

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Walker MI: S NICKNAME: _____ LAST: Agnew SUFFIX: Jr.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13635 Barryknoll Lane Houston, TX 77079	Date Received	
<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 249.5759	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Kristin MI: H NICKNAME: _____ LAST: Agnew SUFFIX: _____	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13635 Barryknoll Lane Houston TX 77079	Date Imaged	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 670.6246		
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 4 / 1 / 2025 THROUGH 4 / 24 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 2025	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) SBISD Board of Trustees Position 6	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,964.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,373.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

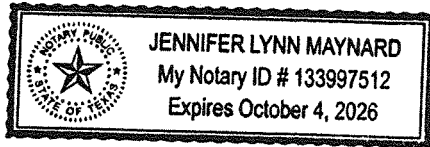
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Walker Agnew, Jr. *WA*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Walker Agnew Jr. this the 25 day of April,

2025, to certify which, witness my hand and seal of office.

J Maynard

Jennifer Maynard

notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Walker Agnew, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4.1.25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnie Morrison <hr/> 6 Contributor address; City; State; Zip Code 515 Patchester Drive Houston, TX 77079	7 Amount of contribution (\$) \$156.15
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Carollo Engineering
Date 4.4.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Moore <hr/> Contributor address; City; State; Zip Code 13622 Queensbury Ln Houston, TX 77079	Amount of contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Mosaic Minerals
Date 4.7.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Walker <hr/> Contributor address; City; State; Zip Code 23122 Valley Ranch Parkway Porter, TX 77365	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Lumicre
Date 4.8.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Butrum <hr/> Contributor address; City; State; Zip Code 14139 Woodthorpe Ln Houston, TX 77079	Amount of contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Stewart Title

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Walker Agnew, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4.11.25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomasz Stenzel 6 Contributor address; City; State; Zip Code 13627 pebblebrook dr Houston, TX 77079	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Waste Connections
Date 4.11.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shayla Russell Contributor address; City; State; Zip Code 13719 Tosca Ln HoustonHouston, TX 77079	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Protiviti
Date 4.13.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Harris Contributor address; City; State; Zip Code 14542 Oak Bend Dr. Houston, TX 77079	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Goggan Blair Sampson, LLP
Date 4.21.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Williamson Contributor address; City; State; Zip Code 114 Paul Revere Houston, TX 77024	Amount of contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Walker Agnew, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4.7.25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Goodson	7 Amount of contribution (\$) \$6,500
6 Contributor address; City; State; Zip Code 13703 Perthshire Road Houston, TX 77079		
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) Wright Asphalt
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Walker Agnew, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4.4.25	5 Payee name CAZ Consulting	
6 Amount (\$) 100.00	7 Payee address: 5049 Edwards Ranch Road Ft. Worth, TX 76109 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Verify	(b) Description
	(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 4.4.25	Payee name CAZ Consulting	
Amount (\$) 750.00	Payee address: 5049 Edwards Ranch Road Ft. Worth, TX 76109 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description
	<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 4.8.25	Payee name The Republican Party of Texas	
Amount (\$) 5,000.00	Payee address: 807 Brazos St, Austin, TX 78701 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailables	Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Walker Agnew, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4.9.25	5 Payee name The Republican Party of Texas	
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code 807 Brazos St, Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mailers	(b) Description
	(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 4.14.25	Payee name Starbucks	
Amount (\$) 48.30	Payee address; City; State; Zip Code 13211 Memorial Drive Houston, TX 77079	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev Exp	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 4.14.25	Payee name CAZ Consulting	
Amount (\$) 3,875.36	Payee address; City; State; Zip Code 5049 Edwards Ranch Road Ft. Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Text campaigns	Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <u>3</u>	2 FILER NAME: Walker Agnew, Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date: 4.15.25	5 Payee name: The Republican Party of Texas
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6 Amount (\$): 5,000.00	7 Payee address: 807 Brazos St, Austin, TX 78701 City: State: Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Mailers	(b) Description:
	(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: 4.16.25	Payee name: The Republican Party of Texas
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Amount (\$): 2,600	Payee address: 807 Brazos St, Austin, TX 78701 City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Mailers	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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Date:	Payee name:
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Amount (\$):	Payee address: City: State: Zip Code:
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PURPOSE OF EXPENDITURE <i>Type text here</i>	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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