

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 Filer)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Caroline	MI	OFFICE USE ONLY
	NICKNAME	LAST Walter	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Houston TX 77005			Date Received DEC 03 2021
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (977)	PHONE NUMBER 362-4369	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Megan	MI	Receipt #
	NICKNAME	LAST Cushing	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Houston TX			Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE 213	PHONE NUMBER 369-3148	EXTENSION	Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input 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 11 / 3 / 2021			THROUGH Month Day Year 12 / 3 / 2021
11 ELECTION	ELECTION DATE Month Day Year 12 / 11 / 2021	Primary General	<input checked="" type="radio"/> Runoff <input type="radio"/> Special	ELECTION TYPE Other Description
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HISD Trustee 5		
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.			
Additional Pages	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**

15 C/OH NAME Caroline Walter

16 Filr 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)	\$ <u>14,110</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,840</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,270</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

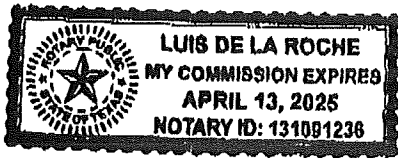
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Caroline Walter

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Caroline Walter this the 3rd day of December

2021, to certify which, witness my hand and seal of office.

[Signature] 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 _____, 20____
(month) (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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,110
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,840
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	\$ 2,000
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	\$

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 Filer)

4 Date *11/15/21* **5** Full name of contributor *Larry Sellmann* out-of-state PAC (ID#) **7** Amount of contribution (\$) *250.00*
6 Contributor address; City; State; Zip Code *Houston TX 77060*

8 Principal occupation / Job title (See instructions) **9** Employer (See instructions)

Date *11/15/21* Full name of contributor *Trabue Bland* out-of-state PAC (ID#) Amount of contribution (\$) *25.00*
Contributor address; City; State; Zip Code *Pelham NY 10803*

Principal occupation / Job title (See instructions) Employer (See instructions)

Date *11/16/21* Full name of contributor *Andrea Blitzer* out-of-state PAC (ID#) Amount of contribution (\$) *175.00*
Contributor address; City; State; Zip Code *Bellaire TX 77401*

Principal occupation / Job title (See instructions) Employer (See instructions)

Date *11/17/21* Full name of contributor *David McCarty* out-of-state PAC (ID#) Amount of contribution (\$) *100.00*
Contributor address; City; State; Zip Code *Houston TX 77081*

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 <i>Caroline Walter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/21</i>	5 Full name of contributor out-of-state PAC (ID#): <i>Shannon Powers</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>Bellaire TX 77401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/14/21</i>	Full name of contributor out-of-state PAC (ID#): <i>John Brinkmann</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/14/21</i>	Full name of contributor out-of-state PAC (ID#): <i>Meg Tapp</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/14/21</i>	Full name of contributor out-of-state PAC (ID#): <i>James Burkhead</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
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 <i>Caroline Walter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/9/21</i>	5 Full name of contributor out-of-state PAC (ID#): <i>Brian Taylor</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>Bellaire TX 77401</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/10/21</i>	Full name of contributor out-of-state PAC (ID#): <i>James Legare</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77030</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/13/21</i>	Full name of contributor out-of-state PAC (ID#): <i>Anna Welker</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77098</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/14/21</i>	Full name of contributor out-of-state PAC (ID#): <i>Nicholas Jessen</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77096</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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

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 <i>Caroline Walker</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/5/21</i>	5 Full name of contributor <i>Caroline Batten</i> out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code <i>Houston TX 77096</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/5/21</i>	Full name of contributor <i>James Burkhead</i> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <i>Houston TX 77005</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/21</i>	Full name of contributor <i>Ramsay Elder</i> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <i>Houston TX 77005</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/6/21</i>	Full name of contributor <i>Carrie Weitingier</i> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <i>Houston TX 77025</i>	Amount of contribution (\$) <i>100.00</i>
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 <i>Caroline Walter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/4/21</i>	5 Full name of contributor <small>out-of-state PAC (ID#): _____</small> <i>Bradfield Wright</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/4/21</i>	Full name of contributor <small>out-of-state PAC (ID#): _____</small> <i>Shaym Sundar</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>Conroe TX 77384</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/5/21</i>	Full name of contributor <small>out-of-state PAC (ID#): _____</small> <i>Matt Overtaker</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77025</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/5/21</i>	Full name of contributor <small>out-of-state PAC (ID#): _____</small> <i>Stef Magill</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
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 <i>Caroline Walter</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/1/21</i>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Lauren Draubi</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/2/21</i>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Kirby Holliday</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>Houston TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/29/21</i>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>C-Club</i>	Amount of contribution (\$) <i>5,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 572539 Houston TX 77257</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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:	
2 FILER NAME <i>Caroline Walter</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>11/4/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff and Missy Roe</i>	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code		<i>10,000.00</i>	<i>direct mail</i>
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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.

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/Memorabilia 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 Walker	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------	---------------------------------------

4 Date 12/1/21	5 Payee name Speneer Neumann
-------------------	---------------------------------

6 Amount (\$) 7,300.00	7 Payee address: Bellaire TX 77401	City:	State:	Zip Code
---------------------------	---------------------------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Direct mail / door hangers
	(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 11/9/21	Payee name Sprint 2 Print
-----------------	------------------------------

Amount (\$)	Payee address: 8148 Clay Rd.	City:	State:	Zip Code
		Houston	TX	77080

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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
---	-------------------------------	---------------	-------------

Date 11/9/21	Payee name Buzz Magazine
-----------------	-----------------------------

Amount (\$) 2,000	Payee address: 5001 Bissonnet St.	City:	State:	Zip Code
		Bellaire	TX	77401

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad	Description Magazine Ad
	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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED