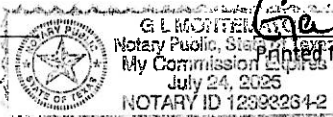


## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL! Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>KISD Board of Trustees</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Place 3</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>SANDI RENEE WALKER</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>SANDI WALKER</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>4904 Giordano Way</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <u>Fort Worth</u>	STATE <u>Tx</u>	ZIP <u>76244</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>Sandiwalker@gmail.com</u>		OCCUPATION (Do not leave blank) <u>freelance writer</u>	DATE OF BIRTH <u>[REDACTED]</u>	VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional)	
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell:	
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>			IN THE STATE OF TEXAS <u>20.5</u> year(s) <u>6</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>21</u> year(s) _____ month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Sandi Walker</u> who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Sandi Walker</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Board of Trustee Pl 3</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
<u>X Sandi Walker</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>25</u> day of <u>January</u> <u>2022</u> by <u>Sandi Walker</u> (name of candidate)					
Signature of Officer Authorized to Administer Oath <sup>4</sup> <u>[Signature]</u> Notary		 G. L. MONTENAYOR Notary Public, State of Texas My Commission Expires July 24, 2025 NOTARY ID 12992264-2			
Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> Voter Registration Status Verified					
<u>1/25/2022</u>		<u>1/25/2022</u>		(See Section 1.007)	
Date Received		Date Accepted		Signature of Filing Officer or Designee <u>[Signature]</u>	

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

**OFFICE USE ONLY**

Filer ID #

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 CANDIDATE NAME

MS / MRS / MR

FIRST

MI

SANDI

~~WALKER~~

R

NICKNAME

LAST

SUFFIX

WALKER

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

4904 Giordano Way  
Fort Worth, TX 76244

4 CANDIDATE PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 676-4299

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

7 CAMPAIGN TREASURER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

TODD D. WALKER

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS

APT / SUITE #

CITY

STATE

ZIP CODE

Same as above

9 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 741-1777

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

*Sandi Walker*

Signature of Candidate

1-21-2022

Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$940 in political contributions  
or make more than \$940 in political expenditures (excluding filing  
fees) 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.

2022

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
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**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mrs                                      Sandi <hr style="border-top: 1px dashed black;"/> NICKNAME                              LAST                              SUFFIX Walker	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX,                      APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE 4904 GIORDANO WAY, Fort Worth, TX 76244	Date Received          Date Hand-delivered or Date Postmarked   Receipt #                      Amount \$  Date Processed  Date Imaged	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (817 )                      676-4299		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mr                                      Todd <hr style="border-top: 1px dashed black;"/> NICKNAME                              LAST                              SUFFIX Walker		
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE),                      APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE 4904 Giordano Way, Fort Worth, TX 76244		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (817 )                      741-1777		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 01                      21                      20                                           04                      06                      20		
<b>11</b> ELECTION	ELECTION DATE                      ELECTION TYPE Month                      Day                      Year                      Primary                      Runoff                      Other Description School Board 05                      07                      20                      General                      Special		
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) School Board Trustee, Place 3	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME Sandi Walker for KISD School Board	
	GENERAL	COMMITTEE ADDRESS 4904 Giordano Way, Fort Worth, TX 76244	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Todd Walker	
		COMMITTEE CAMPAIGN TREASURER ADDRESS 4904 Giordano Way, Fort Worth, TX 76244	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sandi Walker for KISD School Board		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	4,270.87
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,270.87
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	3,417.18
	4. TOTAL POLITICAL EXPENDITURES	\$	3,417.18
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4,270.87
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

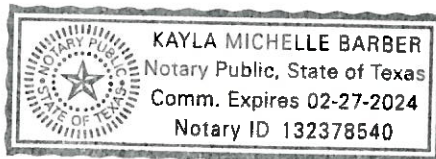
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sandi Walker*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sandi Walker this the 7<sup>th</sup> day of April,

20 22, to certify which, witness my hand and seal of office.

