

Official Public Records of Harris County
Stan Stanart
County Clerk

Campaign Finance Report

FileNo:

2017102

Received By Clerk:

1/19/2017

File Date:

1/19/2017 1:06:33 PM

Office:

Constable Pct. 7

Candidate:

Walker, May

Treasurer:

Anderson, Goree

Category:

Contributions And Expenditures

Delivered By:

Courier

Type:

COR

Harris County No Fee



Stan Stanart
COUNTY CLERK

COUNTY CLERK
HARRIS COUNTY, TEXAS

	E / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH instruction G	ulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST May	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Walker		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	3810 Belgrade, Houst	ton, Texas	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(⁷¹³) 721 - 2922		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Goree	SUFFIX	Date Processed
	Anderson		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 8		ZIP CODE
(Transcribe of Dustriess)		Juston, 1 exas //	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 447-8863	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07/ 15 / 2016	THROUGH 01	Day Year O1 220-17
11 ELECTION	Month Day Year Primary 11 08 2016 General	Description	
12 OFFICE	OFFICE HELD (If any) Harris County Constable, Pc	t.7	n)
GO TO PAGE 2			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	COVER SHEET PG 3
19 FILER NAME	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,166.50
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 CONT	RIBUTIONS \$ 16,935.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	USINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO	NS \$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

• · · · · · · · · · · · · · · · · · · ·				
14 C/OH NAME	Iay Walke	er	15 Filer ID	(Ethics Commission Filers)
18 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENI IDATE / OPPICEMOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TURES.	WITHOUT THE	CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
_		_		, ,
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	#	\$ 28,166.50
- EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES		\$ 16,935.36
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 23,475.89
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	FTHE	\$
18 AFFIDAVIT		l swear, or affirm, under penalty of true and correct and includes all		
THE R. P. C.	JUNE E. M	under Title 15 Steelien Code	A	Codemico de reportes de ma
	Notary Public, St My Commission June 17,	ate of Texas	2 andidate or	Cacher Officeholder
		•		<u>`</u>
Sworn to and ados		by the said May Walder		this the 18
1 /// 1/	20 1/1	to certify which, witness my hand, and seal of office		1 101-04
day of	-/9°+/-	to certify writes, withesserily frame and search office	Ass	start Chief Clepk
1 Has	He -	June E. MARSIC	Custo	dian 7 Records
Signature of officer	diministering oath	Printed name of officer administering oath	ACP	of officer administering oath

MONET	TARY POLITICAL	CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this form.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL	KER		3 Filer ID (Ethics Commission Filers)
8 Principal occu	5 Full name of contributor Dr. Stanley J. Hite 6 Contributor address; Houston, Texas	City: State: Zip Code 9 Employer (See Instruct	7 Amount of contribution (\$) \$100.00
Date 8/4/16	Full name of contributor SNVB, LLC Contributor address; Houston, Texas pation / Job title (See Instructions)	City; State; Zip Code Emptoyer (See Instruc	Amount of contribution (\$) \$150.00
Date 8/4/16	Full name of contributor VSNB, LLC Contributor address; Houston, Texas	City; State; Zip Code	Amount of contribution (\$) \$150.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	(ctions)
Date 8/5/16	Full name of contributor Raymond Stewart Contributor address: Houston, Texas	City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
		ONAL COPIES OF THIS SCHEDULE AS N C, please see instruction guide for additions	

MON	ETARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
2 FILER NA MAY WA			3 Filer ID (Ethics Commission Filers)
4 Deta 8/5/16	5 Full name of contributor Alen Helfman 6 Contributor address; City; State Houston, Texas	PAC (ID#:) ate; Zip Code	7 Amount of contribution (\$) \$500.00
8 Principal o	occupation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 8/7/16		PAC (ID#:) ate; Zip Code	Amount of contribution (\$) \$25.00
Principal od	Houston, Texas	Employer (See Instruc	ctions)
Date 8/7/16	Full name of contributor	AC (IDF:)	Amount of contribution (\$) \$25.00
Principal o	ccupation / Job title (See Instructions)	Employer (See Instrue	i ctions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
8/7/16	Contributor address; City; State Houston, Texas	ate; Zip Code	\$50.00
Principal or	ccupation / Job title (See Instructions)	Employer (See Instru	L ctions)
	,		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in		

