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:

OFFICE USE ONLY

Date Received

OCT 2 5 2021

3 CANDIDATE / OFFICEHOLDER NAME

First: Caroline

Last: Walter

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

Georgetown St. Houston TX 77005

5 CANDIDATE / OFFICEHOLDER PHONE

(917) 3624369

6 CAMPAIGN TREASURER NAME

First: Megan

Last: Cushing

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

Houston Tx

8 CAMPAIGN TREASURER PHONE

(213) 3693148

Date Hand Delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 8th day before election
- ☐ Runoff
- ☐ Exception-Modified Reporting (Limit)
- ☐ 10th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 10 / 5 / 21 THROUGH Month / Day / Year: 10 / 25 / 21

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 2 / 21

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other (Specify) ☐ General ☐ Special: _____

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HISD Trustee V

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BLOCK 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 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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Caroline Walter	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 2,050.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,050.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 9,953.52
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,953.52
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 633.68
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

C Walter
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

LUIS DE LA ROCHE
MY COMMISSION EXPIRES
APRIL 13, 2025
NOTARY ID: 131091236

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Caroline E. Walter this the 25 day of October

20 21 to certify which, witness my hand and seal of office

Luis De La Roche — Notary Public

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 _____ (month), 20_____ (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Caroline Walter	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 9,953.00
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	$ 540.00
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	$

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
Caroline Walter

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out of state PAC ID#)	7 Amount of contribution ($)
10/17/2021	Charles and Betsy Adair	100.00
	6 Contributor address; City; State; Zip Code: Bellaire Tx 77401	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out of state PAC ID#)	Amount of contribution ($)
10/17/2021	Dale and Maggie Farrar	200.00
	Contributor address; City; State; Zip Code: Bellaire Tx 77401	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out of state PAC ID#)	Amount of contribution ($)
10/22/2021	Randall Davis	500.00
	Contributor address; City; State; Zip Code: Houston Tx 77019	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out of state PAC ID#)	Amount of contribution ($)
10/14/2021	Sherry Noblett	200.00
	Contributor address; City; State; Zip Code: Houston Tx 77005	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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
Caroline Walter

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out of state PAC (Out ____)	7 Amount of contribution ($)
10/19/2021	David Hokanson 6 Contributor address; City; State; Zip Code Houston Tx	100.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out of state PAC (Out ____)	Amount of contribution ($)
10/19/2021	Marylee Kott Contributor address; City; State; Zip Code Houston Tx	50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out of state PAC (Out ____)	Amount of contribution ($)
10/10/2021	Kevin Trautner Contributor address; City; State; Zip Code Houston Tx	500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out of state PAC (Out ____)	Amount of contribution ($)
10/14/2021	Janice Donalson Contributor address; City; State; Zip Code Bellaire Tx 77401	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1

2 FILER NAME: Caroline Walter

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (Out ____)	7 Amount of contribution ($)
10/10/2021	Karen Stuart Hudson 6 Contributor address: City: State: Zip Code Houston Tx	50.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (Out ____)	Amount of contribution ($)
10/12/2021	Steve Anton Contributor address: City: State: Zip Code Houston Tx	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (Out ____)	Amount of contribution ($)
10/12/2021	David Hokanson Contributor address: City: State: Zip Code Houston Tx	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (Out ____)	Amount of contribution ($)
10/12/2021	Fernando Orona Contributor address: City: State: Zip Code Houston Tx	50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The instruction guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: Caroline Walter	3 Filer ID (Ethics Commission Filers):
4 Date: 10/17/2021	5 Payee name: Clockwork Consulting	
6 Amount ($): 930.00	7 Payee address: 1347 Lamont Lane Houston, Tx 77018 (City, State, Zip Code)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description: Texts
	(c) Check if travel outside of Texas. Complete Schedule T	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: 10/18/2021	Payee name: Spencer Neumann	
Amount ($): 8,438.00	Payee address: 5417 Pine Street Bellaire Tx 77401 (City, State, Zip Code)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense/Consulting	Description: Mailers
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 10/19/2021	Payee name: Sprint 2 Print	
Amount ($): 540.00	Payee address: (City, State, Zip Code)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing Expense	Description: Yard Signs
	Check if travel outside of Texas. Complete Schedule T	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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