

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Catherine	MI
	NICKNAME 	LAST Walker	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4010 Long Champ Dr. #26, Austin, TX 78746		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Tom	MI
	NICKNAME 	LAST Pae	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6616 Whitmarsh Valley Walk, Austin, TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 1 / 1 / 25 THROUGH 3 / 24 / 25		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Eanes Trustee - Place 6	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
'25 APR 9 PM 2:40

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Catherine Walker		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,141.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,579.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,562.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,620.17

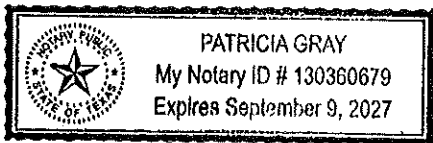
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Catherine Walker

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Catherine Walker this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Patricia Gray Signature of officer administering oath
Patricia Gray Printed name of officer administering oath
EP, Esq Legal 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Catherine Walker		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. ▪ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,975.80	
2. ▪ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 166.08	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. ▪ SCHEDULE E: LOANS	\$ 3,620.17	
5. ▪ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,579.77	
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	\$ 136.45	

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: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swasti Apte 6 Contributor address; City; State; Zip Code 11506 Lake Stone dr, Austin, TX 78738	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Healthcare consultant		9 Employer (See Instructions) Self
Date 1/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Litz Curry Contributor address; City; State; Zip Code 2906 Padina Drive, Austin, TX 78733	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Clinical Rx Strategy,
Date 1/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Jones Contributor address; City; State; Zip Code 6631 Dogwood Creek Drive, Austin, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Evicore
Date 1/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boaz Nur Contributor address; City; State; Zip Code 2001 headwater lane, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Sales		Employer (See Instructions) Workato
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: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Aghamalian 6 Contributor address; City; State; Zip Code 8216 Talbot Lane, Austin, TX 78746	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 1/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith Knight Contributor address; City; State; Zip Code 3101 Toro Canyon Road, Austin, TX 78746	Amount of contribution (\$) \$1,041.44
Principal occupation / Job title (See Instructions) Commercial Property Management		Employer (See Instructions) Knight Real Estate
Date 1/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Knight Contributor address; City; State; Zip Code 3101 Toro Canyon Road, Austin, TX 78746	Amount of contribution (\$) \$1,041.44
Principal occupation / Job title (See Instructions) Commercial Real Estate Brokerage, Development and Management.		Employer (See Instructions) Knight Real Estate
Date 1/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Pae Contributor address; City; State; Zip Code 6616 Whitemarsh Valley Walk, Austin, TX 78746	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Charlie Mike Capital
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: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Stevens 6 Contributor address; City; State; Zip Code 15 Hedge Lane, Austin, TX 78746	7 Amount of contribution (\$) \$520.87
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) JHL
Date 1/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Buck Contributor address; City; State; Zip Code 2306 Mecca Road, Austin, TX 78733	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 2/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Goodman Contributor address; City; State; Zip Code 148 Peacock Trail, Buda, TX 78610	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Department Manager		Employer (See Instructions) HEB
Date 2/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Zito Contributor address; City; State; Zip Code 4445 River Garden Trail, Austin, TX 78746	Amount of contribution (\$) \$1,562.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Genesis Inventions

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: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Boskey 6 Contributor address; City; State; Zip Code 6314 Rosefinch Ct, Lakewood Ranch, FL 34202	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Director - Accounting		9 Employer (See Instructions) United Community Bank
Date 2/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Fisher Contributor address; City; State; Zip Code 700 East 11th Street, Austin, TX 78701	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) The Premier Athletic Complex
Date 2/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Walk Contributor address; City; State; Zip Code 1342 Lost creek blvd, Austin, TX 78746	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 2/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Stanis Contributor address; City; State; Zip Code 1305 RedBud Trl, West Lake Hills, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TeamSupport

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Filley	7 Amount of contribution (\$) \$52.37
6 Contributor address; City; State; Zip Code 4009 Hambletonian, Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) site reliability engineer		9 Employer (See Instructions) striveworks
Date 2/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Goodman	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 1001 Gaston Avenue, Austin, TX 78703		
Principal occupation / Job title (See Instructions) Private Equity		Employer (See Instructions) Self Employed
Date 2/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nigel Stout	Amount of contribution (\$) \$520.87
Contributor address; City; State; Zip Code 2209 Cliffs Edge Drive, Austin, TX 78733		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed
Date 2/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Hogan	Amount of contribution (\$) \$52.37
Contributor address; City; State; Zip Code 2800 Bartons bluff Lane, Austin, TX 78746		
Principal occupation / Job title (See Instructions) Operations Lead		Employer (See Instructions) NA- Tech

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christen Glickman	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 4604 Mantle Dr, Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) CKG Strategies
Date 2/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scottee Downing	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4820 Rollingwood Dr., Rollingwood, TX 78746		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Compass
Date 2/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Kubicek	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3216 Thousand Oaks Drive, Austin, TX 78746		
Principal occupation / Job title (See Instructions) Experiential Marketing		Employer (See Instructions) Padre
Date 2/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagan Guidry	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3024 Thousand Oaks Dr, Austin, TX 78746		
Principal occupation / Job title (See Instructions) Development director		Employer (See Instructions) Elevance health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brianna DeMike 6 Contributor address; City; State; Zip Code 6612 Dogwood Creek Drive, Austin, TX 78746	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Ceo		9 Employer (See Instructions) Revoptics
Date 2/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Lipp Contributor address; City; State; Zip Code 3906 Laguna Vista Cove, Austin, TX 78746	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Substitute RN		Employer (See Instructions) Eanes
Date 2/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Craven Contributor address; City; State; Zip Code 449 Brandon Way, Austin, TX 78733-3272	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Westlake dermatology
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolynn Cunningham Contributor address; City; State; Zip Code 3024 Thousand Oaks Dr, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP, People		Employer (See Instructions) Acrisure

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11

2 FILER NAME

Catherine Walker

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/2025

5 Full name of contributor

Kate Wong

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

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

8721 White Ibis Drive, Austin, TX 78729

8 Principal occupation / Job title (See Instructions)

Financial Analyst

9 Employer (See Instructions)

Capgemini

Date

3/2/2025

Full name of contributor

Jane and Gary Cunningham

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

Amount of contribution (\$)

\$260.59

Contributor address;

City;

State;

Zip Code

Barton Creek Blvd., Austin, TX 78735

Principal occupation / Job title (See Instructions)

Founder/President

Employer (See Instructions)

Cunningham Architects

Date

3/3/2025

Full name of contributor

Bo Blackburn

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

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

32 Sundown Parkway, Austin, TX 78746

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

Sellers Shield

Date

3/3/2025

Full name of contributor

Aaron Silva

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

Amount of contribution (\$)

\$1,500.00

Contributor address;

City;

State;

Zip Code

925 Westbank Drive, Austin, TX 78746

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Paladin fs, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Buch 6 Contributor address; City; State; Zip Code 8208 Scenic Ridge Cove, Austin, TX 78735	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Operator		9 Employer (See Instructions) Westlake Athletic Center
Date 3/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebastian Stadler Contributor address; City; State; Zip Code 1213 Grosvener Court, Austin, TX 78746	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) PRE Management
Date 3/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Hastings Contributor address; City; State; Zip Code 407 Honeycomb Ridge, Austin, TX 78746	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Katie Hastings Architecture
Date 3/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Valdez Contributor address; City; State; Zip Code 1036 Liberty Park Drive, Austin, TX 78746	Amount of contribution (\$) \$260.59
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Baines 6 Contributor address; City; State; Zip Code 1402 Falcon Ledge Dr., Austin, TX 78746	7 Amount of contribution (\$) \$104.42
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Genesys Orthopedics
Date 3/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Ramberg Contributor address; City; State; Zip Code 4916 Barclay Heights Ct, Austin, TX 78746	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions) Philanthropist		Employer (See Instructions) EEF
Date 3/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Brannan Contributor address; City; State; Zip Code 2201 Point Bluff Drive, Austin, TX 78746	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Brannan & Associates
Date 3/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Ramsower Contributor address; City; State; Zip Code 1700 Datura Court, Austin, TX 78733	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Compliance Officer		Employer (See Instructions) Medex

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Moffitt 6 Contributor address; City; State; Zip Code 11 Saint Stephens School Road, Austin, TX 78746	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Proctor and Gamble
Date 3/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Howard Contributor address; City; State; Zip Code 907 Ridgewood Road, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Presidentt		Employer (See Instructions) JDH Investment
Date 3/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Jones Contributor address; City; State; Zip Code 503 Las Lomas Drive, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) VictoryMed
Date 3/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Smith Contributor address; City; State; Zip Code 2310 Cypress Pt W, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Unk		Employer (See Instructions) Unk
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: 1	
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 166.08	
5 Date 3/9/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Curry	8 Amount of Contribution \$ \$166.08	9 In-kind contribution description Food at Event
7 Contributor address; City; State; Zip Code 2906 Padina Drive, Austin, TX 78733		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Unk		11 Employer (FOR NON-JUDICIAL)(See Instructions) Unk	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,620.17
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Walker	9 Loan Amount (\$) 3,620.17
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 4010 Long Cham Dr. #26, Austin, TX 78746	10 Interest rate 0.00
		11 Maturity date 12/31/2025
12 Principal occupation / Job title (See Instructions) EVP, CFO		13 Employer (See Instructions) Cap Metro
14 Description of Collateral • none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION • not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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 Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Consulting | | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Food/Beverage Expense | Polling Expense | Travel In District |
| Credit Card Payment | | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2025	5 Payee name Squarespace	
6 Amount (\$) \$204.67	7 Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(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 1/27/25	Payee name Squarespace	
Amount (\$) \$89.06	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<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 1/31/2025	Payee name Frost Bank	
Amount (\$) \$10	Payee address; City; State; Zip Code 111 W Houston St Suite 100, San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking Expense	Description Checking Fee
	<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 **F 1**

