

# 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: <div style="text-align: center; font-size: 1.2em;">18</div>							
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Catherine</div>	MI	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; font-weight: bold;">24 APR 26 PM 3:43</div>  Date Hand-delivered or Date Postmarked  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Walker</div>	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4010 Long Champ Dr #206 Austin TX 78746</div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <div style="font-size: 1.2em;">(512)</div>	PHONE NUMBER <div style="font-size: 1.2em;">391-9943</div>	EXTENSION							
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Christina</div>	MI							
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Fok</div>	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1605 Scottish Woods Trail Austin TX 78746</div>									
8 CAMPAIGN TREASURER PHONE	AREA CODE <div style="font-size: 1.2em;">(917)</div>	PHONE NUMBER <div style="font-size: 1.2em;">763-0770</div>	EXTENSION							
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.5em; text-align: center;">3 / 27 / 24      4 / 24 / 24</div>									
11 ELECTION	ELECTION DATE Month      Day      Year <div style="font-size: 1.5em; text-align: center;">5 / 4 / 24</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Eanes School Trustee Place 5</div>								
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.									
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME								
		COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

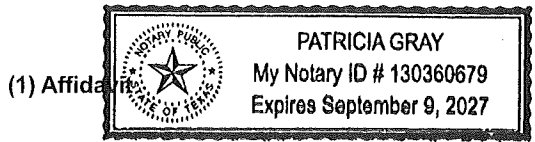
15 C/OH NAME <i>Catherine Walker</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6,717.79</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10,263.90</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>7,592.86</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>6,413.52</i>

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:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Catherine Walker* this the *26<sup>th</sup>* day of *April*, 20*24*, to certify which, witness my hand and seal of office.

*Patricia Gray* Signature of officer administering oath  
*Patricia Gray* Printed name of officer administering oath  
*Exp Asst. Supt.* 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

<b>19 FILER NAME</b> <i>Catherine Walker</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,717.79</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>2,419.87</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,699.15</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>7,564.75</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>Catherine Walker</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-31-24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mo Grealich</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>3517 Pinnacle Rd. Austin TX 78746</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired Teacher</u>		9 Employer (See Instructions) <u>Retired</u>
Date <u>4-2-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Romberg</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>450 Spiller Ln. West Lake Hills TX 78746</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>Retired</u>
Date <u>4-2-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Liza Sanchez</u>	Amount of contribution (\$) <u>\$26.34</u>
Contributor address; City; State; Zip Code <u>2808 Regents Park Austin TX 78746</u>		
Principal occupation / Job title (See Instructions) <u>unemployed</u>		Employer (See Instructions) <u>unemployed</u>
Date <u>4-10-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary Hinton</u>	Amount of contribution (\$) <u>\$104.42</u>
Contributor address; City; State; Zip Code <u>2 Jeffrey Cone, Rollingwood TX 78746</u>		
Principal occupation / Job title (See Instructions) <u>Administrator</u>		Employer (See Instructions) <u>San Marcos Civic Foundation</u>

**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: <b>4</b>
2 FILER NAME <b>Catherine Walker</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-11-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Windy Vescovo</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>604 Rocky River Rd. West Lake Hills, TX 78246</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>4-13-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlson Sharpless</b>	Amount of contribution (\$) <b>\$52.45</b>
Contributor address; City; State; Zip Code <b>8965 Vantage Pt. Dr #4309 Dallas TX 75243</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-14-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bob Woody</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>2204 Point Bluff Dr Austin TX 78746</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>4-17-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christie Bybee</b>	Amount of contribution (\$) <b>\$2,603.12</b>
Contributor address; City; State; Zip Code <b>4601 Anikawi Drive Austin TX 78746</b>		
Principal occupation / Job title (See Instructions) <b>unemployed</b>		Employer (See Instructions) <b>unemployed</b>

**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: <b>4</b>
2 FILER NAME <i>Catherine Walker</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-21-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Woolridge</i>	7 Amount of contribution (\$) <i>\$520.87</i>
6 Contributor address; City; State; Zip Code <i>501 Rodney River Rd. West Lake Hills TX 78746</i>		
8 Principal occupation / Job title (See Instructions) <i>unemployed</i>		9 Employer (See Instructions) <i>unemployed</i>
Date <i>4-21-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandy Dunn</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5 Hull Circle West Lake Hills TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>LMT</i>		Employer (See Instructions) <i>Self</i>
Date <i>4-21-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay Probes</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>100 Wood Trail West Lake Hills TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>consultant</i>		Employer (See Instructions) <i>Mercury</i>
Date <i>4-21-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer &amp; David Kaufman</i>	Amount of contribution (\$) <i>\$260.59</i>
Contributor address; City; State; Zip Code <i>3604 Shady Creek Lane Austin TX 78746</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Texas</i>

