Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 PAGE# The JC/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) 1 of 11 CANDIDATE / MS/MRS/MR FIRST ΜI OFFICE USE ONLY OFFICEHOLDER Carey NAME Date Received NICKNAME LAST SUFFIX Walker ADDRESS / PO BOX; APT / SUITE #; CITY: CANDIDATE / STATE; ZIP CODE 0 OFFICEHOLDER MAILING Date Hand-delivered or Date Postmarked **ADDRESS** Change of Address Receipt # Ampunt CAMPAIGN MS/MRS/MR FIRST МІ Date Processed ្មា TREASURER Mr. Carey NAME Date Imaged NICKNAME LAST SUFFIX Walker CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE: ZIP CODE TREASURER ADDRESS (Residence or business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 9 PERIOD Month Day Year Month Day Year COVERED **THROUGH** 01/24/2014 02/22/2014 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day X Primary Runoff General Special 03/04/2014 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Judge, County Criminal Court

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Walke	er, Carey (Mr.)		14 ACCOUNT # (E	thics Commission filers)	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the calculut the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME DFW Conservative Voters PAC	ELECTION	7214	
	GENERAL .	COMMITTEE ADDRESS P.O. Box 173065 Arlington, TX 76003	\$50 \$50 \$50	18 Z4	
☐ additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Lane, Stuart		3 30	
	COMMITTEE CAMPAIGN THEASURER ADDRESS P.O. BOX 173065 Arlington, TX 76003		C ₂	55	
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,300.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$	32,027.93	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25,				
17 AFFIDAVIT					
		I swear, or affirm, under penalty	of perjury, that the acc	companying report	



is true and correct and includes all information required to be reported by me undenTitle 15, Election Co

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the	e said .	Carey	F. Walker	, this the	24	_ day
4 Falan 1010 4 1011	ما ما اما اما اما ا) 			

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

Signature of officer administering oath Print name of officer administering oath Title of officer administering oath Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 1/3 Report: 3/11		
2 FILER NAME	ER NAME Walker, Carey (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
4 Date 02/05/2014	5 Full name of contributor out-of-state PAC (ID#) Ballard, Jack 6 Contributor address; City; State; Zip Code 3419 Nottingham Street Houston, TX 77005		7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) \$100.00		
9 Contributor's a	principal occupation	10 Contributor's job Attorney	title		
11 Contributor's 6 Ballard & Lit		12 Law firm of contr	ributor's spouse (if any)		
13 If contributor i	s a child, law firm of parent(s) (if any)				
Date Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable) \$500.00			
			(If travel outside of Texas, complete Schedule T)		
Contributor's p	principal occupation	Contributor's job Attorney	title		
Contributor's de Harris & Cod	employer / law firm ok	Law firm of conti	Law firm of contributor's spouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)				
Date 02/12/2014	Full name of contributor	<u>* </u>	Amount of In-kind contribution description (if applicable) \$100.00 (If travel outside of Texas complete Schedule 1)		
N N					
Contributor's Attorney	principal occupation	Contributor's job Attorney	1 3 30		
	employer / law firm ith & Jennings, PC	Law firm of cont Self Employed	ributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Lucrousers	Cupr cynleine how to complete this form		1 PAGE#		
The Instruction Guide explains how to complete this form.			Schedule: 2/3 Report: 4/11		
2 FILER NAME	NAME Walker, Carey (Mr.)		3 ACCOUNT # (E	Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID#) Dussault, Henri		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/24/2014	6 Contributor address; City; State; Zip Code 8005 Gulfwind Court Fort Worth, TX 76123		\$100.00 	_	
			(If travel outside of 1	Texas, complete Schedule T)	
9 Contributor's p Attorney	orincipal occupation	10 Contributor's job Attorney	title		
11 Contributor's e Brackett & E		12 Law firm of contr	ributor's spouse (if an	у)	
13 If contributor is	s a child, law firm of parent(s) (if any)			1.1	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/30/2014	Contributor address; City; State; Zip Code 5924 Cypress Point Drive Fort Worth, TX 76132		\$500.00 		
	,		(If travel outside of 1	Texas, complete Schedule T)	
Contributor's p	principal occupation	Contributor's job Attorney	title		
Contributor's e Kelly, Hart &	employer / law firm Hallman	Law firm of conti	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)		w	FF 72	
Date	Full name of contributor	4	Amount of	n-kind contribution	
Date	McDonald Sanders	,	contribution (\$)	description (if applicable)	
02/14/2014	Contributor address; City; State; Zip Code 777 Main Street Suite 1300		\$250.00	IILED III CUI 24 PM 26 RABBO	
	Fort Worth, TX 76102		(If travel outside of	Texas, complete Schedule T)	
Contributor's p	orincipal occupation	Contributor's job	title	16 6	
Contributor's employer / law firm		Law firm of cont	ributor's spouse (if an	ny)	
If contributor is	s a child, law firm of parent(s) (if any)		-		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 PAGE #			
				Schedule: 3/3 Report: 5/11		
2 FILER NAME	R NAME Walker, Carey (Mr.)		3 ACCOUNT # (Ethics Commission filers)			
4 Date	-	Patterson, Michael 6 Contributor address; City; State; Zip Code 2310 W Interstate 20 Suite 100 Arlington, TX 76017		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/05/2014	2310 W Interstate 20 Suite 100			\$500.00	.	
9 Contributor's p	Drincipal occupation	10 Contributor's job Attorney				
11 Contributor's e Law Office o	employer / law firm f Michael Patterson	12	Law firm of contr	ibutor's spouse (if a	ny)	
13 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/01/2014	Contributor address; City; State; Zip Code 2707 Park Run Drive Arlington, TX 76016	rk Run Drive		\$150.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Contributor's p	principal occupation		Contributor's job Attorney	title	1.7.1.	
Contributor's e Harrison Ste	employer / law firm ck, PC		Law firm of contributor's spouse (if any) Shannon Gracey Ratliff & Miller			
If contributor i	s a child, law firm of parent(s) (if any)			**************************************	TARRA 2014 FE	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind geatribution description (# applicable)	
02/15/2014	Contributor address; City; State; Zip Code 401 West Belknap Fort Worth, TX 76196			\$100.00	5. Texas, complete Schedule T)	
Contributor's principal occupation Court Reporter			Contributor's job Court Reporter			
Contributor's employer / law firm Tarrant County, Texas			Law firm of contr	ributor's spouse (if a	ny)	
If contributor is a child, law firm of parent(s) (if any)						