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2025	5 Payee name Texas Democrats	
6 Amount (\$) \$215.00	7 Payee address; City; State; Zip Code PO Box 15707, Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Voter Roll Data
	(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 2/12/2025	Payee name Super Cheap Signs	
Amount (\$) \$3,500.13	Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Yard Signs
	<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 2/13/2025	Payee name Super Cheap Signs	
Amount (\$) \$84.01	Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Yard Signs
	<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 Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Consulting | | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Food/Beverage Expense | Polling Expense | Travel In District |
| Credit Card Payment | | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2025	5 Payee name Oak Hill Printing	
6 Amount (\$) \$724.19	7 Payee address; City; State; Zip Code 6112 US-290, Austin, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Large Yard 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/19/2025	Payee name FedEx	
Amount (\$) \$121.25	Payee address; City; State; Zip Code 942 South Shady Grove Road, Memphis, Tennessee, 38120-4117	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Marketing Materials
	<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 2/21/2025	Payee name Amazon	
Amount (\$) \$136.45	Payee address; City; State; Zip Code 410 Terry Avenue North, Seattle, Washington 98109-5210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Materials
	<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 F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Food/Beverage Expense	Printing Expense	Travel In District
		Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
		Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2025	5 Payee name Wendell Mayes	
6 Amount (\$) \$2,625.00	7 Payee address; City; State; Zip Code 4400 Avenue A, Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Campaign Management
	(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 2/25/2025	Payee name Delwin Goss	
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 6410 Ponca St, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Installation of Marketing Materials
	<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 2/27/2025	Payee name AUSTIN SCREEN PRINTING	
Amount (\$) \$506.48	Payee address; City; State; Zip Code 8613 Cross Park Dr, Austin, TX 78754	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Materials
	<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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Food/Beverage Expense	Printing Expense	Travel In District
		Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
		Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 3/5/2025	5 Payee name Amazon
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6 Amount (\$) \$48.69	7 Payee address; 410 Terry Avenue North, Seattle, Washington 98109-5210	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Material
	(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
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Date 3/8/2025	Payee name Wendell Mayes
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Amount (\$) \$1,750.00	Payee address; 4400 Avenue A, Austin, TX 78751	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Management
	<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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Date 3/10/2025	Payee name Vista Print
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Amount (\$) \$8,105.53	Payee address; 275 Wyman Street, Waltham, MA 02451	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mailers
	<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 F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2025	5 Payee name Office Depot	
6 Amount (\$) \$32.36	7 Payee address; City; State; Zip Code 2200 Corporate Center Drive, Boca Raton, FL 33488	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Marketing Material
	(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 3/10/2025	Payee name FedEx	
Amount (\$) 32.05	Payee address; City; State; Zip Code 942 South Shady Grove Road, Memphis, Tennessee, 38120-4117	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Marketing Materials
	<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 3/19/2025	Payee name Walgreens	
Amount (\$) \$12.95	Payee address; City; State; Zip Code 108 Wilmot Road, Deerfield, Illinois 60015	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Materials
	<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 F 1

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 Expense	Event Expense Fees	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense	Printing Expense	Travel In District
Credit Card Payment		Legal Services	Salaries/Wages/Contract Labor	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 Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2025	5 Payee name FedEx	
6 Amount (\$) \$102.62	7 Payee address; City; State; Zip Code 942 South Shady Grove Road, Memphis, Tennessee, 38120-4117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Marketing Materials
	(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 3/22/2025	Payee name Wendell Mayes	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 4400 Avenue A, Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Management
	<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 (\$)	Payee address; City; State; Zip Code	
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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2025	5 Payee name Donor Box	
6 Amount (\$) \$46.80	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 1/15/2025	Payee name Donor Box	
Amount (\$) \$93.29	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 1/15/2025	Payee name Donor Box	
Amount (\$) \$5.13	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel In District
		Legal Services	Salaries/Wages/Contract Labor	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 Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2025	5 Payee name Donor Box	
6 Amount (\$) \$11.93	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 1/16/2025	Payee name Donor Box	
Amount (\$) \$23.69	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 1/16/2025	Payee name Donor Box	
Amount (\$) \$48.73	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2025	5 Payee name Donor Box	
6 Amount (\$) \$48.73	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 1/16/2025	Payee name Donor Box	
Amount (\$) \$23.55	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 1/21/2025	Payee name Donor Box	
Amount (\$) \$46.80	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2025	5 Payee name Donor Box	
6 Amount (\$) \$24.53	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 1/28/2025	Payee name Donor Box	
Amount (\$) \$11.93	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 2/8/2025	Payee name Donor Box	
Amount (\$) \$70.05	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2025	5 Payee name Donor Box	
6 Amount (\$) \$72.94	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 2/10/2025	Payee name Donor Box	
Amount (\$) \$35.17	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 2/13/2025	Payee name Donor Box	
Amount (\$) \$46.80	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2025	5 Payee name Donor Box	
6 Amount (\$) \$4.95	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 2/19/2025	Payee name Donor Box	
Amount (\$) \$2.74	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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 2/22/2025	Payee name Donor Box	
Amount (\$) \$70.05	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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

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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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2025	5 Payee name Donor Box	
6 Amount (\$) \$24.53	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 2/26/2025	Payee name Donor Box	
Amount (\$) \$2.74	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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 2/26/2025	Payee name Donor Box	
Amount (\$) \$11.93	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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

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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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2025	5 Payee name Donor Box	
6 Amount (\$) \$5.13	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 2/26/2025	Payee name Donor Box	
Amount (\$) \$11.93	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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 2/26/2025	Payee name Donor Box	
Amount (\$) \$2.63	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 2/26/2025	5 Payee name Donor Box
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6 Amount (\$) \$4.95	7 Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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
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Date 2/27/2025	Payee name Donor Box
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Amount (\$) \$2.63	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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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Date 2/27/2025	Payee name Donor Box
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Amount (\$) \$12.10	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 **F 1**

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 3/1/2025	5 Payee name Donor Box
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6 Amount (\$) \$12.10	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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
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Date 3/1/2025	Payee name Donor Box
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Amount (\$) \$2.63	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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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Date 3/2/2025	Payee name Donor Box
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Amount (\$) \$12.42	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 3/3/2025	5 Payee name Donor Box
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6 Amount (\$) \$70.05	7 Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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
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Date 3/3/2025	Payee name Donor Box
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Amount (\$) \$70.05	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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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Date 3/3/2025	Payee name Donor Box
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Amount (\$) \$93.30	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 **F 1**

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 3/4/2025	5 Payee name Donor Box
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6 Amount (\$) \$2.63	7 Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 3/4/2025	Payee name Donor Box
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Amount (\$) \$5.16	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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
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Date 3/4/2025	Payee name Donor Box
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Amount (\$) \$4.95	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F 1**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Consulting
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Accounting/Banking Expense
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 Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 3/5/2025	5 Payee name Donor Box	
6 Amount (\$) \$12.42	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 3/5/2025	Payee name Donor Box	
Amount (\$) \$5.16	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 3/7/2025	Payee name Donor Box	
Amount (\$) \$5.16	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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 F 1

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Polling Expense	Travel In District
Credit Card Payment		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 3/8/2025	5 Payee name Donor Box
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6 Amount (\$) \$23.55	7 Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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 3/8/2025	Payee name Donor Box
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Amount (\$) \$2.63	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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
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Date 3/19/2025	Payee name Donor Box
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Amount (\$) \$4.95	Payee address; 1520 Belle View Blvd #4106, Alexandria, VA 22307	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for 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
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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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By		Food/Beverage Expense	Polling Expense	Travel In District
Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment		Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2025	5 Payee name Donor Box	
6 Amount (\$) \$11.93	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Surcharge Fees for Donation
	(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		
Date 3/22/2025	Candidate / Officeholder name Donor Box	
Amount (\$) \$11.93	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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		
Date 3/23/2025	Candidate / Officeholder name Donor Box	
Amount (\$) \$11.93	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharge Fees for Donation
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE **K**

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 K: 1
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2025	5 Name of person from whom amount is received Amazon <hr/> 6 Address of person from whom amount is received; City; State; Zip Code 410 Terry Avenue North, Seattle, Washington 98109-5210	8 Amount (\$) 81.87
7 Purpose for which amount is received Check if political contribution returned to filer Refund of Marketing Materials		
Date 03/12/2025	Name of person from whom amount is received Amazon <hr/> Address of person from whom amount is received; City; State; Zip Code 410 Terry Avenue North, Seattle, Washington 98109-5210	Amount (\$) 54.58
Purpose for which amount is received Check if political contribution returned to filer Refund of Marketing Materials		
Date	Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code 	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer 		
Date	Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code 	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer 		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

****Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

****Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

****Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report. Beginning on January 1, 2025

a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**