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
` The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL			3 Filer ID (Ethics Commission Filers)
4 Date 8/7/16	5 Full name of contributor out-of-state PAC Brays Oak Village Apartments 6 Contributor address; City; State Houston, Texas		7 Amount of contribution (\$) \$100.00
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 8/8/16	Full name of contributor		Amount of contribution (\$) \$50.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 8/8/16	Full name of contributor	c (IDF:)	Amount of contribution (\$) \$100.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 8/8/16		e; Zip Code	Amount of contribution (\$) \$250.00
Principal occ	Houston, Texas	Emptoyer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see ins		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/16	5 Full name of contributor Dr. Larry Rose 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$200.00
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date 8/9/16	Full name of contributor	Amount of contribution (\$) \$175.00
Principal occu	spation / Job title (See Instructions) Employer (See Instru	ctions)
Date 8/9/16	Full name of contributorout-of-state PAC (ID#: DAO Company Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$500.00
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
8/10/16	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Principal occ	upation / Job title (See Instructions) Employer (See Instru	uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		
Forms provided by	y Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/201

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALI	KER		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/16	5 Full name of contributor Zinetta A. Burney 6 Contributor address; City; State; Houston, Texas		7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 8/11/16	Full name of contributor		Amount of contribution (\$) \$200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
B/15/16	Full name of contributor		Amount of contribution (\$) \$150.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	i itions)
Date 8/15/16	Full name of contributor		Amount of contribution (\$) \$500.00
Principal occu	Houston, Texas pation / Job title (See Instructions)	Employer (See Instru	ctions)
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			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALI	CER		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/16	5 Full name of contributor Vickie L. McBride 6 Contributor address; City: State Houston, Texas	c (iD#:) c; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 8/17/16	Full name of contributor		Amount of contribution (\$) \$2,875.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
8/17/16	Full name of contributor Paul J. Matthews Contributor address; City; State		Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
8/17/16	Full name of contributor	.c (iD#:) .e; Zip Code	Amount of contribution (\$) \$200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

MONET	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALK	(ER		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/16 8 Principal occu	5 Full name of contributor		7 Amount of contribution (\$) \$3,900.00
Date 8/18/16 Principal occup	Full name of contributor out-of-state PAC Cash - B-B- Que Tickets Contributor address; City; State; Houston, Texas pation / Job title (See Instructions)		Amount of contribution (\$) \$2,896.50
8/18/16	Full name of contributorout-of-state PAC Cash - B-B-Que Tickets Contributor address; City; State;		Amount of contribution (\$) \$500.00
Principal occu	Houston, Texas pation / Job title (See Instructions)	Employer (See instruc	ctions)
Date 8/19/16	Full name of contributor	(ID#:) ; Zîp Code	Amount of contribution (\$) \$3,500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

MONET	TARY POLITICAL CONTRII	BUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL	KER		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/16	Attorney Brian Cwerem 6 Contributor address; City: State; Houston, Texas	Zip Code Zip Code Semployer (See Instruc	7 Amount of contribution (\$) \$200.00
Pate 8/20/16	Full name of contributor out-of-state PAC Cash - B-B- Que Tickets Contributor address; City; State; Houston, Texas	(ID#:) Zip Code	Amount of contribution (\$) \$450.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
8/21/16	Full name of contributor C. Anton Contributor address; City: State:		Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 8/22/16	June E. Marsh	(ID#:)	Amount of contribution (\$)
0/22/10	Contributor address; City: State Houston, Texas	; · Zip Code	\$125.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES O		

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALI	KER	i	3 Filer ID (Ethics Commission Filers)
4 Date 8/22/16	5 Full name of contributor Goree Anderson 6 Contributor address; City; State; Houston, Texas		7 Amount of contribution (\$) \$250.00
•			
B/22/16	Full name of contributor out-of-state PAC Linebarger Goggan Blair & Samps Contributor address; City; State; Houston, Texas	son	Amount of contribution (\$) \$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
8/23/16	Full name of contributor Goree Anderson Contributor address; City: State:	4.1	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor	(10#)	Amount of contribution (\$)
8/23/16	Contributor address; City; State Houston, Texas	; Zip Code	\$200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES O		

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
		10
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALI	KER	3 Filer ID (Ethics Commission Filers)
4 Date 8/23/16	F. Q. Jackson 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	mons)
Date 8/23/16	Full name of contributor out-of-state PAC (ID#:) Dick DeGuerin Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	Itions)
^{Date} 8/23/16	Full name of contributor Out-of-state PAC (IDF: Angelite Dela Rosa Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$450.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
8/23/16	Contributor address: City; State; Zip Code Houston, Texas	\$450.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL	KER		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/16	Cal Development 6 Contributor address; City; State	(ID#:)	7 Amount of contribution (\$) \$100.00
8 Principal occu	Houston, Texas	9 Employer (See Instruc	tions)
Date 8/25/16	Full name of contributor out-of-state PAC Gordon Bibel Contributor address; City; State		Amount of contribution (\$) \$100.00
Principal occu	Houston, Texas	Employer (See Instruc	tions)
8/25/16	Full name of contributor C. L. Bisel Contributor address; City; State Houston, Texas	Zip Code	Amount of contribution (\$) \$300.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (IDs:)	Amount of contribution (\$)
8/25/16	Contributor address: City; State Houston, Texas	a; Zip Code	\$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	tions)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see inst		

