

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: 41
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Ms Catherine Walker		
	NICKNAME	LAST	SUFFIX
	Walker		
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	PHONE NUMBER	EXTENSION
	[REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr. Tom Pae		
	NICKNAME	LAST	SUFFIX
	Pae		
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	PHONE NUMBER	EXTENSION
	[REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	3	25	25
		THROUGH	Month Day Year
			4 / 23 / 25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<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) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received
4-25-25
3:26 PM
per email

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)	\$ 9,688.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,938.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,071.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

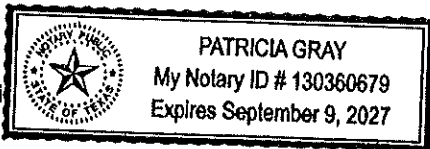
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 25th day of April, 2025, to certify which, witness my hand and seal of office.

Patricia Gray Patricia Gray EpAsst. Supt.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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		\$ 9,688.44
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 162.33
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. ■ SCHEDULE E: LOANS		\$ 0
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 17,938.15
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		\$ 8,105.53

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Daniel 6 Contributor address; City; State; Zip Code 13 Hedge Lane, Austin, TX 78746	7 Amount of contribution (\$) \$104.42
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 3/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polly Jenkins Contributor address; City; State; Zip Code 201 Las Lomas Drive, West Lake Hills, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Business owner
Date 3/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Fogarty Contributor address; City; State; Zip Code 2715 Padina Drive, Austin, TX 78733	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix
Date 3/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Radwanski Contributor address; City; State; Zip Code 4502 Bunny Run, Austin, TX 78746	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith Cataldo 6 Contributor address; City; State; Zip Code 5805 Carry Back Lane, Austin, TX 78746	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Sustainable Innovation		9 Employer (See Instructions) Amazon
Date 3/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenniann Woody McKnight Contributor address; City; State; Zip Code 9 Muir Ln, Austin, TX 78746	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 3/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Gibbs Contributor address; City; State; Zip Code 4600 Bunny Run, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 3/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liza Sanchez Contributor address; City; State; Zip Code 2808 Regents Park, Austin, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide

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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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalia Kuznetsova 6 Contributor address; City; State; Zip Code 29 Saint Stephens School Road, Austin, TX 78746	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 3/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christen Glickman Contributor address; City; State; Zip Code 4604 Mantle Dr, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 3/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE SLOAN Contributor address; City; State; Zip Code 6804 Canon Wren Drive, AUSTIN, TX 78746	Amount of contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 3/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Harlan Contributor address; City; State; Zip Code 1205 Falcon Ledge Drive, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Harlan Realty

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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Johnston 6 Contributor address; City; State; Zip Code 4401 Aqua Verde Drive, Austin, TX, United States, 78746	7 Amount of contribution (\$) \$104.42
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 4/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Divya Varu Contributor address; City; State; Zip Code 2517 Waymaker Way, Austin, TX 78746	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) DLC
Date 4/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Kanarek Contributor address; City; State; Zip Code 923 Wild Basin Ledge, West Lake Hills, TX 78746	Amount of contribution (\$) \$260.59
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Woody Contributor address; City; State; Zip Code 9 Muir Ln, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandra Vaughn 6 Contributor address; City; State; Zip Code 1005 Ogden Drive, Austin, TX 78733	7 Amount of contribution (\$) \$104.42
8 Principal occupation / Job title (See Instructions) Pre/postnatal corrective exercise		9 Employer (See Instructions) Self-employed
Date 4/2/2025	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 (\$) \$100.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Lamy Contributor address; City; State; Zip Code 2305 Camino Alto Rd, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self-Employed
Date 4/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Cooper Contributor address; City; State; Zip Code 3505 Cactus Wren Way, Austin, TX 78746	Amount of contribution (\$) \$52.51
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) St. David's