Texas Ethics Commission	P.O. Box 12070 Austin, Texas 787	711-2070	(512)4	63-5800 TDD 1-800-735-2989
LOANS (J	UDICIAL)		S	SCHEDULE E (J)
The Instruction Gui	DE explains how to complete this form.		1 PAGE # Schedule: 1/1	Report: 6/11
2 FILER NAME Wa	lker, Carey (Mr.)		3 ACCOUNT # (E	thics Commission filers)
4 TOTA	L OF UNITEMIZED LOANS: ⇔⇔	\$		\$
5 Date of loan 02/14/2014	7 Name of lender	ut-of-state PAC(ID#)	9 Loan Amount (\$) \$25,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip of 2501 Parkview Drive	Code		10 Interest rate
No	Suite 123 Fort Worth, TX 76102			11 Maturity date
12 Lender's Principal Oc Attorney	ccupation	13 Lender's Job Title Attorney	•	
14 Lender's Employer/L Law Office of Carey	aw Firm F. Walker	15 Law Firm of lende	er's spouse (if any)	
16 If lender is child, law	firm of parent(s) (if any)			
17 Description of Collate	eral	18 Check if personal	funds were deposite	ed into political account
☑ none		⊠		
19 GUARANTOR INFORMATION INFORMATION	20 Name of guarantor 21 Guarantor address; City; State; Zip			22 Amount Guaranteed (\$)
23 Guarantor's Principa	l Occupation	24 Guarantor's Job	Γitle	
25 Guarantor's Employe	er/Law Firm	26 Law Firm of guara	antor's spouse (if any	()
27 If guarantor is child,	law firm of parent(s) (if any)			- NA - 1-2-
				TARRANT COUNTY 2014 FEB 24 PM 5: 16 STEVE RABORN ELECTIONS ADMINISTRATOR

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Gifts/Awards/Memorial Expense Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ood/Beverage Expense Travel In District Travel Out Of District Event Expense Polling Expense Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Walker, Carey (Mr.) Schedule: 1/5 Report: 7/11 Payee name Date Allen, Cristel 02/04/2014 City; State; Zip Code 6 Amount (\$) Payee address 908 County Road 914 A Burleson, TX 76028 \$56.00 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Salaries/Wages/Contract Labor Event expense OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Axtheim, Hana 02/04/2014 Payee address Amount (\$) City; State; Zip Code 1300 Goforth Road \$56.00 Benbrook, TX 76126 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Event labor OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Campaign Partners 02/11/2014 Payee address City; State: Zip Code Amount (\$) \$29.00 16 Dudley Street Fitchburg, MA 01420 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Website OF EXPENDITURE Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Pavee name Campaign Partners 02/14/2014 Payee address City; State; Amount (\$) Zip Code 5 734 77 16 Dudley Street \$29.00 1 Fitchburg, MA 01420 20 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense website C3 O **EXPENDITURE**

