		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1			
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Jeremiah	MI	OFFICE USE ONLY			
	NICKNAME	McClure	SUFFIX	RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	100 Nation 10 to 100 Nation 100 N	CITY: STATE: ZIP CODE 1, TX 75032	APR 03 2024			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Dale Hand-delivered or Date Postmarked 04-03-2014			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
NAME	NICKNAME	John LAST Walker	SUFFIX	Date Imaged (VI-2014			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT / SL		STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15	30th day before el	ļ.	15th day efter campaign treasurer appointment (Officeholder Only)			
44 DEDIOD	i July 15	Bin day before elec	Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 3		THROUGH 4	/ 2 / 24			
# ELECTION	Month Day	Year Primary 24 General	Runoff Other Description				
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (# known) Mayor				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN WADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR MEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTIES	COMMITTEE TYPE	COMMITTEE NAME		/			
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME				
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS				
0		GO TO F	PAGE 2				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Jeremiah McClure 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$ 2,000.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 0.00 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ 7,229.19 TOTAL POLITICAL EXPENDITURES CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00 \$ BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: Krystale West My Commission Expires 9/26/2026 (1) Affidavit Notary ID128654226 NOTARY STAMP/SEAL Sworm to and subscribed before me by <u>Jevenuan McCluve</u> this the 31 to certify which, witness my hand and seal of office. Knystale Wist Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is _ _, and my date of birth is _ My address is _ (city) (state) (zip code) (street) (country) _____ County, State of ___ ___, on the _ Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 J(FILER NAME John Walker 20 Filer ID (Ethics Con					
21		ULE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		s	2,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
Э.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	H	SCHEDULE E: LOANS				
5.	11	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0.00	
8.	=	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s	0.00	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
В.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	7,229.19	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	s	7,229.19	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$	0.00		
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0.00	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule At: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John Walker 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (i3: Ken and Nancy Archibald 03/21/2024 1,000.00 6 Contributor address; State: Zip Code 101 Mont Blanc Drive Heath, TX 75032 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO Archibald & Associates Full name of contributor qui-of-state PAC (ID#-____ Date Amount of contribution (\$) John and Amanda Walker 04/02/2024 1,000.00 Contributor address: State; Zip Code Heath, TX 75032 Employer (See Instructions) Principal occupation / Job title (See Instructions) President The Insurance Exchange Date Full name of contributor out-of-state PAC (IDS Amount of contribution (5) Contributor address; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) territor process constraints and account of State; Zip Code Contributor address: City: 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.

SCHEDULE F4

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

	EAP	ENDITOREGA	TEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po	de By Gift/Award	Severage Expense Politing Printing		epayment/Reimbursement Overhead/Rental Expense Expense Expense sWages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out of District Other (enter a category not listed above)	
The Instructio	n Guide explains how to co	omplete this form.		USE A NEW PAGE FO	R EACH CREDIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4: 5	2 FILER NAME John Walker				3 FILER ID (Ethlcs Commission Filers	
4 TOTAL OF UNITEMIZED EX	KPENDITURES CHARGED TO A	CREDIT CARD			5 6,639.76	
5 CREDIT CARD ISSUER	Name of financial institut	tion				
6 PAYMENT	(a) Amount Charged	ure Charged	(c) Date(s) Credit Card (ssuer Paid		
	\$ 6,639.76	03/19/2	2024	March 19, 2024	4	
7 PAYEE	(a) Payee name (b) I			(b) Payee address; City, State, Zip Code		
	Bank of Ar	nerica	100 N T	100 N Tyron St Charlotte, NC 28255		
8 PURPOSE OF	(a) Category (See Categories II	stad at the top of this sche	dulel	(b) Description		
EXPENDITURE	Advertising Expens		1,000 yard sig	ıns		
Political Non-Political	(c) Check if travel out	side of Texas, Complet	e Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY If direct	Candidate / Officeholder name			fice Sought	Office Held	
expenditure to benefit C/OH	Jeremiah McCl	ure	M	ауог	n/a	
PAYMENT	(a) Amount Charged	ure Charged	(c) Date(s) Credit Card I	ssuer Paid		
	\$ 4,155.06 02/20/2		2024 March 19, 2024			
PAYEE	(a) Payee name Super Chea	ap Signs	(b) Payee ad 9200 W	100000000-1-01	City, State, Zip Code uite 100 Austin, TX 78758	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			(b) Description		
EXPENDITURE Political	Advertising Expens			T Shirts		
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder r Jeremiah McCl			fice Sought ayor	Office Held n/a	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	ssuer Paid	
	\$ 769.10	02/26/2	2024	March 19, 202	4	
PAYEE	5 Boys App	parel	(b) Payee ad 113 Jet	•	City, State, Zip Code 1adison, AL 35758	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis		(c/e)	(b) Description		
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Checkif	Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct appenditure to benefit C/OH	Candidate / Officeholder r	ame	ОН	ice Sought	Office Held	

