			FICEHOLDER ICE REPORT		FORM C/OF
The C/OH In	struction	Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed & 4
3 CANDIDA OFFICEH NAME		MS/MRS/MR Mrs	FIRST <b>Cher</b> i	MI S	OFFICE USE ONLY
		NICKNAME	Walker	SUFFIX	Date Received
4 CANDIDA OFFICEH MAILING ADDRESS Change of	OLDER S	130 N. Sie Coldspring		CITY: STATE; ZIP CODE	S. T. V. S. S. S. S
5 CANDIDA OFFICEH PHONE		(281 )	PHONE NUMBER 622-6184	EXTENSION	Date Hand dalivares on Date Posterating
6 CAMPAIG		MS / MRS / MR	FIRST	Mı	Receipt # Amount 5
NAME	EK	Mr. NICKNAME	Tony	L	Date Processor
			Sewell		Date Imaged
7 CAMPAIGN TREASJR ADDRESS (Residence or B	ER	30 Shady S Coldspring,		ITE #; CITY;	STATE ZIP CODE
TREASURE PHONE		( 936 )	рноме NUMBER 522-6463	EXTENSION	
REPORT	YPE	January 15 July 15	30th day before elections and the second sec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
O PERIOD COVERED		Month 1	Day Year	Month THROUGH 2	Day Year 5 24
I ELECTION		ELECTION D.  Month Day  3 5	Year Primary  General	ELECTION TYPE Runoff Other Description Special	
OFFICE		OFFICE HELD (if any		13 OFFICE SOUGHT (IT known) County Commiss	ioner Pct 1
NOTICE FRO POLITICAL COMMIT ES		HIS BOX IS FOR NOTK HE CANDIDATE / OFFIC ONSENT. CANDIDATE:	E OF POLITICAL CONTRIBUTIONS ACCEPTIONS ACCEPTION OF THESE EXPENDITURES MAND OFFICEHOLDERS ARE REQUIRED	EPTED OR POLITICAL EXPENDITURES MADE AY HAVE BEEN MADE WITHOUT THE CANDIDA TO REPORT THIS INFORMATION ONLY IF THEY	BY POLITICAL COMMITTEES TO SUPPORT
COMMITTE		COMMITTEE TYPE	COMMITTEE NAME		THE HOUSE OF BUCH EXPERIENCES.
Additional Fa	ages	GENERAL	COMMITTEE ADDRESS		
		SPECIFIC	COMMITTEE CAMPAIGN TREASU	RER NAME	
			COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
	.4		GO TO PA	NGE 2	

CAMPAIG	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Cheri Sewell Walker	16	Filer ID (Elhics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 159.00
	4. TOTAL POLITICAL EXPENDITURES	s 159.00
CONTRIBLTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	° \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
req	vear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.  Signature of Candida  Please complete either option below:	
req	uired to be reported by me under Title 15, Election Code.  Signature of Candida	
) Affidavit  NOTARY STAMP/SEAL  worn to and subscribed b	Please complete either option below:  efore me by	te or Officeholder
) Affidavit  NOTARY STAMP/SEAL  worn to and subscribed b	Please complete either option below:  efore me by this the	te or Officeholder
NOTARY STAMP/SEAL worn to and subscribed b	Please complete either option below:  efore me by this the nich, witness my hand and seal of office.	te or Officeholder
NOTARY STAMP/SEAL worn to and subscribed b	Please complete either option below:  Please complete either option below:  this the	te or Officeholder
NOTARY STAMP/SEAL worn to and subscribed b  to certify with a subscribering the control of the c	Please complete either option below:  Please complete either option below:  this the  nich, witness my hand and seal of office.  Printed name of officer administering oath  OR  And my date of birth is	te or Officeholder  day of  Title of officer administering oath
NOTARY STAMP/SEAL worn to and subscribed b  to certify with a subscribering the control of the c	Please complete either option below:  Please complete either option below:  this the  nich, witness my hand and seal of office.  Printed name of officer administering oath  OR	te or Officeholder  day of  Title of officer administering oath

### SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Cheri Sewell Walker 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2 3CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3CHEDULE B. PLEDGED CONTRIBUTIONS SCHEDULL LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD ŝ 9 SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS ш \$ 159.00 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12 SCHEDULE K: INTEREST CREDITS, CAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Accounting Expense Accounting Expense Consoling Expense Control of Control of Na	de By	en (100 kg) = 2 2 2 and en partir (100 kg) = 2 2 and en partir (100 kg) (10	Company of the compan
1 Schedule C	2 FILER NAME Cheri Sewell Walker		3 Falm ID (b) = Covariant Flori
4 Date 01/03/2024	5 Payee name SJC Republican Party		
6 Amount (\$) 50.00 Rentiac Tours policy arrest three		City:	State: Zip Gode
B PURPOSE OF EXPENDITURE	Event Expense	Meet the Cand	idate Table fee
9. 	Candidate / Officeholder name	Office spring	Citrus hota
01/24/2024	SJC Republican Party		
Amount (\$4) 100.00 Sometimes making	Payee address: 201 State Hwy 150, Suite J-L Coldspring, TX 77331	THE.	State En Code
PURPOSE OF EXPENDITURE	Event Expense	Description Reagan Dinner	Ticket
Compate ONL; if direct	Condidate extitions order, no tra	Hoc Sought	Wind the scale of the state of
Date 01/11/2024	Payee name San Jacinto County		
Amount (S)  0.00	Payee address. 1 State Hwy 150 Coldspring, TX 77331	City <sub>t</sub>	State; Zip Code
PURPOSE OF EXPENDITURE	Fees	Voter Roll Fee	
and the SMS2 Follows	Candidate / Officeholder name	Effect Souplif	X office skip 1 is a recom-

	4 3			FICEHOLDER ICE REPORT			FORM C/OI COVER SHEET PG
The C/OH In	truction	Guide	explains h	ow to complete this form.		ID (Ethics Commission Fiders) 243292	2 Total pages filed: 9
3 CANDIDA OFFICEHO NAME		Mrs		Cheri	*********	MI S	OFFICE USE ONLY
		NIC	KNAME	Walker		SUFFIX	Date Received
4 CANDIDAT OFFICEHO MAILING ADDRESS Change of	LDER	13	The second second	th Sierra Rd ing, TX 77331	CITY;	STATE; ZIP CODE	
5 CANDIDAT	arces.	ARE	CODE	PHONE NUMBER		EXTENSION	
OFFICEHO PHONE		(2	81 )	622-6184		EXTENSION	Date Hand-colivered or Data Postmented
6 CAMPAIG TREASUR NAME		Ms.	MRS / MR	Tony		MI I	Receipt # Amount 3
NAME		NIC	NAME	Sewell		SUFFIX	Date Processed  Date Imaged
CAMPAIGN TREASURE ADDRESS	ER	30	Shad	y Lane ng, TX 77331	unte #;	CITY;	STATE; ZIP CODE
CAMPAIGN	-Unestable		CODE	PHONE NUMBER		FUTERIOLEN	
TREASURE PHONE		( 9		522 <b>-</b> 6463		EXTENSION	
REPORT	YPE	100	January 15	30th day before el	lection	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
		Г	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED			Month 11	Day Yoar  / 14 / 23	THRO	Month 12	Day Year / 23
ELECTION			ELECTION D	ATE:		ELECTION TYPE	
		Monte 03	Day / 05	Year Primary  24 General	Run	Description	
OFFICE			HELD (If any			OFFICE SOUGHT (If known)	
					C	ounty Commi	issioner, Pct 1
POLITICAL COMMITTEE	- 17	THIS BO THE CAN COWSEN	X IS FOR NOTE IDIDATE / OFFI 7. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS AS CEHOLDER. THESE EXPENDITURES I S AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR F MAY HAVE BEE TO TO REPORT	OLITICAL EXPENDITURES MAD IN MADE WITHOUT THE CANDID THIS INFORMATION ONLY IF THE	E BY POLITICAL COMMITTEES TO SUPPORT ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y RECEIVE NOTICE OF SUCH EXPENDITURES.
			TEE TYPE	COMMITTEE NAME			
Additional Pa	iges		GENERAL	COMMITTEE ADDRESS			
			SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
				COMMITTEE CAMPAIGN TREA	SURER ADDI	9865	
				GO TO P	AGE 2		
	P. G. C	-	4 74	tenne othics o	dala hu		D. ( 017)0000

m - -- - - numinon

27,000	100000000000000000000000000000000000000	OFFICEHOLDER FINANCE REPORT	COVER	FORM C/OH SHEET PG 2		
15 C/OH NAI Cheri Sewell			16 Filer ID (Eth) 111424	cs Commission Filers)		
17 CONTRIBUTOTALS	JTION	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	1398.86		
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1398.86		
EXPENDIT TOTALS	URE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1717.37		
		4. TOTAL POLITICAL EXPENDITURES	\$	1717.37		
CONTRIBU BALANC	**************************************	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	0.00		
OUTSTAND LOAN TOT		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00		
<b>(1) Affidavit</b> NOTARY STAI	Please complete either option below:  1) Affidavit  NOTARY STAMP/SEAL					
Sworn to and sul		me by this the  witness my hand and seal of office.	day of			
Signature of officer a	administering o	THE TELES OF GROOM REMINISTERING DEED!	Title of off	icer administering cath		
2) Unsworn De	claration	OR				
		vell Walker and my date of birth is Coldspring TX	<u>. , 77331</u>	USA		
xecuted in Sal	n Jacin	(Street) (Cily) (State Of County, State of Texas , on the 16th day of Janua (morith) (morith) (morith) (signature of Candidate	Ker (you			
	eur n	mann-shilan asasa si, .		G. 1-14 6147/0000		

### SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Cheri Sewell Walker 1114243292 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT 1. 1398.86 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS S 5. 1398.86 SCHEDULE FI POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 9.00 \$ 7. SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS S 8. 68.14 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 250.37 \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TOFILER

Decise-4 0/47/0000

		OLITICAL CONTRIBUTION alion is not applicable, DO NOT include the		SCHEDULE A1
The	e Instruction	Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Cheri S		alker		3 Filer ID (Ethics Commission Filers) 1114243292
4 Date	900000	o of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
12/01/20	6 Contribu	or address; City; State; ox 315, Coldspring, TX 773	Zip Code 331	619.46
8 Principal occi. Retired	upation / Job t	tle (See Instructions) 9 Emple	oyer (See Instructi	ons)
Date 12/13/20	Beth S	of contributor out-of-state PAC (IDE		Amount of contribution (\$)
12/13/20	Section Course	or address; City; State; OX 315, Coldspring, TX 773		779.40
Retired	pation / Job til	o (See Instructions) Emplo	yer (See Instruction	ons)
Date	Full nam	of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contribul	or address; Clty; State;	Zip Code	V
Principal occup	pation / Job tit	(See Instructions) Employ	yer (See Instructio	ens)
Date	Full name	of contributor aut-of-state PAC (IDN:		Amount of contribution (\$)
	Contribu	or address; City; State; 2	Zip Code	
Principal occupa	ation / Job title	(See Instructions) Employ	ver (See Instruction	ns)
		ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEE	:DED
	If contributor	is out-of-state PAC, please see instruction guide	for additional rep	orting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the req	uested information is not applicable, DO NOT include this page in the report.						
			EXPENDITURE CATEGO	ORIES	FOR BOX 8(a)		
Advertising Ex- Accounting/Bankle Consulting Expensional Contributions/Don Candidate/Office Credt Card Payment	g e itians Made E		Fees Food/Boverege Expense Git/Awards/Memorials Expense	Office Ove Polfing Ex Printing Ex Salaries/M	mense /eges/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages S	chadule F1:	² f Cl	LER NAME 1eri Sewell Walker				cs Commission Filers)
4 Date 12/01/2	2023		ayee name ntury II Printing			71	
6 Amount (\$) 619.46			oyee address: 06 N Washington, Liv	ings	chy; ston, TX 773	State; 3 <b>51</b>	Zip Code
8		(a)	Category (See Categories listed at the lop of this sch	edule)	(b) Description		
PURPOS OF EXPENDITE		Р	rinting Expense		Campaign	Signage	
		(c)	Check if travel outside of Texas. Complete Sched	tule T.	Check If Austh	n, TX, officeholder Ilvin	g expense
9 Complete <u>ONL</u> expenditure to			Candidate / Officeholder name		Office sought		Office held
Date 12/13/2	023	- 1	ntury II Printing				
779.40		- 1	yoe address; 06 N. Washington, Liv	/ings	ston, TX 77	State; 351	Zip Code
PURPOSE OF EXPENDITU		100	rinting Expense	ule)	Description Campaign	Signage	
			Check if travel outside of Texas. Complete Schedu	do T.	Check if Austin	TX, officeholder living	ежрелве
Complete ONLY expenditure to be		C	andidate / Officeholder name		Office sought		Office held
Date		Fla	yee name				
Amount (\$)		Pay	vee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITUR	IE .	Can	egory (See Categories listed at the top of this schedu	40)	Description		
			Check if travel outside of Texas. Complete Scheduli	ът.	Check If Austin,	TX, officeholder living	expense
Gomplete ONLY if expanditure to be		C	andidate / Officeholder name		Office sought		Office held
		1	ATTACH ADDITIONAL COPIES OF 1	THIS SC	CHEDULE AS NEED	ED	
22 31 -	mu.	-	The state of the s				D. 1 4 Distributo