MONE	TARY POLITICAL	CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to	complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL				3 Filer ID (Ethics Commission Filers)
4 Date 8/23/16	Monica Bilbo 6 Contributor address; Houston, Texas	Out-of-state PAC (City; State;	Zip Code Zip Code	7 Amount of contribution (\$) \$200.00
8 Principal occi	upation / Job title (See Instructions)			,
Date 8/23/16	Full name of contributor Glenda J. Kizzee Contributor address; Houston, Texas	out-of-state PAC		Amount of contribution (\$) \$25.00
Principal occu	upation / Job title (See Instructions)	•	Employer (See Instru	ctions)
^{Date} 8/24/16	Full name of contributor McCoy & Harrison Fur Contributor address; Houston, Texas	out-of-state PAC neral Home City: State;		Amount of contribution (\$) \$300.00
Principal occ	supation / Job title (See Instructions)		Employer (See Instru	uctions)
Date 8/25/16	Full name of contributor Monica Chacon Contributor address;	Out-of-state PAC	; Zip Code	Amount of contribution (\$) \$100.00
	Houston, Texas		Employer (See Instr	uctions)
Principal occ	cupation / Job title (See Instructions)		Employer (See Instr	ucions)
	ATTACH ADDITI	ONAL COPIES O	OF THIS SCHEDULE AS truction guide for addition	NEEDED nai reporting requirements.

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL	KER		3 Filer ID (Ethics Commission Filers)
8 Principal occu	5 Full name of contributor		7 Amount of contribution (\$) \$50.00
Date 8/26/16	Full name of contributor out-of-state PAC Anna M. Carriere Contributor address; City; State; Houston, Texas		Amount of contribution (\$) \$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 8/26/16	Full name of contributorout-et-state_PAC Linda Scearce Contributor address; City; State; Houston, Texas	1	Amount of contribution (\$) \$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	i Etions)
Date 8/26/16	Full name of contributor out-of-state PAC Lionel Aaron Contributor address: City: State Houston, Texas		Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)	Emp l ayer (See Instrue	ctions)
	ATTACH ADDITIONAL COPIES O		

MONETARY POLITICAL CONTRIBUTION	· A
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME MAY WALKER	3 Filer ID (Ethics Commission Filers)
Date 0/27/16 5 Full name of contributor out-of-state PAC (ID#	\$1.500.00
Principal occupation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date 10/11/16 Earnest Byrd, Jr. Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Houston, Texas Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
Date 11/2/16 Pamela Greenwood Contributor address; City; State; Zip Code Houston, Texas	
Principal occupation / Job title (See Instructions) Emplo	yer (See Instructions)
Date Full name of contributor Contributor Contributor Contributor address; City; State; Zip Coo	
Houston, Texas	
Principal occupation / Job title (See Instructions)	oyer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED uide for additional reporting requirements.

MONET	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
FILER NAME	KER		3 Filer ID (Ethics Commission Filers)
Date 1/4/16	Full name of contributor Vickie McBride 6 Contributor address; City; Houston, Texas	e PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) \$20.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 1/4/16	Full name of contributor out-of-star Monica Bilbo Contributor address; City; Houston, Texas	to PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$30.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/4/16	Full name of contributor Jaylyne Ballard Contributor address; City; Houston, Texas	State; Zip Gode	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
11/4/16	Contributor address: City: Houston, Texas	State; Zip Code	\$150.00
Principal occ	Lupation / Job title (See Instructions)	Employer (See Instru	actions)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALK	ŒR	•	3 Filer ID (Ethics Commission Filers)
4 Date 11/4/16	5 Full name of contributor June Marsh 6 Contributor address; City; State Houston, Texas	(ID#) ; Zip Code	7 Amount of contribution (\$) \$20.00
8 Principal occup	oation / Job title (See Instructions)	9 Employer (See Instru	ctions)
1 1/8/16	Helen F. Rose	c (ID#:) s; Zip Code	Amount of contribution (\$) \$300.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instru	ictions)
Date 11/9/16	Full name of contributor		Amount of contribution (\$) \$600.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instr	uctions)
Date 11/11/16	Full name of contributor ut-of-state PA Alan Helfman Contributor address; City; State Houston, Texas	te; Zîp Code	Amount of contribution (\$) \$300.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instr	uctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in	OF THIS SCHEDULE AS	NEEDED

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME MAY WALI	KER	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/16 8 Principal occur	5 Full name of contributor Earnest Byrd, Jr. 6 Contributor address; Houston, Texas pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$50.00
Date 11/11/16	Full name of contributor	Amount of contribution (\$) \$140.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date 11/11/16	Full name of contributor out-of-state PAC (IDF: Drew Luke Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution: (\$) \$80.00
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor ut-of-state PAC (ID#:	Amount of contribution (\$)
11/11/16	Contributor address: City; State; Zip Code Houston, Texas	\$10.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	tructions)
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for additional contributor is out-of-state.	

