TORRES</b>			
Amount (\$) <b>305.89</b>		Payee address; <b>RICHMOND</b> <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code <b>TX 77469</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>SIGN PLACEMENT</b>		
	<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	

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  
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: <b>4 OF 10</b>	2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/2/2026</b>	5 Payee name <b>DR. LALITHA</b>	City; State; Zip Code
6 Amount (\$) <b>1,000<sup>00</sup></b>	7 Payee address; <b>7711 CICADA DR.; MISSOURI CITY TX 77459</b>	
	<input checked="" type="checkbox"/> Check if individual's residence address.	

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>ADVERTISING</b>
	(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
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Date <b>2/2/2026</b>	Payee name <b>OFFICE DEPOT 5943; ROSENBERG TX</b>	City; State; Zip Code
Amount (\$) <b>4.32</b>	Payee address; <b>ROSENBERG TX 77471</b>	
	<input type="checkbox"/> Check if individual's residence address.	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	<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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Date <b>2/4/2026</b>	Payee name <b>U.S. POSTAL SERVICE (9402)</b>	City; State; Zip Code
Amount (\$) <b>324.80</b>	Payee address; <b>5534 FM 1640</b>	<b>RICHMOND TX 77469</b>
	<input type="checkbox"/> Check if individual's residence address.	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>POSTAGE ADVERTISING</b>
	<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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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  
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: <b>5 OF 10</b>	2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/2/2026</b>	5 Payee name <b>TGM PRINTING</b>		
6 Amount (\$) <b>3,565.00</b>	7 Payee address; City; State; Zip Code <b>13910 MURPHY RD., STAFFORD TX 77477</b>		
<input type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>SIGNS</b>
	(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
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Date <b>2/5/202</b>	Payee name <b>TGM PRINTING</b>		
Amount (\$) <b>1,244.88</b>	Payee address; City; State; Zip Code <b>13910 MURPHY RD., STAFFORD TX 77477</b>		
<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>PRINTING</b>
	<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 <b>2/5/2026</b>	Payee name <b>U.S. POSTAL SERVICE</b>		
Amount (\$) <b>50000</b>	Payee address; City; State; Zip Code <b>5834 FM 1640 RICHMOND TX 77469</b>		
<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>POSTAGE ADVERTISING</b>
	<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  | 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.

<b>1</b> Total pages Schedule F1: 6 OF 10	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-5-2026	<b>5</b> Payee name U.S. POSTAL SERVICE	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; 5534 FM 1640 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code RICHMOND TX 77469
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description POSTAGE
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date 2/6-2026	Payee name U.S. POSTAL SERVICE	City; State; Zip Code
Amount (\$) 290.00	Payee address; 5534 FM 1640 <input type="checkbox"/> Check if individual's residence address.	RICHMOND TX 77469
<b>PURPOSE OF EXPENDITURE</b>	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 2/6/2026	Payee name TGM PRINTING	City; State; Zip Code
Amount (\$) 75.00	Payee address; 13910 MURPHY RD <input type="checkbox"/> Check if individual's residence address.	STAFFORD TX 77477
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PRINTING
	<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.

<b>1</b> Total pages Schedule F1: 7 OF 10	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-9-2026	<b>5</b> Payee name MAURICIO MARIN	
<b>6</b> Amount (\$) \$850.00	<b>7</b> Payee address; City; State; Zip Code 935 ELDREDGE RD. STE 216, SUGARLAND TX 77478 <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description CONSULTING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/9-2026	Payee name U.S. POSTAL SERVICE	
Amount (\$) 870.00	Payee address; City; State; Zip Code 5534 FM 1640 RICHMOND TX 77469 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2-10-2026	Payee name TGM PRINTING	
Amount (\$) 2,110.88	Payee address; City; State; Zip Code 13910 MURPHY RD. STAFFORD TX 77477 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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: 8 OF 10		2 FILER NAME BEVERLEY MCGREW WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 2-11-2026		5 Payee name U.S. POSTAL SERVICE			
6 Amount (\$) 612.00		7 Payee address: 5534 Fm 1640 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code RICHMOND TX 77469	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description POSTAGE		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 2/12/2026		Payee name TGM PRINTING			
Amount (\$) 3,461.19		Payee address: 13910 MURPHY RD <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code STAFFORD TX 77477	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description PRINTING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 2-12-2026		Payee name DR. LA LITHA			
Amount (\$) \$500.00		Payee address: 7711 CECADA DR.; MISSOURI CITY TX 77459 <input checked="" type="checkbox"/> Check if individual's residence address.		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description CONSULTING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: 9 OF 10	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-13-2026	<b>5</b> Payee name TGM PRINTING	
<b>6</b> Amount (\$) 3,063.04	<b>7</b> Payee address; City; State; Zip Code 13910 MURPHY RD; STAFFORD TX 77477 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description PRINTING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date 2-13-2026	Payee name MISSOURI CITY BAPTIST PASTOR YOUNG'S ANNIVERSARY
Amount (\$) 100.00	Payee address; City; State; Zip Code 16816 QUAIL PARK DR.; MISSOURI CITY, TX 77489 <input type="checkbox"/> Check if individual's residence address.
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION
	Description DONATION
<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 2-17-2026	Payee name TGM PRINTING
Amount (\$) 7,466.65	Payee address; City; State; Zip Code 13910 MURPHY RD.; STAFFORD TX 77477 <input type="checkbox"/> Check if individual's residence address.
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE
	Description PRINTING
<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.