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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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George and Karen Casey 6 Contributor address; City; State; Zip Code 4620 Mantle Drive, Austin, TX 78746	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 4/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendle Rumbaut Contributor address; City; State; Zip Code 2208 Saratoga Drive, Austin, TX 78733	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Crouch Contributor address; City; State; Zip Code 3206 Rivercrest Drive, Austin, TX 78746	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth South Contributor address; City; State; Zip Code 103 SWIFT CURRENT RD, West Lake Hills, TX 78746	Amount of contribution (\$) \$104.67
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide

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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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Francis 6 Contributor address; City; State; Zip Code 3406 Riva Ridge Rd, Austin, TX 78746	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Hangartner Contributor address; City; State; Zip Code 4304 Ravine Ridge Trail, Austin, TX 78746	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee McPherson Contributor address; City; State; Zip Code 4720 Rockcliff Rd 3, Austin, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Smith Contributor address; City; State; Zip Code 2310 Cypress Point West, Austin, TX 78746	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide

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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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Kimmel 6 Contributor address; City; State; Zip Code 1105 Snowy Owl Court, Austin, TX 78746	7 Amount of contribution (\$) \$52.51
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 4/8/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liza Webb McMichael Contributor address; City; State; Zip Code 6663 Whitemarsh Valley Walk, Austin, TX 78746	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tori Keith Contributor address; City; State; Zip Code PO Box 160095, Austin, TX 78716	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney Recruiter		Employer (See Instructions) Latitude Legal
Date 4/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Chapline Contributor address; City; State; Zip Code 2401 Padina Drive, Austin, TX 78733	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Sage Capital Bank

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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Mills 6 Contributor address; City; State; Zip Code 2610 Rollingwood Drive, West Lake Hills, TX 78746	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Real Estate Advisor		9 Employer (See Instructions) Self-Employed
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Budiselich Contributor address; City; State; Zip Code 6803 Saint Andrews Way, Austin, TX 78746	Amount of contribution (\$) \$52.51
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consilio
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page Oliver Contributor address; City; State; Zip Code 1107 Yaupon Valley Rd, West Lake Hills, TX 78746	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 4/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brendan Mullen Contributor address; City; State; Zip Code P.O. Box 342374, Austin, TX 78734	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technology		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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Gragg 6 Contributor address; City; State; Zip Code 810 Presa Arriba Road, Austin, TX 78733	7 Amount of contribution (\$) \$104.70
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) My Gym Austin
Date 4/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacie Falls Contributor address; City; State; Zip Code 4301 Churchill Downs Drive, Austin, TX 78746	Amount of contribution (\$) \$313.47
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne York Contributor address; City; State; Zip Code 1205 Lipan Tr, Austin, TX 78733	Amount of contribution (\$) \$104.70
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self-Employed
Date 4/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Franklin Contributor address; City; State; Zip Code 2004 Point Bluff Dr, Austin, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide

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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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel M Laney 6 Contributor address; City; State; Zip Code 2302 Cypress Point West, Austin, TX 78746	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Did not provide		9 Employer (See Instructions) Did not provide
Date 4/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisa Thompson Contributor address; City; State; Zip Code 2605 Buckminster Ct., Austin, TX 78746	Amount of contribution (\$) \$313.47
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Self-Employed
Date 4/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Cantella Contributor address; City; State; Zip Code 704 Elder Circle, Austin, TX 78733	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nishant Bhargava Contributor address; City; State; Zip Code 2315 Cades Spirit Bend, Austin, TX 78738	Amount of contribution (\$) \$31.63
Principal occupation / Job title (See Instructions) Tech Support		Employer (See Instructions) Keysight Technologies