**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: <b>4</b>
2 FILER NAME <b>Catherine Walker</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-22-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Abernathy</b>	7 Amount of contribution (\$) <b>\$50.00</b>
	6 Contributor address; City; State; Zip Code <b>3261 Park Hills Dr Rollingwood TX 78746</b>	
8 Principal occupation / Job title (See Instructions) <b>Retired Nurse Practitioner</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>4-22-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy Brees</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>3009 Chatelaine Dr. Austin TX 78746</b>	
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Den Property Group, LLC</b>
Date <b>4-23-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darron Gross</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>810 Jessie St. Austin TX 78746</b>	
Principal occupation / Job title (See Instructions) <b>Managing Partner</b>		Employer (See Instructions) <b>Tenreco</b>
Date <b>4-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Boskey</b>	Amount of contribution (\$) <b>\$1,000.00</b>
	Contributor address; City; State; Zip Code <b>6314 Rosefinch Ct #204 Lakewood Ranch FL 34202</b>	
Principal occupation / Job title (See Instructions) <b>Accountant</b>		Employer (See Instructions) <b>United Community</b>

**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: <i>3</i>
2 FILER NAME <i>Catherine Walker</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>\$2,419.87</i>
5 Date of loan <i>3-30-24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	9 Loan Amount (\$) <i>\$427.59</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4010 Long Champ Dr #26 Austin TX 78746</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>5-31-24</i>
12 Principal occupation / Job title (See Instructions) <i>EVP, CFO</i>		13 Employer (See Instructions) <i>Cap Metro</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>3-30-24</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	Loan Amount (\$) <i>\$39.13</i>
Is lender a financial institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>4010 Long Champ Dr #26 Austin TX 78746</i>	Interest rate <i>0%</i>
		Maturity date <i>5-31-24</i>
Principal occupation / Job title (See Instructions) <i>EVP, CFO</i>		Employer (See Instructions) <i>Cap Metro</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

**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: <i>3</i>
2 FILER NAME <i>Catherine Walker</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>\$2419.87</i>
5 Date of loan <i>3-27-24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	9 Loan Amount (\$) <i>\$1,400.00</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4010 Long Champ Dr #206 Austin TX 78746</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>5-31-24</i>
12 Principal occupation / Job title (See Instructions) <i>EVP, CFO</i>		13 Employer (See Instructions) <i>CapMetro</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>4-2-24</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	Loan Amount (\$) <i>\$17.05</i>
Is lender a financial institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>4010 Long Champ Dr #206 Austin TX 78746</i>	Interest rate <i>0%</i>
		Maturity date <i>5-31-24</i>
Principal occupation / Job title (See Instructions) <i>EVP, CFO</i>		Employer (See Instructions) <i>CapMetro</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