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SCHEDULE F4

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

ii the requested intoll	mation is not applical	ole, DO NOT II	iciude ini	s page in the repor	L	
	EXP	ENDITURE CA	TEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli	Foes Food/Bev GifVAwars	Event Expense Fass Food/Beverage Expense Git/Navards/Mamorials Expense Legal Services		ppgrrent/Roimbursament hremead/Rental Expense Expense Expenso //Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expent Travel In District Travel Out of District Other (enter a category not listed above)	
The Instruction	Guide explains how to co	omplete this form.		USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4:	John Walker	3 FILER ID (Ethics Commission Filers				
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			5 6,639.76	
S CREDIT CARD ISSUER	Name of financial institution Bank of America					
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit Card Iss	uer Paid	
	\$ 6,639.76	03/19/2	2024	March 19, 2024		
7 PAYEE	(a) Payee name		(b) Payee ad	dress; C	City, State, Zip Code	
	Bank of Ar	nerica	100 N T	yron St Charlotte	e, NC 28255	
8 PURPOSE OF	(a) Category (see Categories II	sted at the top of this sche	dule)	(b) Description		
EXPENDITURE Political	Advertising Expens	se		Door Hangers		
Non-Political	(c) Check if travel out	tside of Texas, Complet	e Schedule T.	Check if Aust	tin, TX, afficeholder living expense	
9 Complete ONLY If direct	Candidate / Officeholder	name	Of	lice Sought	Office Held	
expenditure to benefit C/OH	Jeremiah McClure Mayor					
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged 9 245.51 02/21/2024			(c) Date(s) Credit Card Iss	uer Pald	
				March 19, 2024		
PAYEE	(a) Payee name	1	(b) Payee ad	dress; C	ity, State, Zip Code	
	Vista Print		275 Wy	man St Walthan	n, MA 02451	
PURPOSE OF	(a) Category (See Categories Ik	sted at the top of this sche	dule)	(b) Description		
EXPENDITURE Political	Adverting Expense	•		Website		
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T	Check if Aus	tin, TX, afficeholder living expense	
Complete ONLY If direct	Candidate / Officeholder		Off	ice Sought	Office Held	
expenditure to benefit C/OH	Jeremiah McCl	ure	M	ayor		
PAYMENT	(a) Amount Charged (b) Date Expenditure Charge					
	s 139.98 02/23/2024			March 19, 2024		
PAYEE	(a) Payee name (b) Payee ac					
	GoDaddy 2150 E			Warner Rd Tempe, AZ 85284		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description		
Political						
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder of	name	Off	lce Sought	Office Held	
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED	
		1.			Revised 1/1/2024	
orms provided by Texas Ethi	cs Com Reset	Form	cs s	Reset Page	Revised 1/1/2024	

SCHEDULE F4

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

Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Danations Mac Candidate/Officeholder/Po	Event Exp Fees Food/Bev de By Gift/Award litical Committee Legal Sen	enso orage Expense ds/Memorials Expense vices	Loan Re Office C Polling I Printing	payment/Reimbursament werhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Diher (enter a category not listed above)	
	n Guide explains how to co	omplete this form.		USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER	
1 TOTAL PAGES 2 FILER NAME SCHEDULE F4: John Walker					3 FILER ID (Ethics Commission Filers	
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$ 6639.76	
5 CREDIT CARD ISSUER	Name of financial Institution Bank of America					
6 PAYMENT	(a) Amount Charged	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Iss			suer Paid	
	5 6,639.76	03/19/2	2024	March 19, 2024		
7 PAYEE	(a) Payee name	*	(b) Payee ac	dress;	City, State, Zip Code	
	Bank of Ar	nerica	100 N T	yron St Charlott	e, NC 28255	
8 PURPOSE OF	(a) Category (See Categories it	ited at the top of this sche	dula)	(b) Description		
EXPENDITURE	Advertising Expens	se		(4) Large Outd	loor Banners	
Political Non-Political	V VERISIONED			Check If Aus	itin, TX, officeholder living expense	
9 Complete ONLY II direct	Candidate / Officeholder name O			fice Sought	Office Held	
expenditure to benefit C/OH	Jeremiah McCl	ure	M	ayor	n/a	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit Card Is:	suer Paid	
	\$ 391.07 02/22/2		024 March 19, 2024			
PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code Vista Print 275 Wyman Street Waltham, MA 02151					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			(b) Description		
EXPENDITURE Political	Advertising Expens		Hats for Volunt	eers		
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T	Check if Au	stin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder of Jeremiah McCl			Office Sought Office Held Mayor n/a		
PAYMENT	(a) Amount Charged	(b) Date Expendit	ire Charged	(c) Date(s) Credit Card Iss	uer Paid	
	s 567.66 02/09/2024			March 19, 2024		
PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code			
	Custom Ink 3839 M			cKinney Avenue	#135 Dallas, TX 75204	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sche-	iule)	(b) Description		
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T	Check if A	ustin, TX, cfficeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought	Office Held	
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED	

