FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00058136 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Brian K. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Walker CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. S. Shane NAME NICKNAME LAST **SUFFIX** Benner **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 382-2462 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 7 District 2 Supreme Court Justice Place 4

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Walker, Brian K. (The	Honorable)	14 Filer ID 00058136	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION	1 TOTAL INITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THA	N DI EDOES I OANS	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 10,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 4,457.10
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 9,834.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Hon	orable Brian K. Walk	er
		Signature o	f Candidate or Officeho	lder
AFFIX NOT	ARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHE	3 of 24
	ER NAN	(Ethics Commis	sion Filers)		
l	HEDUL ME OF	SUBTOTA	L AMOUNT		
1.	Х	\$	10,500.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	750.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,707.10
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/24	
2	FILER NAME Walker, Bria	n K. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00058136
4	Date 12/28/2023	5 Full name of contributor Aziz, Mo6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	Contributor's 6 Abraham Wa	employer/law firm atkins		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/19/2023	Beshara, Lance Contributor address; City;			\$2,000.00	
	Cambrilanda	Fort Worth, TX 76164		Contributor's Job Title		
	Attorney	Principal Occupation		Partner		
		employer/law firm		Law firm of contributor's sp	ากเเร	e (if any)
	Patel Gaines					(
	If contributor is	s a child, law firm of parent(s) (i	f any)	I		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/18/2023	Fearer, Bill Contributor address; City;			\$2,500.00	
		Fort Worth, TX 76109		Contributor's Job Title		
		Principal Occupation Defense Attorney	ttori	nov.		
_		employer/law firm				
	Retired	Simple yelliaw iiiii		Law firm of contributor's sp	Jour	ic (ii diiy)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

M	ONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1	
Th	e Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/24
	ER NAME			3 Filer ID (Ethics Commission Filers)
		n K. (The Honorable)		00058136
4 Dat	e 15/2023	 Full name of contributor out-of-state PAC (ID#: Saltsman, Greg Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$1,000.00	
		Fort Worth, TX 76109		
8 Cor	ntributor's F	I Principal Occupation	9 Contributor's Job Title	I
	countant		Partner	
	ntributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
		s a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead Dense Opens Vages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FII FR NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 1/1 Rpt: 6/24		Walker, Brian K. (The Honorable)				ľ	00058136	(
4	Date	5	Payee name				<u> </u>		
	12/22/2023		Rodgers, Hannah						
6	Amount (\$) \$750.00	7	Payee address; City; State 4725 Houghton Ave Fort Worth, TX 76107	; Zip Co	de				
8	PURPOSE OF EXPENDITURE	OF Salarias/Magas/Contract Labor Check if travel outside of Texas. Complete Schedule T.				expense			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office he	eld

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment		mmittee	Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	rials Expense					District ut of District (enter a category not list	ted above)	
1	Total pages Schedule G: Sch: 1/18 Rpt: 7/24	2	FILER NAME	an K. (The Ho	norable)			3	Filer ID	•	ission Filers)
_	<u>_</u>	<u> </u>			Jilorable)				00038	130	
4	Date 12/19/2023	5	Payee name Amazon								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode				
	\$61.48		410 Terry A	ve							
	Reimbursement from political contributions intended		Seattle, WA	A 98109							
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b) Description	Ch	neck if trav	el outside of Texas. Co	omplete Schedule T.