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(8)** Accounting/Banking Consulting/Banking Consulting/Expolate Contributions/Donations Made By Loan Repsyment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense GR/Awards/Memorials Expense Logal Services Polling Expense Printing Expense Travel Out Of District holder/Political Committe Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages scredule F2: 2 FILER NAME Cheri Sewell Walker 3 Filer ID (Ethics Commission Filers) 1114243292 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 9.00 6 Payee name 11/22/2023 San Jacinto County Elections 7 Amount (S) 8 Payee address; City; State; Zip Code 1 Hwy 150, Coldspring, TX 77331 9.00 TYPE OF EXPENDITURE Political Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description Voter rolls PURPOSE emailed voter file OF EXPENDITURE (C) Check If travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder tiving expense 11 Complete QN Y if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name Amount (\$) Pavee address: State: Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this achedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ON Y if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED VAC 48654 4444 6 2 D------ 0147/2000

### EXPENDITURES MADE BY CREDIT CARD

EAR	MULION	ES MADE BY CREDIT	CARD	SCHEDULE F4
If the rec	quested inform	ation is not applicable, DO NOT inclu	ude this page in the rep	port.
		EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
	ta starg	Food/Beverage Expense Gilt/Awards/Momortele Expense	Loen Repayment/Reimbursement Office Overhead/Rontal Expense Polling Expense Printing Expense Salaries/Veges/Contract Lebor how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (anter a category not listed above)
1 Total page	s Schedule F4:	<sup>2</sup> FILER NAME Cheri Sewell Walker		3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF UNITEMIZ	ED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 68.14
5 Date 11/27/2	2023	6 Payee name Capitol One		
7 Amount (	11	8 Payee address; P.O.Box 60519, City of	Industry, CA 9°	State; Zip Code 1716-0519
9 TYPE EXPEND		Political	Non-Political	
10 PURP OF EXPEND	OSE TURE	i) Category (See Categories listed at the top of this sch Printing Expense  Check if travel outside of Texas. Complete Sche	Campaigr	n Signage
11 Comptete <u>ONI</u> expanditure to		Candidate / Officeholder name	Office sought	Office held
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er in	T. E. 6	ATTACH ADDITIONAL COPIES OF T		
37-11				D1 014710000

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the re	quested in	nforma	ation is not applicable, DO NOT inc	lude	this page in the re	eport.
			EXPENDITURE CATEGO	ORIE	S FOR BOX 8(a)	
Advertising Ex- Accounting/Ba Consulting Ex- Contributions/ Candidate/Of Cradi Card Payro	niong erise Dorjations Med Nopholder/Poli		Everit Expense Foes Food/Beverage Expense GNAwards/Memorials Expensa	Loan Re Office O Polling I Printing Seleries	spayment/Reimbursement hverhoad/Rental Expense Expense Expense 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 G:	117.13	LER NAME Cheri Sewell Walker			3 Filer ID (Ethics Commission Filers) 1114243292
4 Date 12/04/2	2023	1	yee name oldspring Chamber of Comm	erce		
	sement from contributions		yee address; 1 Butler St. Coldspring	g, T	X 77331	State; Zip Code
8 PURPOS OF EXPENDIT	1	Fe	allegory (See Categories lieted at the top of this sched	lule)	(b) Description Parade ent	ry
		(c)	Check if travel outside of Texas. Complete Schedu	lo T.	Check if Austin,	TX, officeholder fiving expense
9 Complete <u>ONLY</u> expenditure to b			Candidate / Officeholder name		Office sought	Office held
Date 08/01/2	023		vee name ultiMedia Services Unlimited			
	rnent from atributions		O.Box 1000, Coldspri	ng,	TX 77331	State; Zip Code
PURPOS OF EXPENDITU	l	Pri	tegory (See Categories Rated at the top of this eched)  nting Expense	He)	Business C	ards
			Check if travel outside of Texas. Complete Schedule	T.	Check if Austin,	TX, officeholder living expense
Complete ON expenditure to			andidata / Officeholder name		Office sought	Office held
Date 12/20/2	023		publican Club - San Jacinto (	Cour	nty	
Amount (\$) 0.00 Raimburse political cor intented	merd from tributions		O.Box 370, Coldspring	g, T	с <sub>іту;</sub> ТХ 77331	State; Zip Code
PURPOSE OF EXPENDITU		Fee	egory (See Categories liated at the top of this achedule	s)	Table rental	
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omplete <u>ONLY</u> i penditure to be		Ce	undidate / Officeholder name	C	Office sought	Office held
		A	TTACH ADDITIONAL COPIES OF THI	S SCI	HEDULE AS NEEDED	
** **		^	terres uthing a take	to a		Dayland decinone