<b>1</b> Total pages Schedule F1: 10 OF 10	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-17-2026	<b>5</b> Payee name TGM PRINTING	
<b>6</b> Amount (\$) 1,108.70	<b>7</b> Payee address; City; State; Zip Code 13910 NORPHY RD. STAFFORD TX 77477 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description PRINTING
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	City; State; Zip Code
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	City; State; Zip Code
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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 PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: 1 of 3	<b>2</b> FILER NAME BEVERLEY MCGREW WALKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1-26-2026	<b>5</b> Payee name SALLIE LITTLETON	
<b>6</b> Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5807 WILLOW PARK RICHMOND TX 77469 <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description LABELING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
<b>Date</b> 2-5-2026	<b>Payee name</b> TEXAS CAMPAIGNS	
<b>Amount (\$)</b> 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> HOUSTON TX 77025 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>Description</b> CONSULTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Candidate / Officeholder name</b> _____ <b>Office sought</b> _____ <b>Office held</b> _____		
Complete ONLY if direct expenditure to benefit C/OH		
<b>Date</b> 2-5-2026	<b>Payee name</b> LYNTHIA GENYARD - CSPAC, LLC.	
<b>Amount (\$)</b> 200.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 11418 OAK LAKE RIDGE COURT SUGAR LAND TX 77498 <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>Description</b> CONSULTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Candidate / Officeholder name</b> _____ <b>Office sought</b> _____ <b>Office held</b> _____		
Complete ONLY if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
2 OF 3	BEVERLEY MCGREW WALKER	
<b>4</b> Date	<b>5</b> Payee name	
2-17-2026	TGM PRINTING	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
9,999.05	13910 MURPHY LO.	STAFFORD TX 77477
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	ADVERTISING	PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-18-2026	TGM PRINTING	
Amount (\$)	Payee address;	City; State; Zip Code
350.00	13910 MURPHY RO.	STAFFORD TX 77477
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING	PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-19-2026	COMCAST ADVERTISING	
Amount (\$)	Payee address;	City; State; Zip Code
1,700.00	12 GREENWAY PLAZA #1000	HOUSTON TX 77046
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	ADVERTISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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.

<b>1</b> Total pages Schedule G: <b>3 OF 3</b>	<b>2</b> FILER NAME <b>BEVERLEY MCGREW WALKER</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2-2-2026</b>	<b>5</b> Payee name <b>TGM PRINTING</b>	
<b>6</b> Amount (\$) <b>2350.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>13910 MURPHY LO. STAFFORD TX 77477</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>PRINTING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name <b>TOWANA BRYANT</b>	
Amount (\$) <b>250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>TOWANA@TRINITY FREIGHT SERVICES.COM FRESNO TX 77545</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>CANDIDATES' FORUM</b>
	<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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: <b>18</b>	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/20/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>51.25</b>	9 In-kind contribution description <b>PRINTING</b>
7 Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/20/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>81.69</b>	In-kind contribution description <b>LABELS</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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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 <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/20/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>94.76</b>	9 In-kind contribution description <b>LABELS</b>
7 Contributor address; City; State; Zip Code <b>23307 PEARESON BEND RICHMOND TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/20/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>94.76</b>	In-kind contribution description <b>LABELS</b>
Contributor address; City; State; Zip Code <b>23307 PEARESON BEND RICHMOND TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MC BREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/20/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>94.76</b>	9 In-kind contribution description <b>LABELS</b>
7 Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/20/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>.67</b>	In-kind contribution description <b>PRINTING</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> 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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/23/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SFDRICK WALKER</b>	8 Amount of Contribution \$ <b>6.41</b>	9 In-kind contribution description <b>INTERNET USE</b>
7 Contributor address; City; State; Zip Code <b>23307 PEARESON BEND LN RICHMOND TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/22/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SFDRICK WALKER</b>	Amount of Contribution \$ <b>119.00</b>	In-kind contribution description <b>POSTAGE</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEORICK WALKER</b>	8 Amount of Contribution \$	9 In-kind contribution description
<b>1/23/26</b>	7 Contributor address; City; State; Zip Code <b>23307 Pearason Bend Ln Richmond TX 77469</b>	<b>880.00</b>	<b>POSTAGE</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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#: _____) <b>SEORICK WALKER</b>	Amount of Contribution \$	In-kind contribution description
<b>1/23/26</b>	Contributor address; City; State; Zip Code <b>23307 Pearason Bend Ln Richmond TX 77469</b>	<b>500.00</b>	<b>POSTAGE</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/24/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>47.38</b>	9 In-kind contribution description <b>PRINTING</b>
7 Contributor address; City; State; Zip Code <b>23307 Pearreson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/26/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>1,000.00</b>	In-kind contribution description <b>POSTAGE</b>
Contributor address; City; State; Zip Code <b>23307 Pearreson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/26/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>223.83</b>	9 In-kind contribution description <b>PRINTING</b>
7 Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/26/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>62.37</b>	In-kind contribution description <b>PRINTING</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1/27/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>20.39</b>	9 In-kind contribution description <b>INTERNET</b>
7 Contributor address; City; State; Zip Code <b>23307 Pearason Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>1/28/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>370.00</b>	In-kind contribution description <b>POSTAGE</b>
Contributor address; City; State; Zip Code <b>23307 Pearason Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/2/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>44.61</b>	9 In-kind contribution description <b>PRINTING</b>
7 Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/3/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>12.47</b>	In-kind contribution description <b>PRINTING</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY McLEW NAUGER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/3/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>400.00</b>	9 In-kind contribution description <b>AD</b>
7 Contributor address; City; State; Zip Code <b>23307 Pearsons Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/3/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>430.00</b>	In-kind contribution description <b>AD</b>
Contributor address; City; State; Zip Code <b>23307 Pearsons Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/3/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>360.00</b>	9 In-kind contribution description <b>AD</b>
7 Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/3/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>435.00</b>	In-kind contribution description <b>AD</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Fort Bend County</b>	
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)			