**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: <i>3</i>
2 FILER NAME <i>Catherine Walker</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>\$ 2,419.84</i>
5 Date of loan <i>4-20-24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	9 Loan Amount (\$) <i>\$497.72</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4010 Long Champ Dr #26 Austin TX 78746</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>5-31-24</i>
12 Principal occupation / Job title (See Instructions) <i>EVP, CFO</i>		13 Employer (See Instructions) <i>CapMetro</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>4-5-24</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	Loan Amount (\$) <i>\$38.38</i>
Is lender a financial institution?  Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>4010 Long Champ Dr #26 Austin TX 78746</i>	Interest rate <i>0%</i>
		Maturity date <i>5-31-24</i>
Principal occupation / Job title (See Instructions) <i>EVP, CFO</i>		Employer (See Instructions) <i>CapMetro</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-30-24	<b>5</b> Payee name Oak Hill Printing	
<b>6</b> Amount (\$) \$427.59	<b>7</b> Payee address; City; State; Zip Code 6112 W. Highway 290 Austin TX 78735	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Push Cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 3-30-24	<b>Payee name</b> Austin Express Courier	
<b>Amount (\$)</b> \$39.13	<b>Payee address; City; State; Zip Code</b> 7801 N. Lamar Blvd Ste D93 Austin TX 78752	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Courier Service
	<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
<b>Date</b> 3-27-24	<b>Payee name</b> Mdg Sign Placement Services	
<b>Amount (\$)</b> \$1400.00	<b>Payee address; City; State; Zip Code</b> 6410 Ponca St. Austin TX 78741	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Sign Placement
	<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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-2-24	<b>5</b> Payee name Zoom	
<b>6</b> Amount (\$) \$17.05	<b>7</b> Payee address; City; State; Zip Code P.O. Box 888843 Los Angeles CA 90088	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Video conference fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-20-24	Payee name Fedex	
Amount (\$) \$497.72	Payee address; City; State; Zip Code 3700 Bee Cave Rd. WestLakeHills TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<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 4-5-24	Payee name SquareSpace	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 225 Varick St. 12 <sup>th</sup> Floor New York NY 10014	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-31-24	<b>5</b> Payee name Donor Box	
<b>6</b> Amount (\$) \$2.63	<b>7</b> Payee address; City; State; Zip Code Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Surcharges for donations
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 4-2-24	<b>Payee name</b> Donor Box	
<b>Amount (\$)</b> \$1.52	<b>Payee address; City; State; Zip Code</b> Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Surcharges for donations
	<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
<b>Date</b> 4-10-24	<b>Payee name</b> Donor Box	
<b>Amount (\$)</b> \$5.16	<b>Payee address; City; State; Zip Code</b> Rebel Idealist 1520 Belle view Blvd #4106 Alexandria VA 22304	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> Surcharges for donations
	<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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>7</i>	2 FILER NAME <i>Catherine Walker</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-13-24</i>	5 Payee name <i>Donor Box</i>	
6 Amount (\$) <i>\$2.93</i>	7 Payee address; City; State; Zip Code <i>Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Surcharges for donations</i>
	(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 <i>4-14-24</i>	Payee name <i>Donor Box</i>	
Amount (\$) <i>\$23.55</i>	Payee address; City; State; Zip Code <i>Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Surcharges for donations</i>
	<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 <i>4-17-24</i>	Payee name <i>Donor Box</i>	
Amount (\$) <i>\$121.34</i>	Payee address; City; State; Zip Code <i>Rebel Idealist 1520 Belle view Blvd #4106 Alexandria VA 22304</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Surcharges for donations</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-21-24	<b>5</b> Payee name Donor Box	
<b>6</b> Amount (\$) \$24.53	<b>7</b> Payee address; City; State; Zip Code Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Surcharges for donations
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 4-21-24	Payee name Donor Box	
Amount (\$) \$4.95	Payee address; City; State; Zip Code Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Surcharges for donations
	<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 4-21-24	Payee name Donor Box	
Amount (\$) \$23.55	Payee address; City; State; Zip Code Rebel Idealist 1520 Belle view Blvd #4106 Alexandria VA 22304	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Surcharges for donations
	<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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-21-24	<b>5</b> Payee name Donor Box	
<b>6</b> Amount (\$) \$12.42	<b>7</b> Payee address; City; State; Zip Code Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Surcharges for donations
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-22-24	Payee name Donor Box	
Amount (\$) \$4.95	Payee address; City; State; Zip Code Rebel Idealist 1520 Belle View Blvd #4106 Alexandria VA 22304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharges for donations
	<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 4-23-24	Payee name Donor Box	
Amount (\$) \$4.95	Payee address; City; State; Zip Code Rebel Idealist 1520 Belle view Blvd #4106 Alexandria VA 22304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Surcharges for donations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>7</i>	<b>2</b> FILER NAME <i>Catherine Walker</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-24-24</i>	<b>5</b> Payee name <i>Donor Box</i>	
<b>6</b> Amount (\$) <i>\$46.80</i>	<b>7</b> Payee address; City; State; Zip Code <i>Rebel Idealist 1520 Belleview Blvd #4106 Alexandria VA 22307</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <i>Surcharges for donations</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 7,564.75
<b>5</b> Date 4-11-24	<b>6</b> Payee name Jill Van Voorhis	
<b>7</b> Amount (\$) \$7,137.16	<b>8</b> Payee address; City; State; Zip Code 4500 Charles Ave, Austin TX 78746	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Mailers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-20-24	Payee name Jill Van Voorhis	
Amount (\$) \$427.59	Payee address; City; State; Zip Code 4500 Charles Ave, Austin TX 78746	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Push cards
	<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