



Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report



Stan Stanart
COUNTY CLERK
HARRIS COUNTY, TEXAS

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

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	May					
	NICKNAME	LAST	SUFFIX	Date Received		
	Walker					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	3810 Belgrade, Houston, Texas					
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(713)	721-2922				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #		
	Goree			Amount \$		
	NICKNAME	LAST	SUFFIX	Date Processed		
	Anderson			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	12933 Mosielee, Houston, Texas 77086					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(281)	447-8863				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	15	2016	01	01	2017
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11	08	2016	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (If any)			13 OFFICE SOUGHT (If known)		
	Harris County Constable, Pct.7					
GO TO PAGE 2						

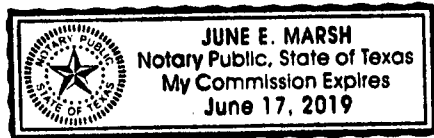
SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,166.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,935.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME May Walker		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S). <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,166.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,935.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,475.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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.

May Walker
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *May Walker*, this the 18 day of JAN, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Signature of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/2/16	5 Full name of contributor Dr. Stanley J. Hite 6 Contributor address; Houston, Texas City: State: Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/4/16	Full name of contributor SNVB, LLC Contributor address; Houston, Texas City: State: Zip Code	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/4/16	Full name of contributor VSNB, LLC Contributor address; Houston, Texas City: State: Zip Code	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/16	Full name of contributor Raymond Stewart Contributor address; Houston, Texas City: State: Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/5/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Alan Helfman 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Patten Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katie Reed Roberson Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tobin B. Hawkins Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**
3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/7/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Brays Oak Village Apartments 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/8/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharym Smalls Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/8/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marc A. Singleton Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/8/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roberta J. Ewing Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">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**

4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Larry Rose 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Milton D. Moore Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAO Company Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Chillis Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1 3	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 8/10/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) Zinetta A. Burney 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 8/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skipper Lee & Sons Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$200.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ELSA Investment Group Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$150.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Davis Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">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**

6

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Vickie L. McBride 6 Contributor address; City: State: Zip Code Houston, Texas	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steel Supply Company Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$2,875.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul J. Matthews Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Wizig Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

7

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Cash - B-B-Que Tickets 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$3,900.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cash - B-B- Que Tickets Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$2,896.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cash - B-B-Que Tickets Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cash- B-B-Que Tickets Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1****9**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Attorney Brian Cwerem 6 Contributor address; City: State: Zip Code Houston, Texas	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/20/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cash - B-B- Que Tickets Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: C. Anton Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: June E. Marsh Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Goree Anderson 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goree Anderson Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goree Anderson Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1 19	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME MAY WALKER				3 Filer ID (Ethics Commission Filers)	
4 Date 8/23/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) F. Q. Jackson			7 Amount of contribution (\$) \$25.00	
6 Contributor address; City; State; Zip Code Houston, Texas					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick DeGuerin			Amount of contribution (\$) \$500.00	
Contributor address; City; State; Zip Code Houston, Texas					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelite Dela Rosa			Amount of contribution (\$) \$450.00	
Contributor address; City; State; Zip Code Houston, Texas					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberta Ewing			Amount of contribution (\$) \$450.00	
Contributor address; City; State; Zip Code Houston, Texas					
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****1P**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Cal Development 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gordon Bibel Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: C. L. Bisel Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrea B. Mosie Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/16	5 Full name of contributor Monica Bilbo 6 Contributor address; Houston, Texas City: State: Zip Code	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/16	Full name of contributor Glenda J. Kizzee Contributor address; Houston, Texas City: State: Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/16	Full name of contributor McCoy & Harrison Funeral Home Contributor address; Houston, Texas City: State: Zip Code	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/25/16	Full name of contributor Monica Chacon Contributor address; Houston, Texas City: State: Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 8/26/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Roberta Ewing 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anna M. Carriere Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Searce Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/26/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lionel Aaron Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1



The instruction guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MAY WALKER

3 Filer ID (Ethics Commission Filers)

4 Date
9/27/16

5 Full name of contributor ☒ out-of-state PAC (ID#:

HAA Better Government Fund

6 Contributor address; City; State; Zip Code

Houston, Texas

7 Amount of contribution (\$)

\$1,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/11/16

Full name of contributor ☐ out-of-state PAC (ID#:

Earnest Byrd, Jr.

Contributor address; City; State; Zip Code

Houston, Texas

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/2/16

Full name of contributor ☐ out-of-state PAC (ID#:

Pamela Greenwood

Contributor address; City; State; Zip Code

Houston, Texas

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/16

Full name of contributor ☐ out-of-state PAC (ID#:

Kenneth Davis

Contributor address; City; State; Zip Code

Houston, Texas

Amount of contribution (\$)

\$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

15

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 11/4/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Vickie McBride 6 Contributor address; City: State: Zip Code Houston, Texas	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Monica Bilbo Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jaylyne Ballard Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Author Ray Henderson Contributor address; City: State: Zip Code Houston, Texas	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

16

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 11/4/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: June Marsh 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/8/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Helen F. Rose Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doe Nguyen Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alan Helfman Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Earnest Byrd, Jr. 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cash Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$140.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Drew Luke Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dwight Talbert Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">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**
18

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Odell Haynes 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Authero Rivera Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kimberly Mayes Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Greenwood Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