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME MAY WAL	KER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/16	5 Full name of contributor Odell Haynes 6 Contributor address; City; State; Houston, Texas		7 Amount of contribution (\$) \$20.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/11/16	Full name of contributor out-of-state PAC (Authero Rivera Contributor address; City; State; Houston, Texas		Amount of contribution (\$) \$10.00
Principal occur	pation / Job title (See Instructions)	Employer (Seé Instruc	tions)
Date 11/11/16	Full name of contributor	Zip Code	Amount of contribution (\$) \$20.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/15/16	Eric Greenwood	(iDs:)	Amount of contribution (\$) \$200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	Etions)
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see instru		

MONETA	ARY POLITICAL CO	NTRIBUTIONS	SCHEDULE A1
The li	nstruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
2 FILER NAME	ER		3 Filer ID (Ethics Commission Filers)
11/15/16	Full name of contributor R. McClinton 6 Contributor address; Houston, Texas ation / Job title (See Instructions)		7 Amount of contribution (\$) \$40.00
Date 11/18/16 Principal occup	Anil Sherma	ty; State; Zip Code Employer (See Instruc	Amount of contribution (\$) \$50.00
Date 11/18/16 Principal occup	Anna Carriere	lty; State; Zip Code Employer (See Instruc	Amount of contribution (\$) \$20.00
Date 11/18/16 Principal occu	Lionel Aaron	it-of-state PAC (ID#:) ity; State; Zip Code Employer (See Instru	Amount of contribution (\$) \$50.00 ctions)
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS I	NEEDED
	if contributor is out-of-state PAC, ple	ase see instruction guide for addition	Deviced 9/8/2

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedula A1:
2 FILER NAME MAY WALKER	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Pate 11/21/16 Full name of contributor	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date 12/2/16 Full name of contributorout-of-state PAC (ID#:) Maria Sierr Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor	Amount of contribution (\$) \$30.00
Houston, Texas	
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	NEEDED all reporting requirements.

	this how to complete this	torm.	1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this		3 Filer ID (Ethics Commission Filers)
FILER NAME			
Date.		C (ID#:)	7 Amount of contribution (\$)
2/2/16	Monica Bilbo		\$10.00
		; Zip Code	
	Houston, Texas	•	
	cupation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Principal oc	cupation / Job life (500 models.)		
	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
Date	Full name of contribution		
	Contributor address; City; Stat	te; Zip Code	1
	Contributor additions,		
	Houston, Texas	Employer (See Instru	uctions)
Principal oc	cupation / Job title (See Instructions)	2,,	
			Amount of contribution (\$)
Date	Full name of contributor Dout-of-state P	AC (ID)	Allocated
		ate: Zip Code	
	Contributor address; City: Sta	Ep Code	
	Houston, Texas		- Manah
Principal o	ccupation / Job title (See Instructions)	Employer (See Inst	rucions)
Date	Full name of contributor uut-of-state	PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; S	tate; Zip Code	
	Houston, Texas		
Principal o	occupation / Job title (See Instructions)	Employer (See Ins	structions)
<u> </u>			
		•	
1			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Fees Food/ Gitr/A- al Committee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Guide explain	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wi	ment/Reimbursement head/Rental Expense ense pense ages/Contract Lebor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		MAY WALKER			3 Filer ID (Ethics Commission Filers)
4 Date 7/22/16	5 Payee name Sehale You	ung Fitues			ь
6 Amount (\$)	7 Payee address	; City; State; Zi	ip Code	· · · · · · · · · · · · · · · · · · ·	
\$100.00	Houston,			•	
8	(a) Category (See C	ategories listed at the top of this s	chedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation				side of Texas, Complete Schools's T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / O	fficeholder name	<u> </u>	Office sought	Office held
Date	Payee name				
7/28/16	Sprint W	ireless			•
Amount (\$)	Payee address;	City; State; Zi	p Code		
\$196.18	Houston, Te				
PURPOSE OF EXPENDITURE	Category (See Company C	ategories disted at the top of this so	:hedule)		ide of Taxas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name		Office sought	Office held
Date	Payee name				
7/29/16	Felix Soto				
Amount (\$)	Payee address;	City; State; Zip	Code		
\$150.00	Houston, Te	xas	•		
		tegories listed at the top of this sci		Description	
		n for helping wi	th		ide of Texas. Complete Schedule T.
EXPENDITURE	property-evid	dence room		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	fficeholder name		Office sought	Office held
	ATTACH A	ADDITIONAL COPIES C)F THIS S	CHEDULE AS NEED	DED