Kayla Barber Kayla Barber Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Todd Walker		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,270.87
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3417.18
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

[Reset Form](#)

[Reset Page](#)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> <b>Peter Ure</b>	7 Amount of contribution (\$) <b>51.99</b>
<b>3/6/2022</b>	6 Contributor address; <span style="float: right;">City; State; Zip Code</span> <b>9305 Shields Street, Fort Worth, TX 76244</b>	
8 Principal occupation / Job title (See Instructions) <b>Business</b>		9 Employer (See Instructions)
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> <b>Erica Unger</b>	Amount of contribution (\$) <b>103.48</b>
<b>3/6/2022</b>	Contributor address; <span style="float: right;">City; State; Zip Code</span> <b>9005 McFarland Way, Fort Worth, TX 76244</b>	
Principal occupation / Job title (See Instructions) <b>self employed</b>		Employer (See Instructions)
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> <b>Erica Unger</b>	Amount of contribution (\$) <b>5.00</b>
<b>3/2/2022</b>	Contributor address; <span style="float: right;">City; State; Zip Code</span> <b>9005 McFarland Way, Fort Worth, TX 76244</b>	
Principal occupation / Job title (See Instructions) <b>self employed</b>		Employer (See Instructions)
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> <b>Todd Walker</b>	Amount of contribution (\$) <b>500.00</b>
<b>2/28/2022</b>	Contributor address; <span style="float: right;">City; State; Zip Code</span> <b>4904 Giordano Way, Fort Worth, TX 76244</b>	
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Barbara Luzeiro	7 Amount of contribution (\$) 206.46
6 Contributor address; City; State; Zip Code 801 s Main Street, Keller, TX 76248		
8 Principal occupation / Job title (See Instructions) <i>Self employed</i>		9 Employer (See Instructions)
Date 3/6/2022	Full name of contributor out-of-state PAC (ID#: _____) Mary McWherter Payne	Amount of contribution (\$) 21.10
Contributor address; City; State; Zip Code 5409 High Desert PI NE, Albuquerque, NM 87111		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date 3/6/2022	Full name of contributor out-of-state PAC (ID#: _____) Gail Kent	Amount of contribution (\$) 21.10
Contributor address; City; State; Zip Code 130 County Road, Mineola, TX 73773		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date 3/6/2022	Full name of contributor out-of-state PAC (ID#: _____) Lilia Grelard	Amount of contribution (\$) 51.99
Contributor address; City; State; Zip Code 10608 Crawford Farms, Keller, TX 76244		
Principal occupation / Job title (See Instructions) <i>Dental Hygienist</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Larry L Chapman, P.A. ----- 6 Contributor address; City; State; Zip Code 7206 Covewood Drive, Garland, TX 75044	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date 3/6/2022	Full name of contributor out-of-state PAC (ID#: _____) Tia Wasik ----- Contributor address; City; State; Zip Code 421 Beverly Dr, Keller, TX 76248	Amount of contribution (\$)  31.40
Principal occupation / Job title (See Instructions) <i>self employed</i>		Employer (See Instructions)
Date 3/6/2022	Full name of contributor out-of-state PAC (ID#: _____) Timothy Kempka ----- Contributor address; City; State; Zip Code 907 Santa Cruz Drive, Keller, TX 76248	Amount of contribution (\$)  103.48
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)
Date 3/6/2022	Full name of contributor out-of-state PAC (ID#: _____) Rick Ernzen ----- Contributor address; City; State; Zip Code 2037 Coventry Ct, Keller, TX 76262	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Shari Redd	7 Amount of contribution (\$) 21.10
6 Contributor address; City; State; Zip Code 998 Post Oak Rd, Keller, TX 76248		
8 Principal occupation / Job title (See Instructions) <i>none</i>		9 Employer (See Instructions)
Date 3/9/2022	Full name of contributor out-of-state PAC (ID#: _____) Kathy Hamilton	Amount of contribution (\$) 103.48
Contributor address; City; State; Zip Code 4309 Round Valley Lane, Roanoke, TX 76262		
Principal occupation / Job title (See Instructions) <i>Real Estate Realtor</i>		Employer (See Instructions)
Date 3/8/2022	Full name of contributor out-of-state PAC (ID#: _____) Rosemary Knox	Amount of contribution (\$) 360.92
Contributor address; City; State; Zip Code P.O.Box 2084, Basalt, TX 81621		
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions)
Date 3/8/2022	Full name of contributor out-of-state PAC (ID#: _____) Mike Robertson	Amount of contribution (\$) 26.25
Contributor address; City; State; Zip Code 1212 Cross Timber, Southlake, TX 76092		
Principal occupation / Job title (See Instructions) <i>Self employed</i>		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.