**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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BENERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/3/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>475.00</b>	9 In-kind contribution description <b>AD</b>
7 Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/3/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>290.00</b>	In-kind contribution description <b>AD</b>
Contributor address; City; State; Zip Code <b>23307 Peareson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/3/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>420.00</b>	9 In-kind contribution description <b>AO</b>
7 Contributor address; City; State; Zip Code <b>23307 Pearson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/4/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>325.00</b>	In-kind contribution description <b>AO</b>
Contributor address; City; State; Zip Code <b>23307 Pearson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/4/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>700.00</b>	9 In-kind contribution description <b>AP</b>
7 Contributor address; City; State; Zip Code <b>23307 Pearson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/4/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>5,658.45</b>	In-kind contribution description <b>POSTAGE</b>
Contributor address; City; State; Zip Code <b>23307 Pearson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <i>BEVERLEY MCKEEN WALKER</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/12/26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SEDRICK WALKER</i>	8 Amount of Contribution \$ <i>70.36</i>	9 In-kind contribution description <i>STAKES</i>
7 Contributor address; City; State; Zip Code <i>23307 Peaveson Bend Ln Richmond TX 77469</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>PROJECT MANAGER</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>FORT BEND COUNTY</i>	
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 <i>2/17/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SEDRICK WALKER</i>	Amount of Contribution \$ <i>100.00</i>	In-kind contribution description <i>STAKES</i>
Contributor address; City; State; Zip Code <i>23307 Peaveson Bend Ln Richmond TX 77469</i>		<input type="checkbox"/> 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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/17/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	8 Amount of Contribution \$ <b>250.00</b>	9 In-kind contribution description <b>AD</b>
7 Contributor address; City; State; Zip Code <b>2307 Peureson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT Bend County</b>	
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 <b>2/19/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDRICK WALKER</b>	Amount of Contribution \$ <b>250.00</b>	In-kind contribution description <b>AD</b>
Contributor address; City; State; Zip Code <b>2307 Peureson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT Bend County</b>	
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)			

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## SCHEDULE A2

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2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/20/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDERICK WALKER</b>	8 Amount of Contribution \$ <b>135.00</b>	9 In-kind contribution description <b>Postage</b>
7 Contributor address; City; State; Zip Code <b>23309 Pearson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PROJECT MANAGER</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>FORT BEND COUNTY</b>	
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 <b>2/21/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEDERICK WALKER</b>	Amount of Contribution \$ <b>250.00</b>	In-kind contribution description <b>AD</b>
Contributor address; City; State; Zip Code <b>23307 Pearson Bend Ln Richmond TX 77469</b>		<input type="checkbox"/> 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)			

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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2 FILER NAME <b>BEVERLEY MCGREW WALKER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>2/2/26</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>YASIR WAQAR</b>	8 Amount of Contribution \$ <b>310.00</b>	9 In-kind contribution description <b>Signs</b>
7 Contributor address; City; State; Zip Code <b>6701 Harwin Dr 221B Houston TX 77036</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Businessman</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Famous Signs</b>	
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
		<input type="checkbox"/> 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)			

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