SCHEDULE F1

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 Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Soficitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/1/16	Dorice's Flower		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$95.00	Houston, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Flowers for a Deputy's family	1	utairio of Texas. Complete Schedulo T. n. TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/2/16	Houston Police Foundation		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	Houston, Texas		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		ada al Terca. Complete Schedule T. TX, officaholder living expeiráe
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/3/16	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$67.07	Houston, Texas	ij	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Supplies for Pct. 7	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office saught	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIU E AS NEE	NED.

				<u></u>	···			
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Consulting Expense Office Over Consulting Expense Polling Expense Contributions/Oonations Made By Girl/Awards/Memorials Expense Printing Ex			ense ges/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense			
1 Total pages Schedule F1:	2 FUER NAME	· · · · · · · · · · · · · · · · · · ·			3 Filer ID (Ethics	Commission Filers)		
		MAY WALKER			12 (2	Commission (nors)		
4 Date 8/7/16	5 Payee name KPC #159	KPC #159						
6 Amount (\$)	7 Payee address;	7 Payee address; City; State; Zip Code						
\$1,000.00	Houston, T	X				. '		
8	(a) Category (See Cate	egories listed at the top of this s	schedule)	(b) Description		, , , , , , , , , , , , , , , , , , , 		
PURPOSE OF	Donation			 1	outside of Texas. Complete S			
EXPENDITURE	Bonadon	LONATION Check if Austin, TX. officeholder flying expense						
9 Complete ONLY if direct	Candidate / Offi	ceholder name	<u></u>	Office sought		Office held		
expenditure to benefit C/OF	1							
Date	Payee name							
8/7/16	KPC							
Amount (\$)	Payee address;	City; State; Z	ip Code					
\$300.00	Houston, Tex	ras						
PURPOSE	Category (See Cate	gories listed at the top of this s	ichedule)		utside of Texas. Complete Sc			
EXPENDITURE				Check if Austi	n, TX, officeholder living (rzponsa		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offici	ceholder name		Office sought		Office held		
						* 14		
Date	Payee name					-		
8/10/16	Sprint Wire							
Amount (\$)	Payee address;	City; State; Z	ip Code					
\$201.99	Houston, Tex	as				·		
		gories listed at the top of this s	chedule)	Description				
PURPOSE OF	Campaign cell	l phone		_	utside of Texas. Complete Sci			
EXPENDITURE Check If Austin, TX, officeholder living expense						xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name	<u></u>	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/E Gift/Av al Committee Legal :	Expense Beverage Expense vards/Memorials Expense Services Instruction Guide explair	Office Overh Polling Expe Printing Exp Salaries/Wat	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 EII ER NAME	MAY WALKER	10 10 to to	.pote una iotui.	3 Filer ID (Ethics Commission Filers)	
4 Date 8/29/16	5 Payee name Roberta Ev	ving				
6 Amount (\$)	7 Payee address;	City; State; Z	ip Code			
\$200.00	Houston,	ΓX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca Reimburse	ategories listed at the top of this s	schedule)		ntside of Taxas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		fficeholder name		Office sought	Office held	
Date	Payee name					
9/1/16	APRI				•	
Amount (\$)	Payee address;	City; State; Z	ip Code			
\$135.00	Houston, Te	exas				
PURPOSE OF EXPENDITURE	Category (See Ca	itagories listed at the top of this s	chedule)		iside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ficeholder name		Office sought	Office held	
Date	Payee name					
9/9/16	Sprint Wir	eless			·	
Amount (\$) \$191.55	Payee address; Houston, Te	City; State; Zi	p Code			
	Category (See Ca	tegories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Campaign ce			Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Bariking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	e Expense Politing Expense Printing Ex	pense lages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 EILED NAME	WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/16	5 Payee name St. Mary's Cath	olic Church			
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$120.00	Houston, TX			,	
8	(a) Category (See Categories	listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Bazaar tickets		l —	uside of Texas. Complete Schodule T. 1. TX, officeriolder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officehold	lder name	Office sought	Office held	
Date	Payee name				
9/14/16	Friends of Mo	Gregor Park			
Amount (\$)	Payee address;	City; State; Zip Code	21.7		
\$200.00	Houston, Texas				