Office held:

Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (ent	ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/5 Re	Mallen Canal (Ma)		
4 Date	5 Payee name	4.04	
02/04/2014	Designer Graphics		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$160.13	12404 Frankston Hwy Tyler, TX 75703		
8	(a) Category (See Categories listed at the top of this schedule)	1. (de of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	printingn of signs	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Catholicate / Childer Floride	Office sought.	Office field.
Date	Payee name		
02/14/2014	Designer Graphics		
Amount (\$)	Payee address City; State; Zip Code		
\$4,867.80	12404 Frankston Hwy Tyler, TX 75703		
	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
PURPOSE OF	Loan Repayment/Reimbursement	Printing Signs	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/14/2014	Mail Chimp		
Amount (\$)	Payee address City; State; Zip Code		
\$50.00	512 Means Street		
+	Suite 404 Atlanta, GA 30318		**
PURPOSE	Category (See Categories listed at the top of this schedule)	•	de of Texas, complete Schedere T)
OF	Solicitation/Fundraising Expense	Online messaging distrib	010 54 m 2
EXPENDITURE	·		2 B 27
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / Officeriolider frame	Onice Sought.	1 -57° (D11
to benefit C/OH			25 2 PC
Date	Payee name		इंट का ह
02/04/2014	Morales, Melissa		
Amount (\$)	Payee address City; State; Zip Code		53 0
\$56.00	1920 Paloma Way Arlington, TX 76006		5
			·
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Event expense	
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

		The Instruction Guide explains ho	w to complete this form	n.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)	
Schedule: 3/5 Re		Walker, Carey (Mr.)			
4 Date	5 Payee name	deate -			
02/13/2014	One-Stop Printing				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$7,169.46	611 University Fort Worth,				
	, 0,1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	17 70107			
8	(a) Category (Ser	e Categories listed at the top of this schedule)	(b) Description (1	If travel outside of Texas, complete Schedule T)	
PURPOSE		Fundraising Expense	Postage	- Have, Galacta St. 19180, Galacta and Carlotta St. 19180	
OF EXPENDITURE		· .			
9 Complete ONLY if direct expenditure	Candidate / Of	fficeholder name	Office sough	ht: Office held:	
to benefit C/OH	1				
Date	Payee name				
02/13/2014	One-Stop Pr	inting			
Amount (\$)	Payee address	s City; State; Zip Code	<u> </u>		
\$4,791.95	611 Universi	ty Drive			
• •	Fort Worth,	TX 76107			
	2 1 1 2 2		D satisfies (1)		
PURPOSE	1 ,	e Categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T)	
OF	Printing Expe	ense	Push cards		
EXPENDITURE	1				
Complete ONLY if	Candidate / O	fficeholder name	Office sough	ht: Office held:	
direct expenditure to benefit C/OH	1				
Date	Payee name				
02/14/2014	One-Stop Pri	intina		20 ELE BY:	
Amount (\$)	Payee address				
\$799.03	1	••		Ęω π ⊃	
φ/ 33.00	Fort Worth,			कं क _{इस्ति}	
				2 T	
	1	e Categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule (F)	
PURPOSE	Printing Expe	oneo		the state of the s	
EXPENDITURE		ense	Push cards		
		ense	Push cards	PA 5	
Complete ONLY if	Condidate / Ot				
Complete ONLY if direct expenditure	Candidate / Of	fficeholder name	Push cards Office sough		
	Candidate / O			ht: © Office Treld: <	
direct expenditure to benefit C/OH Date	Payee name	fficeholder name		ht: © Office Treld: <	
direct expenditure to benefit C/OH Date 02/20/2014	Payee name One-Stop Pri	fficeholder name		ht: © Office Treld: <	
direct expenditure to benefit C/OH Date 02/20/2014 Amount (\$)	Payee name One-Stop Pri Payee address	rinting s City; State; Zip Code		ht: © Office Treld: <	
direct expenditure to benefit C/OH Date 02/20/2014	Payee name One-Stop Pri Payee address 611 Universit	rinting s City; State; Zip Code		ht: © Office Treld: <	
direct expenditure to benefit C/OH Date 02/20/2014 Amount (\$)	Payee name One-Stop Pri Payee address	rinting s City; State; Zip Code		ht: © Office Treld: <	
direct expenditure to benefit C/OH Date 02/20/2014 Amount (\$)	Payee name One-Stop Pri Payee address 611 Universit Fort Worth,	rinting s City; State; Zip Code ity Drive TX 76107	Office sough	ht: g Office held: <	
Date 02/20/2014 Amount (\$) \$7,398.99	Payee name One-Stop Pri Payee address 611 Universit Fort Worth, Category (See	rinting s City; State; Zip Code	Office sough	ht: © Office Treld: <	
Date 02/20/2014 Amount (\$) \$7,398.99	Payee name One-Stop Pri Payee address 611 Universit Fort Worth, Category (See	rinting s City; State; Zip Code ity Drive TX 76107 e Categories listed at the top of this schedule)	Office sough	ht: g Office held: <	
Date 02/20/2014 Amount (\$) \$7,398.99	Payee name One-Stop Pri Payee address 611 Universit Fort Worth, Category (See Solicitation/F	rinting s City; State; Zip Code ity Drive TX 76107 e Categories listed at the top of this schedule) Fundraising Expense	Office sough	ht: g Office held: <	
Date 02/20/2014 Amount (\$) \$7,398.99	Payee name One-Stop Pri Payee address 611 Universit Fort Worth, Category (See Solicitation/F	rinting s City; State; Zip Code ity Drive TX 76107 e Categories listed at the top of this schedule)	Office sough	of travel outside of Texas, complete Schedule T)	