**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Cobb ..... 6 Contributor address; City; State; Zip Code 707 W LD Lockett Rd, Colleyville, TX 76034	7 Amount of contribution (\$)  2000.00
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date 3/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Clayton Chapman ..... Contributor address; City; State; Zip Code 6508 Eagle Nest Drive, Garland, TX 75044	Amount of contribution (\$)  21.10
Principal occupation / Job title (See Instructions) <i>Convenience Store Manager</i>		Employer (See Instructions)
Date 3/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Andrew Donlon ..... Contributor address; City; State; Zip Code 904 Venice Avenue, Southlake, TX 76092	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2022	Full name of contributor out-of-state PAC (ID#: _____) Jill Hand ..... Contributor address; City; State; Zip Code 8316 Southridge Ct, North Richland Hills	Amount of contribution (\$)  103.48
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Holly Coker	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1323 Briar Ridge Dr, Keller, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/5/2022	Full name of contributor out-of-state PAC (ID#: _____) Micah Young	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1521 Spanish Bay Dr., Keller, TX 76244		
Principal occupation / Job title (See Instructions) <i>self employed</i>		Employer (See Instructions)
Date 4/4/2022	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Banning	Amount of contribution (\$) 10.80
Contributor address; City; State; Zip Code 11501 Maddie Ave, Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Doug Taylor	Amount of contribution (\$) 77.74
Contributor address; City; State; Zip Code 4024 Vernon Way, Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Todd Walker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name Edgerton Strategies, LLC	
<b>6</b> Amount (\$) 3417.18	<b>7</b> Payee address; City; State; Zip Code 1540 Keller Parkway #108-402, Keller, TX 76248	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description signs, push cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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:

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs

Sandi

NICKNAME

LAST

SUFFIX

Walker

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4904 Giordano Way, Fort Worth, TX 76244

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817 )

676-4299

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

Todd

NICKNAME

LAST

SUFFIX

Walker

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4904 Giordano Way, Fort Worth, TX 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817 )

741-1777

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

01

21

22

THROUGH

Month

Day

Year

04

29

22

11 ELECTION

ELECTION DATE

Month

Day

Year

05

07

22

Primary

Runoff

Other

Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

School Board Trustee, Place 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Sandi Walker for KISD School Board

GENERAL

COMMITTEE ADDRESS

4904 Giordano Way, Fort Worth, TX 76244

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Todd Walker

COMMITTEE CAMPAIGN TREASURER ADDRESS

4904 Giordano Way, Fort Worth, TX 76244

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4770.87
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4770.87
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3653.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 3653.71
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1117.16
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

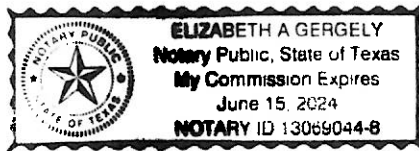
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sandi Walker*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Sandi Walker this the 29th day of April,

2022, to certify which, witness my hand and seal of office.