PURPOSE OF EXPENDITURE	Category (See Categories Donation	listed at the top of this schedule)		tiside of Texas. Complete Schedule T. . TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officehol	der name	Office sought	Office held	
Date	Payee name				
9/17/16	Drexel Society	y			
Amount (\$)	Payee address;	City; State; Zip Code			
\$47.55	Houston, Texas				
PURPOSE OF EXPENDITURE	Dues	listed at the top of this schedule)	Check if Austin,	tside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	ider name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Oonations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	orials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	Τ:		on Guide explai	ns how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER N	MAY V	VALKER			3 Filer ID (Ethics Commission Filers)
4 Date 9/19/16	5 Payee na The Re	eal Worsh	ip Center			
6 Amount (\$)	7 Payee ac	dress;	City; State; 2	Ip Code		
\$175.00		on, TX				
PURPOSE OF EXPENDITURE	Donat	(See Categories its	ited at the top of this	schedule)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			•			
9 Complete ONLY if direct expenditure to benefit C/OI	Candid	ate / Officehold	er name		Office sought	Office held
Date	Payee na	me				
9/19/16		Care Cou	incel of G	reater	Houston	•
Amount (\$)	Payee ac	dress:	City; State; 2	le Code		
\$850.00		n, Texas		4		
PURPOSE OF EXPENDITURE	'	(See Categories its		schedule)		utside of Texas. Complete Schedule T. n. TX, afficeholder living expense
Complete ONLY if direct	Candid	ate / Officeholde	er name		Office sought	Office held
expenditure to benefit C/OF	·	7.2			*	
Date	Payee na	eme				
9/21/16	Hillary	for Am	erica		•	
Amount (\$)	Payee ad	ldress;	City; State; Z	lp Code		
\$250.00	Housto	on, Texas				
	Category	(See Categories list	ted at the top of this s	chedule)	Description	
PURPOSE	Donation			,		utside of Texas. Complete Schedule T.
OF	iouoi					n, TX, officeholder living expense
EXPENDITURE						amenimon nauñ arbaiza
Complete ONLY if direct expenditure to benefit C/OH		ate / Officehold	er name		Office sought	Office held
	AT	TACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS NEE	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense				
Accounting/Banking Consulting Expense	Fees Food/Reverage Expense		ad/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense	Printing Expe	mse	Travel Out Of District
Cranticate/Ornicenolide//Political Credit Card Payment	Legal Services The Instruction Guide explains	_	pes/Contract Labor nplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MAY WALKER			3 Filer ID (Ethics Commission Filers)
4 Date 9/22/16	Thayer Publishing			·
6 Amount (\$)	7 Payee address; City; State; Zi	p Code		
\$361.16	Houston, TX			•
8	(a) Category (See Categories listed at the top of this so	chedute)	(b) Description	
PURPOSE OF EXPENDITURE	Christmas Cards for Pct. 7		F-7	aside of Texas. Complete Schedule T. n. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	}	Office sought	Office held
Date	Payee name			
9/25/16	St. Mary's Catholic Churc	ch		
Amount (\$)	Payee address; City; State; Zi	p Code		
\$500.00	Houston, Texas		·	
	Category (See Categories listed at the top of this so	chedule)	Description	
PURPOSE OF	Bazaar ad			staide of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	Dubuti ut		C) CHOCK IT ALESON	' •v' michigon avid abase
		_ ·		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Dots	Sauce come			
Date	Payee name			
9/28/16	Academy Sports			
Amount (\$)	Payee address; City; State; Zi	ip Code		
\$66.47	Houston, Texas			
	Category (See Categories listed at the top of this s	schedule)	Description	
PURPOSE OF	Items for Golf Town			utside of Texas. Complete Schedule T.
EXPENDITURE			Crieck it Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Н			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	=				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District Other (enter a category not fisted above)	ŀ				
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
4 Date 9/29/16	5 Payee name Buffalo Grille						
6 Amount (\$)	7 Payee address; City; State; Zip	o Code					
\$91.85	Houston, TX						
8	(a) Category (See Categories fisted at the top of this sch	hedule) (b) Description					
PURPOSE OF EXPENDITURE	Campaign lunch	Campaign lunch Check if rever outside of Texas. Complete Schedule T. Check if Austin, TX, office-holder fiving expense					
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held					
Date	Payee name		=				
10/6/16	Katz Coffee	・つてヨコツ	i				
Amount (\$) \$175.00	Houston, Texas	Code					
PURPOSE OF	Category (See Categories listed at the top of this sch	Charle II traval or solds of Town Complete Calcade to T					
EXPENDITURE	For Pct. 7 Have A Cup of Cof With A Cop Program	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought Office held					
Date	Payee name		Ħ				
10/7/16	KPC						
Amount (\$)	Payee address; City; State; Zip	Code	7				
\$100.00	Houston, Texas						
	Category (See Categories listed at the top of this sche		7				
PURPOSE OF EXPENDITURE	Donation	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							