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees CAI Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

rees	Printing Expense Office Overhead/Re The Instruction Guide explains how		er a category not listed above)
1 PAGE#	2 FILER NAME	to complete this form.	3 ACCOUNT # (TEC filers)
Schedule: 4/5 Re	TATALISM COMMING (MAIN)		3 ACCOUNT # (FECTIVEIS)
4 Date	5 Payee name		<u> </u>
02/20/2014	One-Stop Printing		
6 Amount (\$)	7 Payee address City; State; Zip Code	841 F. 281 L	
\$5,069.17	611 University Drive		
ψ5,003.17	Fort Worth, TX 76107		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Push Cards	
EXPENDITURE			
a Consider ON Vit	Candidate / Officeholder name	Office cought:	Office held:
9 Complete ONLY if direct expenditure	Candidate / Officeriolder name	Office sought:	Office field.
to benefit C/OH			
Date	Payee name		
01/24/2014	PayPal		
Amount (\$)	Payee address City; State; Zip Code		
\$6.40	2211 North First Street		
	San Jose, CA 95131		
		T 8	
PURPOSE	Category (See Categories listed at the top of this schedule)	1	e of Texas, complete Schedule T)
OF	Fees	Charges/Fees incurred in	online payment processing
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	
Date	Payee name		
02/04/2014	Pfafff, Abby Payee address City; State; Zip Code	1	2 57
Amount (\$)	• • • • • • • • • • • • • • • • • • • •		26
\$56.00	2216 Ridgedale Drive Arliington, TX 76013	1 m	2 3
			age A ag
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedute T)
PURPOSE	Salaries/Wages/Contract Labor	Event expense	
OF EXPENDITURE		* :	= - Sm
		I e la	ಹಾಣ 😽 ಾಗ
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			3
Date	Payee name		20 3
02/04/2014	TXGOP	,	
Amount (\$)	Payee address City; State; Zip Code		
\$175.00	2405 Gravel Drive		
	Fort Worth, TX 76118		
PURPOSE	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Event Expense	Lincoln Day Dinner table	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Salisato / Silisation hallo	30dg.m	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME 2 Walker, Carey (Mr.) Schedule: 5/5 Report: 11/11 5 Payee name Date 01/29/2014 U.S.P.S. Payee address City; State; Zip Code 6 Amount (\$) 1145 Santa Fe Drive \$272.00 Weatherford, TX 76086 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Solicitation/Fundraising Expense Postage EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held: Payee name Date U.S.P.S. 02/08/2014 Payee address City: State: Zip Code Amount (\$) 1009 Oakwood Lane \$952.00 Arlington, TX 76012 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name U.S.P.S. 02/13/2014 Payee address City; State; Zip Code Amount (\$) \$34.00 251 W Lancaster Avene Fort Worth, TX Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Postage OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH 833