

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: **15**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Caroline

NICKNAME

LAST

SUFFIX

Walter

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3524 Georgetown St. Houston, Tx 77005

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(917)

3624369

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Megan

NICKNAME

LAST

SUFFIX

Cushing

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Millbrook St.

Houston

Tx

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(213)

369-3148

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

13

21

THROUGH

Month

Day

Year

10

4

21

11 ELECTION

ELECTION DATE

Month

Day

Year

11

2

21

ELECTION TYPE

☒ Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HISD Trustee

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME
Caroline Walter

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)

\$ 14,792.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,535.20

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 8,977.00

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 4 day of October,

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

Luis De La Roche

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 Caroline Walter, and my date of birth is 6/7/1982.

My address is 3524 Georgetown St., Houston, Tx, 77005, Harris.

(street)

(city)

(state)

(zip code)

(country)

Executed in Harris County, State of Texas, on the 4th day of October, 2021.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Caroline Walter****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,792.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,885.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 930.00
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	\$ 1,900.00
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	\$

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

09/16/2021

5 Full name of contributor

out-of-state PAC (ID#: _____)

Megan and Brian Cushing

6 Contributor address;

City;

State;

Zip Code

Houston TX

7 Amount of contribution (\$)

500.00

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

Date

09/17/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Hannah and Cal McNair

Contributor address;

City;

State;

Zip Code

Houston TX

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Laura Hatfield

Contributor address;

City;

State;

Zip Code

Bellaire TX

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/2021

Full name of contributor

out-of-state PAC (ID#: _____)

Brad and Joanna Marks

Contributor address;

City;

State;

Zip Code

Houston TX

Amount of contribution (\$)

1,200.00

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

09/13/2021

5 Full name of contributor

out-of-state PAC (ID# _____)

Carol Gamba

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

Houston Tx 77005

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

Date

09/14/2020

Full name of contributor

out-of-state PAC (ID# _____)

Kerry Incavo

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Houston Tx 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2021

Full name of contributor

out-of-state PAC (ID# _____)

Elise Mandray

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Houston Tx 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2021

Full name of contributor

out-of-state PAC (ID# _____)

Patty Bowen

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Houston Tx

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		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Allison 6 Contributor address; City; State; Zip Code Houston TX 77005	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abby Venegas Contributor address; City; State; Zip Code Houston TX	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelina Corales Contributor address; City; State; Zip Code Bellaire TX 77401	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Monsour Contributor address; City; State; Zip Code Houston TX 77005	Amount of contribution (\$) 250.00
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>9/14/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Rose</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>9/18/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Strong</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>Houston TX 77005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/18/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stef & Brett Magill</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>9/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lance McClintock</i>	Amount of contribution (\$) <i>500.00</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.

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

100.00

City:

State; Zip Code

Houston Tx

9 Employer (See Instructions)

Date _____

out-of-state PAC (ID#: _____)

100.00

Contributor address;

City:

State; Zip Code

Houston Tx

Employer (See Instructions)

Date _____

out-of-state PAC (ID#:)

250.00

Contributor address:

City:

State: Zip Code

Houston Tx

Employer (See Instructions)

Date _____

out-of-state PAC (ID#:

200.00

Contributor address:

City:

State: Zip Code

Houston Tx

Employer (See Instructions)

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 09/24/2021	5 Full name of contributor out-of-state PAC (ID#: _____) B. Zwirek 6 Contributor address; City; State; Zip Code Houston Tx	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2021	Full name of contributor out-of-state PAC (ID#: _____) Teresa Schroit Contributor address; City; State; Zip Code Houston Tx	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2021	Full name of contributor out-of-state PAC (ID#: _____) Tara MacLaren Contributor address; City; State; Zip Code Houston Tx	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2021	Full name of contributor out-of-state PAC (ID#: _____) J Hughes Contributor address; City; State; Zip Code Houston Tx	Amount of contribution (\$) 250.00
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 09/22/2021	5 Full name of contributor Angela Daniels out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Houston Tx	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2021	Full name of contributor Caroline Billip out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston Tx	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2021	Full name of contributor Maria Janish out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston Tx	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2021	Full name of contributor Allan Conde out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston Tx	Amount of contribution (\$) 30.00
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>9/14/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hillary Jebbitt</i> 6 Contributor address; City; State; Zip Code <i>Houston TX 77005</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brody Chapman</i> Contributor address; City; State; Zip Code <i>Houston TX 77005</i>	Amount of contribution (\$) <i>1,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Fleck</i> Contributor address; City; State; Zip Code <i>Houston TX 77005</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Johnson</i> Contributor address; City; State; Zip Code <i>Houston TX</i>	Amount of contribution (\$) <i>500.00</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.		

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

Caroline Walter

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 5,000.00

5 Date

09/22/2021

6 Full name of contributor

☐ out-of-state PAC (ID# _____)

Darren VanDelden

7 Contributor address;

City;

State;

Zip Code

Houston Tx 77006

8 Amount of Contribution \$

9 In-kind contribution description

Event Expense

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Venue Owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self

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

☐ 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	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:	2 FILER NAME Caroline Walter	3 Filer ID (Ethics Commission Filers)
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4 Date 09/24/2021	5 Payee name Spencer Neumann
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6 Amount (\$) 4,000.00	7 Payee address; 5417 Pine St. City: Bellaire State: Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Mailers/cards/web design
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/29/2021	Payee name Michelle Watson/Catchlight Group
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Amount (\$) 525.00	Payee address; City: Houston State: TX Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Photography
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/17/2021	Payee name J Pro
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Amount (\$) 360.00	Payee address; City: Houston State: Tx Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description T shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

1 Total pages Schedule F2:	2 FILER NAME Caroline Walter	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 930.00	
5 Date 10/03/2021	6 Payee name Clockwork Consulting	
7 Amount (\$) 930.00	8 Payee address; 1347 Lamonte Lane	City; State; Zip Code Houston Tx 77018
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Caroline Walter	3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2021	5 Payee name Sprint 2 Print	
6 Amount (\$) 2,720.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(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	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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