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:
2 FILER NAME Catherine Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anumeha Kumar 6 Contributor address; City; State; Zip Code 11521 Lake Stone Drive, Austin, TX 78738	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Austin Firefighters Retirement Fund
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Mullen Contributor address; City; State; Zip Code 3111 Cavalcade Ct, Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Mullen Firm PLLC
Date 4/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Dunn Contributor address; City; State; Zip Code 5 Hull Circle Dr., West Lake Hills, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Did not provide		Employer (See Instructions) Did not provide
Date 4/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Art Acevedo Contributor address; City; State; Zip Code 114 Reveille Road, West Lake Hills, TX, United States, 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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		\$ 162.33	
5 Date 4/21/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Curry	8 Amount of Contribution \$ \$77.64	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) Clinical Rx Strategy, Founder		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
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 4/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Curry	Amount of Contribution \$ \$84.69	In-kind contribution description Food at Event
Contributor address; City; State; Zip Code 2906 Padina Drive, Austin, TX 78733		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Clinical Rx Strategy, Founder		Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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		\$ 677.00
5 7 Date of loan 4/15/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Walker	9 Loan Amount (\$) 677.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 4010 Long Champ 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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	Expense	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
		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 3/27/2025	5 Payee name Super Cheap Signs	
6 Amount (\$) \$720.40	7 Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/2025	Payee name Facebook	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 1 Hacker Way in Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<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 3/31/2025	Payee name Oak Hill Printing	
Amount (\$) \$362.10	Payee address; City; State; Zip Code 6112 US-290, Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs / Literature
	<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 Expense	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 4/1/2025	5 Payee name Facebook
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6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 1 Hacker Way in Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(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 4/3/2025	Payee name Facebook
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Hacker Way in Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<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 4/4/2025	Payee name Facebook
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Amount (\$) \$8.00	Payee address; City; State; Zip Code 1 Hacker Way in Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<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	Expense	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 4/7/2025	5 Payee name Wendell Mayes	
6 Amount (\$) \$1,750.00	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 4/7/2025	Payee name Facebook	
Amount (\$) \$12.00	Payee address; City; State; Zip Code 1 Hacker Way in Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<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 4/7/2025	Payee name Super Cheap Signs	
Amount (\$) \$408.59	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	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)
4 Date 4/9/2025	5 Payee name Oak Hill Printing	
6 Amount (\$) \$1,137.50	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 Signs / Literature
	(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 4/9/2025	Payee name Oak Hill Printing	
Amount (\$) \$1,090.10	Payee address; City; State; Zip Code 6112 US-290, Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs / Literature
	<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 4/10/2025	Payee name Facebook	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 1 Hacker Way in Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<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 4/15/2025	5 Payee name Oak Hill Printing	
6 Amount (\$) \$1,000.00	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 Signs / Literature
	(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 4/15/2025	Payee name Oak Hill Printing	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 6112 US-290, Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs / Literature
	<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 4/15/2025	Payee name Oak Hill Printing	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6112 US-290, Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs / Literature
	<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 Expense		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Printing Expense	Travel In District
Credit Card Payment		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)
4 Date 4/16/2025	5 Payee name Oak Hill Printing	
6 Amount (\$) \$1,002.74	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 Signs / Literature
	(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 4/18/2025	Payee name Delwin Goss	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 6410 Ponca Street, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Putting up 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 4/21/2025	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

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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 F1:	2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 3/25/2025	5 Payee name Donor Box
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6 Amount (\$) \$5.16	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 3/26/2025	Payee name Donor Box
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Amount (\$) \$4.95	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 3/26/2025	Payee name Donor Box
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Amount (\$) \$5.16	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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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	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Legal Services	Printing Expense	Travel In District
			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 3/27/2025	5 Payee name Donor Box	
6 Amount (\$) \$2.63	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 3/27/2025	Payee name Donor Box	
Amount (\$) \$23.55	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 3/27/2025	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Accounting/Banking 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 3/27/2025	5 Payee name Donor Box
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6 Amount (\$) \$11.93	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/27/2025	Payee name Donor Box
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Amount (\$) \$4.95	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/27/2025	Payee name Donor Box
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Amount (\$) \$11.93	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 <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	Expense	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
		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 3/28/2025	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 3/29/2025	Payee name Donor Box	
Amount (\$) \$8.67	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		
Date 3/29/2025	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		

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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	Event Expense 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 3/31/2025	5 Payee name Donor Box
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6 Amount (\$) \$5.16	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/2025	Payee name Donor Box
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Amount (\$) \$1.47	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/2025	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 <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 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 4/1/2025	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/2/2025	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/2/2025	Payee name Donor Box	
Amount (\$) \$4.95	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		