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

DE	SIGNATIO	ON OF FINAL REPORT	FORM C/OH - FR
		The Instruction Guide explains how to compl	
	14	complete only if "Report Type" on page 1 is ma	vited "Final Report" ••
	нмаме ri Sewell W	/a <mark>lker</mark>	2 Filer ID (Ethics Commission Filers) 1114243292
SIG	NATURE		
desi	gnating a report as	ner political contributions or political expenditures in connect a final report terminates my campaign treasurer appointme or make any campaign expenditures without a campaign tr	ont. I also understand that I may not accept any
			Signature of Candidate / Officeholder
FILE	R WHO IS NOT	ON OFFICEHOLDER	
A.	CAMPAIGN FU	UNDS	
Che	eck only one:		
~	I do not have ur	nexpended contributions or unexpended interest or income	e earned from political contributions.
	I have unexpen	ded contributions or unexpended interest or income earned	d ferror malitimal manufathrations of the department of the
	may not conver personal use. I unexpended con filing this final re	t unexpended political contributions or unexpended interestals of understand that I must file an annual report of une intributions or unexpended interest or income earned on ports. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the	est or income earned on political contributions to expended contributions and that I may not retain ditical contributions longer than six years after aded political contributions and unexpended
<b>B</b> .	ASSETS		
Che	ck only one:		
~	I do not retain as	sets purchased with political contributions or interest or ot	ther income from political contributions.
	personal use. I	s purchased with political contributions or interest or other invert assets purchased with political contributions or interests o understand that I must dispose of assets purchased we ection Code, § 254.204.	est of other income from political contributions to
	EHOLDER	only if you are an officeholder	
	I am aware that I re file I am also awa an officeholder, I re	main subject to filing requirements applicable to an officehole that I will be required to file reports of unexpended contribation political contributions, interest or other income from pons or interest or other income from political contributions.	butions if, after filing the last required report as
		====	Signature of Officeholder
		11 9	Mariles & ON THORON

APPOI BY A C		T OF A CAMPAIGN TREASURER ATE	FORM CTA PG 1
	See CTA	nstruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDAT	TE MS/	JRS / MR FIRST MI	OFFICE USE ONLY
NAME		Cheri S	Filer ID #
	NICK	LAME LAST SUFFIX	Data Recoives L
3 CANDIDAT MAILING ADDRESS		ESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  ON. SIECCA Rd, Cold Spring, TX 77331	Date Hand-defaults of Pedinance 2
4 CANDIDATE PHONE		81) 622-6184	Receipt# Authors \$ 4 0
5 OFFICE HELD (if any)	0		Date Imaged
6 OFFICE SOUGHT (if known;	4	ommissioner Pet#1	
7 CAMPAIGN TREASURES NAME	s sunsu	Tony L Sewell	LAST SUFFIX
8 CAMPAIGN TREASURE STREET ADDRESS (residence or busing	ir 30	TADDRESS: APTISUITE #: CITY  Shady St. Coldspring TX.	STATE: ZIP CODE
9 CAMPAIGN TREASJFER PHONE		BGODE PHONE NUMBER EXTENSION $360$ ) $522-6463$	
O CANDIDATE SIGNATURE	far	n aware of the Nepotism Law, Chapter 573 of the Tex	as Government Code.
	l an the	n aware of my responsibility to file timely reports as r Election Code.	equired by title 15 of
		n aware of the restrictions in title 15 of the Election Co n corporations and labor organizations.	de on contributions
	-	Cubeker 5,	119/2023
		Signature of Candidate	Daté Signed
		GO TO PAGE 2	