*Elizabeth A. Gergely*  
Signature of officer administering oath

Elizabeth A. Gergely  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4770.87
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3653.71
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

[Reset Form](#)

[Reset Page](#)



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2022	5 Full name of contributor out-of-state PAC (ID# _____) Carey Page 6 Contributor address; City; State; Zip Code 1467 Highland Court, Keller Texas 76262	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) M.D.F.A.C.S		9 Employer (See Instructions)
Date 4/14/2022	Full name of contributor out-of-state PAC (ID# _____) Brittany Platz Contributor address; City; State; Zip Code 8126 Rio Vista Ct, NRH, Texas 76182	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2022	Full name of contributor out-of-state PAC (ID# _____) Joseph Coker Contributor address; City; State; Zip Code 1225 Melissa Dr, Keller, Texas 76262	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 4/19/2022	Full name of contributor out-of-state PAC (ID# _____) Andrea Pierce Contributor address; City; State; Zip Code 1804 Meadowlark Dr, Keller, Texas 76248	Amount of contribution (\$) 50.00
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.

**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Todd Walker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/21/2022	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) Dana McCaleb <b>6</b> Contributor address; City; State; Zip Code 605 Meandering Woods, Keller, Texas 76248	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions) homemaker		<b>9</b> Employer (See Instructions)
Date 4/21/2022	Full name of contributor out-of-state PAC (ID# _____) Angela Matthews Contributor address; City; State; Zip Code Keller, Texas 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 3/6/2022	5 Full name of contributor Peter Ure <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$) 51.99
6 Contributor address; City; State; Zip Code 9305 Shields Street, Fort Worth, TX 76244		

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

Date 3/6/2022	Full name of contributor Erica Unger <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 103.48
Contributor address; City; State; Zip Code 9005 McFarland Way, Fort Worth, TX 76244		

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*self employed*

Date 3/2/2022	Full name of contributor Erica Unger <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 9005 McFarland Way, Fort Worth, TX 76244		

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*self employed*

Date 2/28/2022	Full name of contributor Todd Walker <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4904 Giordano Way, Fort Worth, TX 76244		

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*Engineer*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME  
Todd Walker 3 Filer ID (Ethics Commission Filers)

4 Date 3/6/2022	5 Full name of contributor Barbara Luzeiro	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 206.46
6 Contributor address; City; State; Zip Code 801 s Main Street, Keller, TX 76248			

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

Date 3/6/2022	Full name of contributor Mary McWherter Payne	out-of-state PAC (ID# _____)	Amount of contribution (\$) 21.10
Contributor address; City; State; Zip Code 5409 High Desert Pl NE, Albuquerque, NM 87111			

Principal occupation / Job title (See Instructions)  
*Retired* Employer (See Instructions)

Date 3/6/2022	Full name of contributor Gail Kent	out-of-state PAC (ID# _____)	Amount of contribution (\$) 21.10
Contributor address; City; State; Zip Code 130 County Road, Mineola, TX 73773			

Principal occupation / Job title (See Instructions)  
*Retired* Employer (See Instructions)

Date 3/6/2022	Full name of contributor Lilia Grelard	out-of-state PAC (ID# _____)	Amount of contribution (\$) 51.99
Contributor address; City; State; Zip Code 10608 Crawford Farms, Keller, TX 76244			

Principal occupation / Job title (See Instructions)  
*Dental hygentist* 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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Todd Walker

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/2022

5 Full name of contributor

Larry L Chapman, P.A.

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

7206 Covewood Drive, Garland, TX 75044

8 Principal occupation / Job title (See Instructions)

*retired*

9 Employer (See Instructions)

Date

3/6/2022

Full name of contributor

Tia Wasik

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

31.40

Contributor address;

City;

State;

Zip Code

421 Beverly Dr, Keller, TX 76248

Principal occupation / Job title (See Instructions)

*self employed*

Employer (See Instructions)

Date

3/6/2022

Full name of contributor

Timothy Kempka

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

103.48

Contributor address;

City;

State;

Zip Code

907 Santa Cruz Drive, Keller, TX 76248

Principal occupation / Job title (See Instructions)

*Business*

Employer (See Instructions)