·	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Folling Expense Polling Expense Transportation Equipment & Related Expense Travel In District Travel In District				
1 Total pages Schedule F1					
4 Date 10/7/16	5 Payee name Walmart				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$178.69	Houston, TX				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Items for Scholarship Golf Tournament Check if Austin, TX, officoholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held				
Date	Payee name				
10/10/16	Charles White				
Amount (\$)	Payee address; City; State; Zip Code				
\$300.00	Houston, Texas				
PURPOSE OF EXPENDITURE	Donation Description Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office holder name Office sought Office held				
Date	Payee name				
10/11/16	Sprint Wireless				
Amount (\$)	Payee address; City; State; Zip Code				
\$159.20	Houston, Texas				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF	Campaign cell phone Chock if travel outside of Texas. Compilete Schoolde T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office held Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overl Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp		Office Overho Polling Expe Printing Expe Salaries/Wag	ense jes/Contract Labor	Solicitation/Fundrais Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME MA	Y WALKER	······································		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/25/16	5 Payee name Net Zero					
\$ Amount (\$)	7 Payee address; Houston, TX	City; State; Zip				
PURPOSE OF EXPENDITURE	(a) Category (See Categori Website	les listed at the top of this sci	hedule)		al outside of Texas. Complete S sstin, TX, officeholder fiving	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officer H	older name		Office sought		Office held
Date	Payee name					
10/28/16	Hillary for A	merica				
Amount (\$) \$250.00	Payee address; Houston, Texas		Code			
PURPOSE OF EXPENDITURE	Category (See Categorial Donation	es listed at the top of this sch	hedute)		outside of Texas. Complete Scitin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeh	older name	·	Office sought		Office held
Date	Payee name					
11/4/16	Uline					
Amount (\$)	Payee address;	City; State; Zip	Code		· · · · · · · · · · · · · · · · · · ·	
\$212.46	Houston, Texas					
EXPENDITURE	Category (See Categorie Bags for senior				outside of Texas. Complete Sc tin, TX, officeholder living a	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeh	older name		Office sought		Office held
	ATTACH ADDI	TIONAL COPIES O	F THIS SC	HEDULE AS NE	EDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Oft Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pr al Committee Legal Services Sa The Instruction Guide explains ho	ean Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Qur Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 11/7/16	5 Payee name Amsterdam Print & Lith			
6 Amount (\$)	7 Payee address; City; State; Zlp C	Code		
\$363.95	Houston, TX	·		
8	(a) Category (See Categories listed at the top of this sched		<i>N</i>	
PURPOSE OF EXPENDITURE	Pocket calendars for Pct. 7		side of Texas. Complete Schedulo T. , TX, officetiolder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/10/16	Sprint Wireless			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$192.36	Houston, Texas		•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Campaign cell phone	Check if travel out	taido of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/19/16	Drexel Society	-		
Amount (\$)	Payee address; City; State; Zip C	Code		
\$1,000.00	Houston, Texas			
	Category (See Categories listed at the top of this sched			
PURPOSE OF EXPENDITURE	Donation		tside al Texas. Complete Schedule T. , 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 NEF	DED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By Git/Awards Mention Expense	Loan Repayment/Reimbursement Office Overhead/Reintal 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)		
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)		
4 Date 11/22/16	5 Payee name Gordon				
6 Amount (\$)	7 Payee address; City; State; Zi	p Code			
\$5.196.27	Houston, TX				
8	(a) Category (See Categories listed at the top of this so				
PURPOSE OF EXPENDITURE	Purchase turkeys for senio	Chock if Austin	utside af Texas. Complete Schedule T. n. TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/26/16	Cross Catholic Outroad				
Amount (\$)	Payee address; City; State; Zig) Code			
\$100.00	Houston, Texas				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Check if travel out	tside af Texas. Complete Schedule T. , TX, officaholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/1/16	Crime Stoppers of Hous	ton			
Amount (\$)	Payee address; City; State; Zip				
\$215.00	Houston, Texas				
DUDDOG	Category (See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	Donation		elde of Texass. Complete Schedulo T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED		
Ormo provided by To Care		****			