	OF EXPENDITURE		Event Expe	nse				Cł	neck if Aus	stin, TX, officeholder livir	ng expense
	EXI ENDITORE						Door Prizes for I	Ever	nt		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	11/28/2023		Arturo's Ca	fe							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode				
	\$15.41		314 W 17th	I							
	X Reimbursement from political contributions intended		Austin, TX	78701							
	PURPOSE OF			-	at the top of this sch	edule)	Description	_		rel outside of Texas. Co	
	EXPENDITURE		Travel In Di	strict			L	Cr	neck if Aus	stin, TX, officeholder livir	ng expense
							Meal				
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought			Office held	
	Date	T	Dougo nomo								
	11/26/2023		Payee name Brookshire	s Fuel							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode				
	\$60.96		E 5118 I-20	Service Rd	S						
	X Reimbursement from political contributions intended		Willow Park	x, TX 76008							
	PURPOSE		Category (s	ee Categories listed	at the top of this sch	edule)	Description	_		rel outside of Texas. Co	
	OF EXPENDITURE		Travel In Di	strict			L	Cr	neck if Aus	stin, TX, officeholder livir	ng expense
							Fuel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Office	holder name			Office sought			Office held	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Puntinasing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 2/18 Rpt: 8/24		Walker, Brian K. (The Honorable)			00058136
4	Date	5	Payee name			
	09/13/2023		Buccees			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$72.43		5005 I-30	_,		
	Reimbursement from political contributions intended		Royce City, TX 75189			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District		[Check if Austin, TX, officeholder living expense
	EXPENDITURE				Fuel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	09/15/2023		Candlewood Suites			
	Amount (\$)	Г	Payee address; City; State;	Zip Co	ode	
	\$224.86		2901 S Cowhorn Creek Loop			
	Reimbursement from political contributions intended		Texarkana, TX 75503			
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description [Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			Check if Austin, TX, officeholder living expense
					Hotel	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	11/25/2023		Chipotle			
	Amount (\$)	Н	Payee address; City; State;	Zip Co	ode	
	\$21.76		6450 Desert Blvd.	•		
	Reimbursement from		Suite 104			
	x political contributions intended		El Paso, TX 79912			
	PURPOSE	⊢	Category (See Categories listed at the top of this sche	aduda)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel In District	edule)	Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Travel in District		Meal	_
		<u>I</u> Cai	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
\vdash						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manage/Control

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/18 Rpt: 9/24	Walker, Brian K. (The Honorable)	00058136	
4	Date	5 Payee name	•	
	11/23/2023	Cracker Barrel		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	_
	\$27.35	1602 TX-352		
	Reimbursement from			
	x political contributions intended	Abilene, TX 79601		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense	
	LXI LINDITORL		Meal	
9		Candidate/Officeholder name	Office sought Office held	
	expenditure to benefit C/OH			
				_
	Date	Payee name		
	11/26/2023	Dickey's BBQ		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$32.99	2602 Gregg St		
	Reimbursement from political contributions			
	political contributions intended	Big Spring, TX 79720		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense	
	EXI ENDITORE		Meal	
	·	Candidate/Officeholder name	Office sought Office held	
	expenditure to benefit C/OH			
				=
	Date	Payee name		
	12/03/2023	Doc's BBQ		_
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$14.62	1277 E Loop 304		
	Reimbursement from political contributions			
	intended	Crockett, TX 75835		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense	
			Meal	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held	
	C/OH			
				-

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 4/18 Rpt: 10/24	Walker, Brian K. (The Honorable)	00058136					
4	Date	5 Payee name						
	12/31/2023	Ebay						
6	Amount (\$)	7 Payee address; City; State; Zip Code	е					
	\$259.79	2065 Hamilton Way						
	Reimbursement from political contributions	Con Jose CA 05125						
	intended	San Jose, CA 95125						
8	PURPOSE OF		b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	EXPENDITURE	Event Expense	tems for Event					
		"	ions for Event					
9	Complete ONLY if direct	L L Candidate/Officeholder name	Office sought Office held					
	expenditure to benefit C/OH							
L	0,011							
l	Date	Payee name						
L	12/31/2023	Ebay						
l	Amount (\$)	Payee address; City; State; Zip Code						
	\$162.32	2065 Hamilton Way						
l	Reimbursement from political contributions							
	intended	San Jose, CA 95125						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense					
			Decor for Event					
H	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held					
	expenditure to benefit C/OH							
⊨								
	Date	Payee name						
ldash	09/18/2023	El Fenix						
	Amount (\$)	Payee address; City; State; Zip Code	8					
	\$40.00	6811 Northwest Hwy #5						
	Reimbursement from political contributions intended	DAllas, TX 75225						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description					
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense					
ı		I N	/leal					

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel in District Travel Out of District	
	Credit Card Payment	The Instruction Guide explains how to complete thi	form.	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics 0	Commission Filers)
	Sch: 5/18 Rpt: 11/24	Walker, Brian K. (The Honorable)	00058136	
4	Date	5 Payee name	•	
	12/03/2023	El Mercado Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$54.01	1302 S 1st		
	Reimbursement from			
	X political contributions intended	Austin, TX 78704		
8	PURPOSE	1	otion Check if travel outside of Te	vas Complete Schedule T
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Described Travel In District	Check if Austin, TX, officeho	
	EXPENDITURE	Meal	Ш	- '
9	Complete ONLY if direct	Candidate/Officeholder name Office	ought Office h	eld
Ĭ	expenditure to benefit	Canadado, Cinociolado Inamo	ought one in	iolu
	C/OH			
	Date	Payee name		
	11/27/2023	Fuzzy's Taco Shop		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.00	265 E Washington Street		
	Reimbursement from			
	X political contributions intended	Stephenville, TX 76401		
	PURPOSE	Category (See Categories listed at the top of this schedule) Desc	otion Check if travel outside of Te	xas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeho	lder living expense
	EXI ENDITORE	Meal		
		Candidate/Officeholder name Office	ought Office h	eld
	expenditure to benefit C/OH			
	Date	Payee name		
	11/28/2023	Gueros		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$51.00	1412 S Congress Ave		
	X Reimbursement from political contributions			
	intended	Austin, TX 78704		
	PURPOSE	Category (See Categories listed at the top of this schedule) Desc	otion	•
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeho	lder living expense
		Meal		
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office	ought Office h	eld
	C/OH			

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment			The Instruction Guide explains	how to co	omplete this form.	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 12/24		Walker, Bria	an K. (The Honorable)			00058136
4	Date	5	Payee name				•
	11/24/2023		Hampton In	n			
6	Amount (\$)	7	Payee addres	ss; City; State	; Zip Co	ode	
	\$110.44		2201 Camp	Street			
	Reimbursement from political contributions intended		Midland, TX	(79701			
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this scl	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In Di	strict			Check if Austin, TX, officeholder living expense
	EXI ENDITORE					Hotel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officel	holder name		Office sought	Office held
	Date		Payee name				
	11/25/2023		Hampton In	n			
	Amount (\$)	T	Payee addres	ss; City; State	; Zip Co	ode	
	\$110.44		2201 Camp	Street			
	Reimbursement from political contributions intended		Midland, TX	(79701			
	PURPOSE	┢	Category (Se	ee Categories listed at the top of this scl	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In Di		,	' [Check if Austin, TX, officeholder living expense
	EXPENDITURE					Hotel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officel	holder name		Office sought	Office held
	Date	Γ	Payee name				
	12/04/2023		Hampton In	n			
	Amount (\$)		Payee addres	ss; City; State	; Zip Co	ode	
	\$189.22		1701 Lavac	a St			
	Reimbursement from political contributions intended		Austin, TX 7	78701			
	PURPOSE	Г	Category (Se	ee Categories listed at the top of this scl	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In Di	strict			Check if Austin, TX, officeholder living expense
						Hotel	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officel	holder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Poll y - Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	ce Overhead/Rental Expense ing Expense ting Expense rires/Wages/Contract Labor	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 G: Sch: 7/18 Rpt: 13/24	2 FILER NAME Walker, Brian K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058136
4	Date	,		
4	09/17/2023	5 Payee name Hilton Hotels		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$373.19	2001 Post Oak		
	Reimbursement from political contributions intended	Houston, TX 77056		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	Travel In District	(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Traver in District	Hotel	_
			110101	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Landidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	11/29/2023	Jack in the Box		
	Amount (\$)	Payee address; City; State; Zig	Code	
	\$7.03	8630 N Lamar Blvd		
		3330 11 2411141 2114		
	X Reimbursement from political contributions intended	Austin, TX 78753		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Meal	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	12/03/2023	Love's Gas Station		
	Amount (\$)	Payee address; City; State; Zip	. Code	
	\$27.69		. 5000	
		1423 N Market Street		
	X Reimbursement from political contributions intended	Hearne, TX 77859		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Fuel	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		xpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a cate	t egory not listed above)		
1	Total pages Schedule G:	l	ILER NAME					1	,	cs Commission File	ers)
	Sch: 8/18 Rpt: 14/24	\	Walker, Bria	Brian K. (The Honorable) 00058136							
4	Date	5	Payee name	me							
	11/29/2023		Marriott Cou	ırtyard Austin							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$277.03	;	5660 N Inte	state Hwy 35							
	Reimbursement from political contributions intended	,	Austin, TX 7	8751							
8	PURPOSE	(a) (Category (Se	e Categories listed at the	e top of this sche	edule)	(b) Description	=		of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Travel In Dis	strict			LL	Ch	eck if Austin, TX, office	ceholder living expense	
							Hotel				
Ļ	Operation ONE VIII II		1: -1 - 10 m ·	-14			O#:				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate/Officeh	older name			Office sought		Offic	ce held	
	Date	ı	Payee name								
	09/14/2023		McDonalds								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$9.08	4	4929 N Stat	e Line Ave							
	Reimbursement from political contributions intended	_	Texarkana,	TX 75503							
	PURPOSE	(Category (Se	e Categories listed at the	e top of this sche	edule)	Description	_		of Texas. Complete Schee	dule T.
	OF EXPENDITURE	-	Travel In Dis	strict			[Ch	eck if Austin, TX, office	ceholder living expense	
							Meal				
	Complete ONLY if direct expenditure to benefit C/OH	Cano	didate/Officeh	older name			Office sought		Offic	ce held	
H											
	Date	ı	Payee name								
	11/24/2023	<u> </u>	McDonalds								
	Amount (\$)	l	Payee addres	•	State;	Zip Co	de				
	\$5.93	4	2307 Rankir	ı HWY							
	Reimbursement from political contributions intended	ı	Midland, TX	79701							
	PURPOSE	l		e Categories listed at the	e top of this sche	edule)	Description	=		of Texas. Complete Scher	dule T.
	OF EXPENDITURE		Travel In Dis	strict			L	Ch	eck if Austin, TX, office	ceholder living expense	
							Meal				
	Complete ONLY if direct expenditure to benefit C/OH	Cand	didate/Officeh	older name			Office sought		Offic	ce held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Prin	ting Expense tries/Wages/Contract Labor to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 15/24	Walker, Brian K. (The Honorable)		00058136
4	Date	5 Payee name		•
	11/26/2023	McDonalds		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$3.18	2307 Rankin Hwy		
	Reimbursement from political contributions intended	Midland, TX 79701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	L	Check if Austin, TX, officeholder living expense
			Meal	
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	11/27/2023	McDonalds		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$2.59	2819 W Washington Street		
	Reimbursement from political contributions intended	Stephenville, TX 76401		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Meal	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	11/28/2023	Monkey Nest Coffee		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$8.18	5353 Burnet Road		
	Reimbursement from political contributions intended	Austin, TX 78756		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Meal	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Travel in Dist Travel Out of					
	Credit Card Payment		The Instruction Guide explains	how to co	emplete this form.				
1	Total pages Schedule G: Sch: 10/18 Rpt: 16/24	2 FILER NAME Walker, Brid	an K. (The Honorable)			1	Filer ID 0005813	(Ethics Commission 6	ı Filers)
4	Date	5 Payee name	,						
•	11/26/2023	Murphys							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$60.31	2305 S Beli	mont Street						
	Reimbursement from political contributions intended	Midland, T〉	(79701						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel o	utside of Texas. Complete	Schedule T.
	OF EXPENDITURE	Travel In Di	strict			Che	eck if Austin,	TX, officeholder living expe	nse
	LAPENDITORE				Fuel				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held	
	Date	Payee name							
	11/27/2023	Office Depo	ot						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$1.02	1201 N Hw	y 77						
	Reimbursement from								
	X political contributions intended	Waxahachi	e, TX 75165						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	utside of Texas. Complete	Schedule T.
	OF EXPENDITURE	Printing Exp	oense			Che	eck if Austin,	TX, officeholder living expe	ense
					Copies				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name							
	12/03/2023	Office Depo	ot						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$42.68	1201 N Hwy		·					
	Reimbursement from								
	X political contributions intended	Waxahachi	e, TX 75165						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	=		utside of Texas. Complete	
	OF EXPENDITURE	Printing Exp	oense		L . L	Che	eck if Austin,	TX, officeholder living expe	nse
					Copies				
	0 1. 0	0 111 1000						0.00	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	Travel in District Travel Out of District OTHER (enter a category not listed above)							
	oroun out a transmi		The Instruction Guide explains	how to co	omplete this form.							
1	Total pages Schedule G:	2 FILER NAME	Ē			3	Filer ID	(Ethics Commission Filers)				
	Sch: 11/18 Rpt: 17/24	Walker, Bri	an K. (The Honorable)			(000581	36				
4	Date	5 Payee name										
	09/13/2023	Panda Exp	ress									
6	Amount (\$)	7 Payee addre	ss; City; State;	; Zip Co	ode							
	\$11.00	150 E Shar	150 E Shannon Rd E									
	Reimbursement from											
	X political contributions intended	Sulphur Sp	rings, TX 75482									
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule	T.			
	OF	Travel In D	istrict			Che	ck if Austin	n, TX, officeholder living expense				
	EXPENDITURE				Meal							
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held				
	expenditure to benefit C/OH											
									_			
	Date	Payee name										
	09/15/2023	Panda Exp										
	Amount (\$)	Payee addre		; Zip Co	ode							
	\$12.67	3200 St. Mi	chael Dr.									
	Reimbursement from political contributions											
	intended	Texarkana,	TX 75503									
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description			outside of Texas. Complete Schedule	T.			
	OF EXPENDITURE	Travel In D	istrict		L	Che	ck if Austin	n, TX, officeholder living expense				
					Meal							
		<u> </u>										
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held				
	C/OH											
	Date	Payee name							=			
	11/24/2023	Panda Exp										
_	Amount (\$)	Payee addre	ss; City; State;	Zip Co	nde				_			
	\$31.00	6900 N Me	, , , , , , , , , , , , , , , , , , , ,	, <u>L</u> .p oc	740							
	Reimbursement from											
	x political contributions intended	El Paso, T	(79912									
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule	T.			
	OF EXPENDITURE	Travel In D	istrict		[Che	ck if Austin	n, TX, officeholder living expense				
					Meal							
		Candidate/Office	holder name		Office sought			Office held				
	expenditure to benefit C/OH											
\vdash									_			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		District ut of District (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)
	Sch: 12/18 Rpt: 18/24	Walker, Bri	an K. (The Honorable)			00058	3136
4	Date	5 Payee name)				
	11/25/2023	Parking Ga	ırage for Plaza Pioneer par	k			
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode		
	\$10.00	106 West N	Mills				
	Reimbursement from political contributions intended	El Paso, T	X 79901				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule)	(b) Description	Check if tra	vel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict			Check if Au	stin, TX, officeholder living expense
	EX. ENDITORE				Parking		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name)				
	11/24/2023	Pilot #257					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$64.64	4015 FM 1	788				
	Reimbursement from political contributions intended	Midland, T	X 79706				
	PURPOSE	Category (s	See Categories listed at the top of this so	chedule)	Description	Check if tra	vel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict		[Check if Au	stin, TX, officeholder living expense
					Fuel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held
	Date	Payee name)				
	11/23/2023	Quicktrip #	1876				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$54.48	10200 Wes	st Frwy				
	X Reimbursement from political contributions intended	Fort Worth,	, TX 76108				
	PURPOSE	Category (S	See Categories listed at the top of this so	hedule)	Description	Check if tra	vel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict		[Check if Au	stin, TX, officeholder living expense
					Fuel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		age Expense F Memorials Expense F	Office Overh Polling Expe Printing Exp Salaries/Wa	T T	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Fayinent	The Instru	uction Guide explains ho	ow to com	plete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID (Ethi	cs Commission Filers)	
	Sch: 13/18 Rpt: 19/24	Walker, Brian K. (Th	e Honorable)			0	0058136		
4	Date	5 Payee name							
	09/17/2023	Sam's Club							
6	Amount (\$)	7 Payee address; Ci	ty; State;	Zip Cod					
ľ	\$82.80	12205 West Road	ty, Gtato,	2.p 00 0					
		12200 West Noad							
	Reimbursement from political contributions	1 XII TV 7	7005						
	intended	Jersey Village, TX 7	7065						
8	PURPOSE OF	(a) Category (See Categories	s listed at the top of this sched	ule)	b) Description	_		of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In District			L	Che	ck if Austin, TX, offi	ceholder living expense	
				F	uel				
9		Candidate/Officeholder nar	ne		Office sought		Offic	ce held	
	expenditure to benefit C/OH								
L									
	Date	Payee name							
	11/29/2023	Sam's Club							
	Amount (\$)	Payee address; Ci	ty; State;	Zip Cod	е				
	\$67.06	10901 Lakeline Mall	Drive						
	Reimbursement from								
	X political contributions intended	Austin, TX 78717							
	PURPOSE	Category (See Categories	s listed at the top of this sched	ule)	Description	Che	ck if travel outside o	of Texas. Complete Schedule T.	
	OF	Travel In District	·	,	·	Che	ck if Austin, TX, offi	ceholder living expense	
	EXPENDITURE			F	uel				
	Complete ONLY if direct	Candidate/Officeholder nar	ne		Office sought		Offic	ce held	
	expenditure to benefit C/OH								
	C/On								
	Date	Payee name							
	12/04/2023	Sam's Club							
	Amount (\$)	Payee address; Ci	ty; State;	Zip Cod	e				
	\$22.44	600 N Burleson Blvo							
	Reimbursement from								
	X political contributions intended	Burleson, TX 76028							
_	DUDDOCE				Description [Cha	als if transal asstaida a	of Texas. Complete Schedule T.	
	PURPOSE OF	Category (See Categorie: Travel In District	s listed at the top of this sched	ule)	Description	_		ceholder living expense	
	EXPENDITURE	Havel III District			uel .	_		.	
					uoi				
_	Complete ONLY if direct	Candidata/Officabaldar	no		Office sought		O#:-	oo hold	
	Complete ONLY if direct expenditure to benefit	Canuluale/Onicenoluer nar	II C		Office sought		Oitio	ce held	
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Lega	Mards/Memorials Expense Services Instruction Guide explains		xpense Wages/Contract Labor	Travel Out of District OTHER (enter a category not list	ed above)
1	Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 14/18 Rpt: 20/24	Walker, Brian K	. (The Honorable)			00058136	
4	Date	5 Payee name				•	
	09/11/2023	Sams Club					
6	Amount (\$)	7 Payee address;	City; State;	; Zip Co	ode		
	\$66.14	19091 I-45					
	Reimbursement from political contributions intended	Shenandoah, T	X 77385				
8	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Co	•
	OF EXPENDITURE	Travel In Distric	t		L	Check if Austin, TX, officeholder livin	g expense
					Fuel		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	er name		Office sought	Office held	
	Date	Payee name					
	09/15/2023	Sams Club					
	Amount (\$)	Payee address;	City; State;	; Zip Co	ode		
	\$40.16	3620 St Michae	l Drive				
	Reimbursement from						
	X political contributions intended	Texarkana, TX	75503				
	PURPOSE	Category (See Ca	tegories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Co	
	OF EXPENDITURE	Travel In Distric	t		L	Check if Austin, TX, officeholder livin	g expense
					Fuel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	er name		Office sought	Office held	
	Date	Payee name					
	11/25/2023	Sams Club					
	Amount (\$)	Payee address;	City; State;	; Zip Co	ode		
	\$79.04	7970 N Mesa S	treet				
	Reimbursement from political contributions intended	El Paso, TX 799	932				
	PURPOSE	Category (See Ca	tegories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Co	mplete Schedule T.
	OF EXPENDITURE	Travel In Distric	t		[Check if Austin, TX, officeholder living	g expense
					Fuel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	er name		Office sought	Office held	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a	•
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commiss	ion Filers)
	Sch: 15/18 Rpt: 21/24		Walker, Brian K. (The Honoral	ole)				00058136	
4	Date	5	Payee name				<u> </u>		
	11/27/2023		Starbucks						
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	nde			
	\$3.00		108 N Key Ave	,					
	Reimbursement from		200						
	political contributions intended		Lampasas, TX 76550						
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description	=	neck if travel outside of Texas. Compl	
	OF EXPENDITURE		Travel In District			L	Ch	neck if Austin, TX, officeholder living e	xpense
						Meal			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought		Office held	
	Date		Payee name						
	12/04/2023		Stubb's BBQ						
	Amount (\$)		Payee address; City;	State;	Zip Co	ode			
	\$42.65		801 Red River Street						
	Reimbursement from								
	x political contributions intended		Austin, TX 78701						
	PURPOSE		Category (See Categories listed at the to	p of this sche	edule)	Description	=	neck if travel outside of Texas. Compl	
	OF EXPENDITURE		Travel In District				Ch	neck if Austin, TX, officeholder living e	xpense
						Meal			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought		Office held	
	Date		Payee name						
	09/14/2023		Taco Buenos						
_	Amount (\$)	┝	Payee address; City;	State:	Zip Co	ndo.			
	\$10.49		3505 Mall Dr	State,	Zip Cc	oue			
			3303 IVIAII DI						
	X Reimbursement from political contributions intended		Texarkana, TX 75503						
	PURPOSE		Category (See Categories listed at the to	op of this sche	edule)	Description	_	neck if travel outside of Texas. Compl	
	OF EXPENDITURE		Travel In District			[Ch	neck if Austin, TX, officeholder living e	xpense
						Meal			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	Travel in District Travel Out of District OTHER (enter a category not listed above)							
			The Instruction Guide explains I	how to co	omplete this form.							
1	Total pages Schedule G:	2 FILER NAME				3 Fi	iler ID (E	Ethics Commission Filers)				
	Sch: 16/18 Rpt: 22/24	Walker, Bria	an K. (The Honorable)			0	0058136					
4	Date	5 Payee name										
	09/11/2023	Taco Caba										
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode							
	\$10.05	202 S Loop	202 S Loop 336									
	Reimbursement from											
	X political contributions intended	Conroe, TX	77304									
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Chec	k if travel outs	ide of Texas. Complete Schedule T.				
	OF	Travel In Di	strict			Chec	k if Austin, TX	, officeholder living expense				
	EXPENDITURE				Meal							
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held				
	expenditure to benefit C/OH											
	Date	Payee name										
	11/28/2023	Taco Cabai	na									
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode							
	\$6.48	2542 N Lan	nar Blvd									
	Reimbursement from											
	x political contributions intended	Austin, TX	78751									
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Chec	k if travel outs	ide of Texas. Complete Schedule T.				
	OF	Travel In Di	,	, au., a				, officeholder living expense				
	EXPENDITURE	i i i aver iii bi	Strict		Meal	_						
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		(Office held				
	expenditure to benefit											
	C/OH											
	Date	Payee name										
	11/29/2023	Taco Casa										
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode							
	\$7.76	2898 W Wa	shington Street	·								
	Reimbursement from		J									
	x political contributions intended	Stephenville	e , TX 76401									
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Chec	k if travel outs	ide of Texas. Complete Schedule T.				
	OF	Travel In Di	strict		Ī	Chec	k if Austin, TX	, officeholder living expense				
	EXPENDITURE				Meal							
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought		(Office held				
	expenditure to benefit		-									
	C/OH											

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se			Salarie	s/Wages/Contract Labor complete this form.		OTHER (enter a category not listed above)
_		_							T_	
1	Total pages Schedule G:	2	FILER NAME						3	Filer ID (Ethics Commission Filers)
	Sch: 17/18 Rpt: 23/24				The Honora	.ble)				00058136
4	Date	5	Payee name							
	09/14/2023		Tacos 4 Life	е						
6	Amount (\$)	7	Payee addre	ss;	City;	State;	Zip (Code		
	\$16.17		3005 Mall E	Or.						
	Reimbursement from									
	x political contributions intended		Texarkana,	TX 75	5503					
8	PURPOSE	(a)	Category (s	ee Catego	ories listed at the t	top of this sch	edule)	(b) Description		Check if travel outside of Texas. Complete Schedule T.
	OF		Travel In Di	istrict						Check if Austin, TX, officeholder living expense
	EXPENDITURE							Meal		
9	Complete ONLY if direct		ndidate/Officel	holdor r	nama			Office sought		Office held
9	expenditure to benefit	Cai	iuiuale/Onice	noidei i	liallie			Office Sought		Office field
	C/OH									
	Data		B							
	Date		Payee name		David					
	11/24/2023		The Plaza F	Pionee	er Park					
	Amount (\$)		Payee addre	ess;	City;	State;	Zip (Code		
	\$517.60		106 West M	/lills						
	Reimbursement from									
	X political contributions intended		El Paso, TX	< 7990	1					
_		_						December 1		
	PURPOSE OF		'	-	ories listed at the t	top of this sche	edule)	Description	_	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE		Travel In Di	istrict					Ш,	Sheek ii Adaliii, 174, dilicendidei livilig expense
								Hotel		
		Car	ndidate/Officel	holder r	name			Office sought		Office held
	expenditure to benefit C/OH									
	C/OH									
	Date		Payee name							
	11/22/2023		UPS Store							
Н	Amount (\$)		Payee addre	.ss.	City;	State;	Zin (nde .		
	\$0.83		515 Housto		Oity,	Otato,	<u>-</u> .p	ouc		
	φ0.03		313 Housio	ni St						
	Reimbursement from political contributions									
	intended		Fort Worth,	TX 76	5102					
	PURPOSE	Т	Category (se	ee Catego	ories listed at the t	top of this sche	edule)	Description		Check if travel outside of Texas. Complete Schedule T.
	OF		Printing Exp	pense						Check if Austin, TX, officeholder living expense
	EXPENDITURE		ب ن⊸ ق					Copies	_	
								'		
_	Computate ONUV if allow :	<u></u>	a di data (Offi	امماعا - ::				O#161		Office hadd
	Complete ONLY if direct expenditure to benefit	cai	ndidate/Officel	noideri	name			Office sought		Office held
	C/OH									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Exper Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Lab	Transportation Equipment & Related Expense Travel in District Travel Out of District
	oroan oara'r aymon	The Instruction Guide explains how to complete this form	1.
1	Total pages Schedule G:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/18 Rpt: 24/24	Walker, Brian K. (The Honorable)	00058136
4	Date	Payee name	
	12/31/2023	Vista Print	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$192.00	275 Wyman St.	
	Reimbursement from political contributions intended	Waltham, MA 02451	
8	PURPOSE) Category (See Categories listed at the top of this schedule) (b) Description	n Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
	EXI ENDITORE	Invitations fo	r Event
9	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name Office sou(ght Office held
Г	Date	Payee name	
	11/25/2023	Weinersnitzel	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.65	7000 N Mesa Street	
	Reimbursement from		
	x political contributions intended	El Paso, TX 79912	
┝	PURPOSE	Category (See Categories listed at the top of this schedule) Description	n Check if travel outside of Texas. Complete Schedule T.
	OF	Travel In District	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Meal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name Office sout	ght Office held