19

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/16	5 Full name of contributor R. McClinton 6 Contributor address; Houston, Texas	<input checked="" type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/18/16	Full name of contributor Anil Sherma Contributor address; Houston, Texas	<input type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/16	Full name of contributor Anna Carriere Contributor address; Houston, Texas	<input type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/16	Full name of contributor Lionel Aaron Contributor address; Houston, Texas	<input type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1****20**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Robert Rodriguez 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S. C. Jackson Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/2/16	Full name of contributor <input type="checkbox"/> out-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 Instructions)
Date 12/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cynthia Perryman Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">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

24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/16	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Monica Bilbo 6 Contributor address; City; State; Zip Code Houston, Texas	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code Houston, Texas	Amount of contribution (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 7/22/16		5 Payee name Sehale Young Fitues			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 7/28/16		Candidate / Officeholder name Payee name Sprint Wireless			
Amount (\$) \$196.18		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Company Cell Phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 7/29/16		Candidate / Officeholder name Payee name Felix Soto			
Amount (\$) \$150.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Compensation for helping with property-evidence room		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 8/1/16		5 Payee name Dorice's Flower			
6 Amount (\$) \$95.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Flowers for a Deputy's family		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/2/16		Payee name Houston Police Foundation			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/3/16		Payee name Office Depot			
Amount (\$) \$67.07		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Supplies for Pct. 7		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Gift/Awards/Memorials Expense
Legal Services

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 8/7/16		5 Payee name KPC #159			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8/7/16		Candidate / Officeholder name KPC			
Amount (\$) \$300.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8/10/16		Candidate / Officeholder name Sprint Wireless			
Amount (\$) \$201.99		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign cell phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 8/29/16		5 Payee name Roberta Ewing			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/1/16		Payee name APRI			
Amount (\$) \$135.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Full page ad		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/9/16		Payee name Sprint Wireless			
Amount (\$) \$191.55		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign cell phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 9/11/16		5 Payee name St. Mary's Catholic Church			
6 Amount (\$) \$120.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Bazaar tickets		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/14/16		Payee name Friends of McGregor Park			
Amount (\$) \$200.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/17/16		Payee name Drexel Society			
Amount (\$) \$47.55		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Dues		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 9/19/16		5 Payee name The Real Worship Center			
6 Amount (\$) \$175.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/16		Payee name Child Care Council of Greater Houston			
Amount (\$) \$850.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Ad for banquet tickets		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/21/16		Payee name Hillary for America			
Amount (\$) \$250.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 9/22/16		5 Payee name Thayer Publishing			
6 Amount (\$) \$361.16		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Christmas Cards for Pct. 7		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/25/16		Payee name St. Mary's Catholic Church			
Amount (\$) \$500.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Bazaar ad		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/28/16		Payee name Academy Sports			
Amount (\$) \$66.47		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Items for Golf Town		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 9/29/16		5 Payee name Buffalo Grille			
6 Amount (\$) \$91.85		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Campaign lunch		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/6/16		Payee name Katz Coffee			
Amount (\$) \$175.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) For Pct. 7 Have A Cup of Coffee With A Cop Program		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/7/16		Payee name KPC			
Amount (\$) \$100.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 10/7/16		5 Payee name Walmart			
6 Amount (\$) \$178.69		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Items for Scholarship Golf Tournament		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10/16		Payee name Charles White			
Amount (\$) \$300.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/16		Payee name Sprint Wireless			
Amount (\$) \$159.20		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign cell phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 10/25/16		5 Payee name Net Zero			
6 Amount (\$) \$11.95		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Website		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/16		Payee name Hillary for America			
Amount (\$) \$250.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/4/16		Payee name Uline			
Amount (\$) \$212.46		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Bags for senior turkey giveaway		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 11/7/16		5 Payee name Amsterdam Print & Lith			
6 Amount (\$) \$363.95		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Pocket calendars for Pct. 7		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/10/16		Payee name Sprint Wireless			
Amount (\$) \$192.36		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign cell phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/19/16		Payee name Drexel Society			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 11/22/16		5 Payee name Gordon			
6 Amount (\$) \$5,196.27		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Purchase turkeys for seniors		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/26/16		Payee name Cross Catholic Outroad			
Amount (\$) \$100.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/1/16		Payee name Crime Stoppers of Houston			
Amount (\$) \$215.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 12/3/16		5 Payee name Hiram Clarke Civic Club			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/7/16		Payee name Kim Ogg Campaign			
Amount (\$) \$500.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/10/16		Payee name Sprint Wireless			
Amount (\$) \$190.05		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign cell phone		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 12/11/16		5 Payee name Amsterdam			
6 Amount (\$) \$160.03		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Additional pocket calendars for Pct. 7 employees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/12/16		Payee name Sam's			
Amount (\$) \$83.67		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Items for Christmas party for Pct. 7		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/13/16		Payee name Stein Mart			
Amount (\$) \$75.46		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Door prizes for Christmas party at Pct. 7		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAY WALKER		3 Filer ID (Ethics Commission Filers)	
4 Date 12/14/16		5 Payee name Fry's			
6 Amount (\$) \$72.45		7 Payee address; City; State; Zip Code Houston, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gifts for Pct. 7 Christmas party		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/18/16		Payee name St. Peter Clover Fund			
Amount (\$) \$100.00		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code Houston, Texas			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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