CANDIDATE REPORTING	MODIFIED FOIL DECLARATION	RM CTA PG 2
11 CANDIDATE NAME		
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING	3
	•• This declaration must be filed no later than the 30th day befo the first election to which the declaration applies. ••	re
	<ul> <li>The modified reporting option is valid for one election cycle on (An election cycle includes a primary election, a general election, and any related runoffs.)</li> </ul>	ly. ••
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••	
	I do not intend to accept more than \$1,010 in political contributions of make more than \$1,010 in political expenditures (excluding filing feet in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded. I will be required to file pre-election reports and, if necessary, a runoff report.	or s)
	Year of election(s) or election cycle to Signature of Candidate which declaration applies	
This	appointment is effective on the date it is filed with the appropriate filing authority.	
TEC File	or mail to  Texas Ethics Commission  P.O. Box 12070  Austin, TX 78711-2070	
	Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC	
	For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php	

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 / OFFICE HOLDER NAME	Mes Cheri	5	OFFICE USE ONLY
	NEKNAME Walker	\$UFFIX	Date Received
4 CANCIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX; APT / SUITE #: CIT	IY; STATE; ZIP CODE	OCAULN FERMAN
Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE	area code Phone Number (281) 622 6184	EXTENSION	Date Fund-deliverSchor Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MR Tony  NOKNAME LAST  Sewell	MI L SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Eusiness)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITI 30 Shady St Cold spring Ty 7733.		STATE; ZIP CODE
8 CAMFAIGN TREASURER PHONE	(936) 52-6463	EXTENSION	
9 REPORTTYPE	July 15  30th day before election  8th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD COVERED	02 / 05 / 24	Reporting Limit  Marth  THROUGH  02	Day Year 26 24
11 ELECTION	ELECTION DATE  Month Day Year Primary  0.3 05 24 General	Runoff Other Descript on Special	
12 OFFICE	OHFICE HELD (if any)	Ounty Commission	er not 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCITHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MATERIAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE NAME	EPTED OR POLITICAL EXPENDITURES MAD	DE BY POLITICAL COMMITTEES TO SUPPORT
Add tional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASU	RER NAME	
	COMMITTEE CAMPAIGN TREASL	URER ADDRESS	
	GO TO PA	 \GE 2	

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE \$ OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS S LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_ \_\_this the \_\_\_\_ day of \_ to certify which, witness my hand and seal of office. Signature of officer administering path Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration My name is and my date of birth is 02/28 coldspring My address is (street) (state) (zip code) (country) County, State of 1exas Executed in An . Acin to Signature of Candidate/Officeholder (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER	NAME	Sewell WALKER 20 Filer ID (EI	thics Commission Filers)
21	SCHEE	ULE SUBT	TOTALS	SUBTOTAL AMOUNT
1,		SCHED	ULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2		SCHED	ULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3		SCHED	ULE B: PLEDGED CONTRIBUTIONS	\$
4.		SCHEDI	ULE E. LOANS	\$
5.		SCHEDI	ULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.		SCHEDI	ULE F2; UNPAID INCURRED OBLIGATIONS	\$
7.		SCHEDU	ULE =3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ıs \$
8.		SCHEDI	ULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	Ķ	SCHEDU	JLE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 175.00
10.		SCHEDU	JLE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	
11%		SCHEDU	JLE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.		SCHEDU	JLE INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	<b>\$</b>

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the re	quested in	rmation is not applicable, DO NOT include this page in the report.			
	nk ng nerse nonations Made nceholder/Politi		sement Solicitation/Fundraising Expense xpense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	3524 5. W sement from contributions	$[a,b] = s^{2} D R$	City: State; Zip Code Hustin TY 78758		
8 PURPO OF EXPEND			CS Printed  ck if Austin, TX, officeholder living expense		
9 Complete <u>ONI</u> expenditure to		Candidate / Officeholder name Office sough			
Date		Рауве вате			
	sement from contributions	Payee address;	city; State, Zip Code		
PURPO OF EXPENDI		Category (See Calegories listed at the top of this schedule)  Descript	ion		
		Check if travel outside of Texas Complete Schedule T. Check	ck if Austin, TX, officeholder living expense		
	N_Y if direct to benefit C/O	Candidate / Officeholder name Office sought	Office held		
Date		Payee name			
	eame <mark>nt</mark> from contributions	Payee address; City;	State; Zip Code		
PURPO OF EXPENDIT	se ·	Category (See Categories listed at the top of this schedule)  Description	on		
		Check if travel outside of Texas Complete Schedule T. Check	k if Austin, TX, officeholder living expense		
Complete <u>QNL</u> expenditure to		Cancidate / Officeholder name Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			