		EXPENDITURE CA	ATEGORIE	S FOR BOX 8(a)	
Advertising Expense	Even	nt Expense		Repayment/Rolinbursement	·
Accounting/Banking Consulting Expense	Fees	· ·	Office C	Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Contributions/Donations Made B		d/Beverage Expensa /Awards/Memorials Expens	Polling) Expense	I ravel in District
Candidate/Officeholder/Politica	-10-	al Services	. , , , , , , , ,	g Expense Ps/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	Th	he instruction Guide ex		•	Опен (вния в сапады у польшен височе)
4 Total acres Cabadula Etc			.piama now	a complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	MAY WALKER	e e		3 Filer ID (Ethics Commission Filers)
		IAILA I AALITIVITIV	•		1
4 Date	5 Payee name				
12/3/16	Hiram Cla	arke Civic Clul	h		
6 Amount (\$)					
O AMOUNT (W)	7 Payee address	s; City; State	e; Zip Code	,	
ĺ	Houston,	TY		•	
\$1.000.00	11040,	17			
	 				
8	(a) Category (See (Categories listed at the top of	f this schedule)	(b) Description	
PURPOSE				Check if travel	outside of Texas, Complete Schedule T.
OF	Donation			1 [1	tin. TX, officeholder living exponse
EXPENDITURE					at, 1x, officendment living expenses
!				*	
	<u> </u>				
9 Complete ONLY if direct	Candidate / C	Officeholder name		Office sought	Office held
expenditure to benefit C/OH	1				Cina insia
Date	Payee name				
	Kim Ogg	Campaign			
12/7/16	IMIII OPP	Cambaign			
A					·
Amount (\$)	Payee address	s: City; State:	; Zip Code	A.	
450000	ı	4			
\$500.00	Houston, To	evas			
			Å :		
· •	Category (See C	Categories listed at the top of	this schedule)	Description	
PURPOSE					utside of Texas. Complete Schedule T.
OF	Donation	- War-) - 1	
EXPENDITURE				CAGCK IT AUSTIN	in, TX, officeholder living expense
				1	
		· ·		1	
Complete ONLY if direct	Candidate / O	Officeholder name		Office sought	Office held
expenditure to benefit C/OH				-	
	**				
Date	Payee name				
	* **** * * * * * * * * * * * * * * * *				·
12/10/16	C 1X7:	1			
	Sprint Wi	reless			
Amount (\$)	Payee address;		7In Code		
	-		-14 0000		
\$190.05	Houston, Te	ovec		•	
190.05	Housion, 10	3xas			
	Catagony (See C	** ** ** ** ** ** ** **			
	_	ategories listed at the top of t	.his schedule)	Description	
PURPOSE (Campaign ce	ell nhone		Check if travel out	stside of Texas. Complete Schedule T.
OF EXPENDITURE	- T	m priorit			TX, officeholder living expense
EAT EIGHT ONE					, 1X, onicenolaer living expense
1					
			· 		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / O	Officeholder name		Office sought	Office held
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	ATTACH/	ADDITIONAL COPI	ES OF THIS	S SCHEDULE AS NEE	TOES.
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EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F	1: 2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)					
4 Date 12/11/16	5 Payee name Amsterdam							
\$ 160.03	7 Payee address; City; State; Zi Houston, TX							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Additional pocket calendar Pct. 7 employees	Check if travel or	rside of Texas. Complise Schedule T. I, TX, officeholder fiving expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held					
Date	Payee name							
12/12/16	Sam's							
Amount (\$)	Payee address; City; State; Zip	Code						
\$83.67	Houston, Texas							
PURPOSE OF EXPENDITURE	Items for Christmas party for Pct. 7	Check if travel outs	nide of Yexas. Complete Schedule T. TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Pate 12/13/16	Stein Mart							
Amount (\$) \$75.46	Payee address; City; State; Zip Houston, Texas	Code						
EXPENDITURE	Category (See Categories listed at the top of this scho Door prizes for Christmas par Pct. 7	ty at Check if travel outsit	de of Texas. Complete Schedule T. 'X. 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								
Orms provided by Texas Ethi	cc Commission		·					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Office Over sense Polling Ex rials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Cut Of District Other (enter a category not listed above)			
	2 FILER NAME MAY W			3 Filer ID (Ethics Commission Filers)			
4 Date 12/14/16	5 Payee name Fry's						
\$72,45	7 Payee address; Ci Houston, TX	ty; State; Zip Code					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Gifts for Pct. 7 Ch			tside of Texas, Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	Office held			
Date	Payee name						
12/18/16	St. Peter Clover F	und					
Amount (\$)	Payee address; Cit	y; State; Zip Code					
\$100.00	Houston, Texas						
PURPOSE OF EXPENDITURE	Category (See Categories Ilsted Donation	at the top of this schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought	Office held			
Date .	Payee name						
Amount (\$)	Payee address; City Houston, Texas	r; State; Zlp Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed a	it the top of this schedule)		de of Texas. Complete Schedule T. IX, Officeholder tiving expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							