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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	Polling Expense	Travel In District
		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 4/4/2025	5 Payee name Donor Box	
6 Amount (\$) \$12.55	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 4/4/2025	Payee name Donor Box	
Amount (\$) \$2.87	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 4/6/2025	Payee name Donor Box	
Amount (\$) \$7.00	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	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Food/Beverage Expense	Polling Expense	Travel In District
		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 4/6/2025	5 Payee name Donor Box	
6 Amount (\$) \$2.75	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 4/7/2025	Payee name Donor Box	
Amount (\$) \$49.30	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 4/7/2025	Payee name Donor Box	
Amount (\$) \$5.60	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	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Credit Card Payment		Legal Services	Printing Expense	Travel In District
			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 4/7/2025	5 Payee name Donor Box	
6 Amount (\$) \$5.20	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 4/7/2025	Payee name Donor Box	
Amount (\$) \$24.80	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		
Date 4/7/2025	Payee name Donor Box	
Amount (\$) \$5.20	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		

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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	Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense	Printing Expense	Travel In District
Credit Card Payment		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)
4 Date 4/7/2025	5 Payee name Donor Box	
6 Amount (\$) \$37.05	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 4/8/2025	Payee name Donor Box	
Amount (\$) \$2.87	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 4/8/2025	Payee name Donor Box	
Amount (\$) \$2.75	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 Expense	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 4/9/2025	5 Payee name Donor Box
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6 Amount (\$) \$1.71	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 4/9/2025	Payee name Donor Box
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Amount (\$) \$15.16	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 4/9/2025	Payee name Donor Box
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Amount (\$) \$2.94	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 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	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 4/11/2025	5 Payee name Donor Box	
6 Amount (\$) \$2.87	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		
Date 4/11/2025	Payee name Donor Box	
Amount (\$) \$2.94	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		
Date 4/11/2025	Payee name Donor Box	
Amount (\$) \$5.20	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		

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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	Printing Expense	Travel In District
Credit Card Payment		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)
4 Date 4/11/2025	5 Payee name Donor Box	
6 Amount (\$) \$5.43	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106, Alexandria, VA 22307	
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 4/12/2025	Payee name Donor Box	
Amount (\$) \$15.66	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 4/13/2025	Payee name Donor Box	
Amount (\$) \$5.43	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	Printing Expense	Travel In District
Credit Card Payment		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)
4 Date 4/14/2025	5 Payee name Donor Box	
6 Amount (\$) \$2.75	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
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Date 4/15/2025	Payee name Donor Box		
Amount (\$) \$10.10	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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Date 4/17/2025	Payee name Donor Box		
Amount (\$) \$15.66	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	Printing 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 4/17/2025	5 Payee name Donor Box	
6 Amount (\$) \$2.94	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/17/2025	Payee name Donor Box	
Amount (\$) \$1.85	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 4/17/2025	Payee name Donor Box	
Amount (\$) \$5.20	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Accounting/Banking 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)
4 Date 4/21/2025	5 Payee name Donor Box	
6 Amount (\$) \$12.55	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 4/21/2025	Payee name Donor Box	
Amount (\$) \$5.20	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 4/23/2025	Payee name Catherine Walker	
Amount (\$) \$4,297.17	Payee address; City; State; Zip Code 4010 Long Champ Dr. #26, Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description Full Repayment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 4/23/2025	5 Payee name Donor Box	
6 Amount (\$) \$12.55	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	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
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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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
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2 FILER NAME Catherine Walker	3 Filer ID (Ethics Commission Filers)
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4 Date 4/8/2025	5 Name of person from whom amount is received Vista Print 6 Address of person from whom amount is received; City; State; Zip Code 170 Data Drive, Waltham, MA 02451, United States	8 Amount (\$) \$1,886.60
7 Purpose for which amount is received Check if political contribution returned to filer Refund of Marketing Materials		

Date 4/17/2025	Name of person from whom amount is received Vista Print Address of person from whom amount is received; City; State; Zip Code 170 Data Drive, Waltham, MA 02451, United States	Amount (\$) \$6,218.93
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 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 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		

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