Date

3/6/2022

Full name of contributor

Rick Ernzen

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2037 Coventry Ct, Keller, TX 76262

Principal occupation / Job title (See Instructions)

*Business*

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
Todd Walker

3 Filer ID (Ethics Commission Filers)

4 Date  
3/9/2022

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Shari Redd

7 Amount of contribution (\$)  
21.10

6 Contributor address; City; State; Zip Code  
998 Post Oak Rd, Keller, TX 76248

8 Principal occupation / Job title (See Instructions)  
*none*

9 Employer (See Instructions)

Date  
3/9/2022

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Kathy Hamilton

Amount of contribution (\$)  
103.48

Contributor address; City; State; Zip Code  
4309 Round Valley Lane, Roanoke, TX 76262

Principal occupation / Job title (See Instructions)  
*Realtor*

Employer (See Instructions)

Date  
3/8/2022

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Rosemary Knox

Amount of contribution (\$)  
360.92

Contributor address; City; State; Zip Code  
P.O.Box 2084, Basalt, TX 81621

Principal occupation / Job title (See Instructions)  
*Self Employed*

Employer (See Instructions)

Date  
3/8/2022

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
Mike Robertson

Amount of contribution (\$)  
26.25

Contributor address; City; State; Zip Code  
1212 Cross Timber, Southlake, TX 76092

Principal occupation / Job title (See Instructions)  
*Self employed*

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Todd Walker		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/2022	5 Full name of contributor out-of-state PAC (ID# _____) Donna Cobb ..... 6 Contributor address; City; State; Zip Code 707 W LD Lockett Rd, Colleyville, TX 76034	7 Amount of contribution (\$)  2000.00
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date 3/31/2022	Full name of contributor out-of-state PAC (ID# _____) Clayton Chapman ..... Contributor address; City; State; Zip Code 6508 Eagle Nest Drive, Garland, TX 75044	Amount of contribution (\$)  21.10
Principal occupation / Job title (See Instructions) <i>Convenience Store Manager</i>		Employer (See Instructions)
Date 3/21/2022	Full name of contributor out-of-state PAC (ID# _____) Andrew Donlon ..... Contributor address; City; State; Zip Code 904 Venice Avenue, Southlake, TX 76092	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2022	Full name of contributor out-of-state PAC (ID# _____) Jill Hand ..... Contributor address; City; State; Zip Code 8316 Southridge Ct, North Richland Hills	Amount of contribution (\$)  103.48
Principal occupation / Job title (See Instructions) <i>homemaker</i>		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.

**Reset Form**

**Reset Page**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Todd Walker</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Holly Coker</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>1323 Briar Ridge Dr, Keller, TX 76244</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/5/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Micah Young</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1521 Spanish Bay Dr., Keller, TX 76244</b>	
Principal occupation / Job title (See Instructions) <i>self employed</i>		Employer (See Instructions)
Date <b>4/4/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jennifer Banning</b>	Amount of contribution (\$) <b>10.80</b>
	Contributor address; City; State; Zip Code <b>11501 Maddie Ave, Fort Worth, TX 76244</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/30/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Doug Taylor</b>	Amount of contribution (\$) <b>77.74</b>
	Contributor address; City; State; Zip Code <b>4024 Vernon Way, Fort Worth, TX 76244</b>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		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**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Todd Walker	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	------------------------------------	--

<b>4</b> Date 4/4/2022	<b>5</b> Payee name Edgerton Strategies, LLC
---------------------------	---

<b>6</b> Amount (\$) 3417.18	<b>7</b> Payee address; 1540 Keller Parkway #108-402, Keller, TX 76248	City;	State;	Zip Code
---------------------------------	---	-------	--------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing expense	<b>(b)</b> Description signs, push cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/22/2022	Payee name Edgerton Strategies, LLC
-------------------	--

Amount (\$) 236.53	Payee address; 1540 Keller Parkway #108-402, Keller, TX 76248	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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
-------------	----------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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