

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>8</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		FIRST MI <u>Catherine</u>			
		NICKNAME LAST SUFFIX <u>Walker</u>		Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election      Other (specify) _____ <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #      Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year <u>2 / 26 / 24</u> <u>3 / 26 / 24</u>		Date Processed	
				Date Imaged	

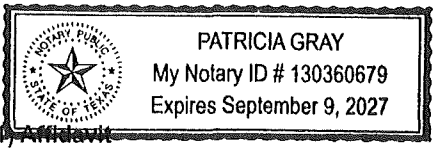
6 EXPLANATION OF CORRECTION  
 Correcting to conform with Method #2 on page 53 of instruction guide. In original filing, was matching political expenditure to future payment of personal loan to campaign.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Catherine Walker  
 Signature of Candidate/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, 2024, to certify which, witness my hand and seal of office.  
Patricia Gray      Patricia Gray      Exp. LSSB. 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

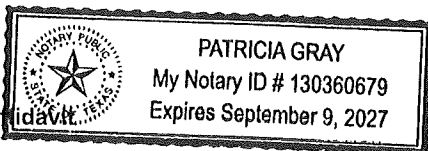
15 C/OH NAME <i>Catherine Walker</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,139.42
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 104.68
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,098.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,139.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,993.65

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 *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  
*Ex 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

19 FILER NAME <i>Catherine Walker</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,139.42
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	\$ 3,993.65
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,993.65
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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>2</u>
2 FILER NAME <u>Catherine Walker</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-7-24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jason Boskey</u>	7 Amount of contribution (\$) <u>\$ 250.00</u>
6 Contributor address; City; State; Zip Code <u>6314 Rosenfinch Ct. #204 Lakewood Ranch FL 34202</u>		
8 Principal occupation / Job title (See Instructions) <u>Director of Treasury</u>		9 Employer (See Instructions) <u>United Community Bank</u>
Date <u>3-12-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Page</u>	Amount of contribution (\$) <u>\$ 104.42</u>
Contributor address; City; State; Zip Code <u>12410 Blossomwood Dr. Austin TX 78727</u>		
Principal occupation / Job title (See Instructions) <u>Unemployed</u>		Employer (See Instructions) <u>Unemployed</u>
Date <u>3-12-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Pave</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code <u>Loelle White marsh Valley Walk, Austin TX 78746</u>		
Principal occupation / Job title (See Instructions) <u>unemployed</u>		Employer (See Instructions) <u>Unemployed</u>
Date <u>3-22-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Champagne</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Contributor address; City; State; Zip Code <u>6410 Five Acre Woods St. Austin TX 78744</u>		
Principal occupation / Job title (See Instructions) <u>Grassroots Advocacy</u>		Employer (See Instructions) <u>Leukemia and Lymphoma Society</u>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2

2 FILER NAME

Catherine Walker

3 Filer ID (Ethics Commission Filers)

4 Date

3-26-24

5 Full name of contributor

Brian Hausauer

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

29 Saint Stephen School Rd Austin TX 78746

8 Principal occupation / Job title (See Instructions)

unemployed

9 Employer (See Instructions)

unemployed

Date

3-25-24

Full name of contributor

Martha Hudson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

201 Almarion Way, Rollingwood TX 78746

Principal occupation / Job title (See Instructions)

Retired Teacher

Employer (See Instructions)

Retired

Date

3-25-24

Full name of contributor

Shanathi Jayakumar

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 30.00

Contributor address;

City;

State;

Zip Code

3309 Park Hills Dr. Austin TX 78746

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3-25-24

Full name of contributor

Rhoda Silverberg

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 30.00

Contributor address;

City;

State;

Zip Code

3102 Gentry Dr. Rollingwood TX 78746

Principal occupation / Job title (See Instructions)

Literacy Specialist

Employer (See Instructions)

Wilson Language Training

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:
2 FILER NAME <i>Catherine Walker</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>3,993.65</i>
5 Date of loan <i>3-15-24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Catherine Walker</i>	9 Loan Amount (\$) <i>\$3,955.27</i>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>4010 Longchamp Dr #20 Austin TX 78746</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>5-30-24</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>3-5-24</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? <i>Y (N)</i>	Lender address; City; State; Zip Code <i>4010 Long Champ Dr #20, 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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Catherine Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-15-24	<b>5</b> Payee name Super cheap Signs	
<b>6</b> Amount (\$) \$3,955.27	<b>7</b> Payee address; 9200 Waterford Centre Blvd. Ste 100 Austin TX 78758	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Road Signs & Yard Signs
	<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 3-5-24	Payee name Square Space Inc.		
Amount (\$) \$38.38	Payee address; 225 Varick St. #12      New York      NY      10014		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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

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