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SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Sobotation/Fundraising Expense Transportation Equipment & Relative In District Loan Repayment/Roimbursoment Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Gulde explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: John Walker 6,639.76 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD ISSUER Bank of America (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (a) Amount Charged 6 PAYMENT \$ 6,639.76 03/19/2024 March 19, 2024 (a) Payee name (b) Payee address; 7 PAYEE State. Zip Code Bank of America 100 N Tyron St Charlotte, NC 28255 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description EXPENDITURE Advertising Expense 50 Hats Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office Sought Candidate / Officeholder name Office Held 9 Complete ONLY If direct expenditure to benefit C/OH Jeremiah McClure Mayor (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid (a) Amount Charged PAYMENT \$ 371.38 02/28/2024 March 19, 2024 PAYEE (a) Payee name (b) Payee address; State, Zip Code 14550 Beechnut Street Houston, TX 77083 Netbrands Media (b) Description PURPOSE OF (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Political Non-Political Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY If direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYMENT \$ PAYEE (a) Payee name (b) Payee address; State, Zip Code (b) Description PURPOSE OF (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Γ., Political Non-Political Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office Sought Office Held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F4

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O3/21/ America ories listed at the top of this scholense el outside of Texas Completider name cClure (b) Date Expendit	(b) Payee at 100 N 1 redule) ete Schedule T. Of N ture Charged	March 26, 2024 ddress; Fyron St Charlott (b) Description (8) 48" x 48" S Check if Austrice Sought layor (c) Date(s) Credit Card issues the second sec	City, State, Zip Code te, NC 28255 Signs stin, TX, officeholder living expense Office Held	
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(b) Date Expendit	V ture Charged	(c) Date(s) Credit Card (se	suer Paid	
03/21/2	2024	March 26, 2024	1	
		Proposition and a second of the second of the	•	
eap Signs	(b) Payee at 9200 V		City, State, Zip Code BIvd #100 Austin,TX 78758	
ories listed at the top of this sco	edule)	(b) Description		
(C) Check if travel outside of Texas. Complete Schedule T. Check if Austi			stin, TK, officeholder living expense	
Candidate / Officeholder name Office Sought			Office Held	
(b) Date Expendit	ture Charged	(c) Date(s) Credit Card Iss	suer Paid	
	(b) Payee ad	Idress; C	City, State, Zip Code	
(a) Category (See Categories listed at the top of this schedule)		(b) Description		
el outside of Texas. Comple	te Schedule T.	Check if Austin, TX, afficeholder living expense		
der name	Of	fice Sought	Office Held	
e	ories listed at the top of this sch	ories listed at the top of this schedule) el outsida of Texas. Complete Schedule T.	(b) Payee address; ories listed at the top of this schedule) el outside of Texas. Complete Schedule T. Check if A	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

if the requested in	formation is	not applicable, DO NOT i	nclude 1	this page in the re	eport.			
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expanse Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Peyment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin		Office Ov Polling E Printing E Salanear	Expense Wages/Confract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travol in District Travol Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
1		John Walker						
⁴ Date 03/19/2024		5 Payee name Bank of America						
6 Amount (\$) 6,639.76	7 Payee add		UC 282	City;	State;	Zip Code		
Reimbursement from political contributions intended	100 191	on Street Charlotte, N	VC 202	(33				
8 DURDOCE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description				
PURPOSE OF EXPENDITURE	Credit Card Payment BOA Credit Ca				ard Payment			
	(c) C	heck if traval outside of Texas Complete Sci	HedulaT		, TX, officeholder living e	eensq		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		niah McClure	M	Office sought	n/a	Office held		
Date 03/26/2002	Payee nam Bank of	^r America						
Amount (\$) 589,43 Reimbursement from political contributions intenced	Payee add	ress: ron Street Charlotte, N	1C 282	City; 255	State;	Zip Code		
PURPOSE OF		(See Categories listed at the top of this so and Payment	chedule)	Description BOA Credit Ca	ard Payment	٧		
EXPENDITURE	C	heck if travel outside of Texas. Complete Sch	nedule T	Check if Austin	Austin, TX, officeholder living expense			
Complete ONLY if direct	Candida	te / Officeholder name		Office sought	sought Office held			
expenditure to benefit C/C	H Jerer	niah McClure	M	layor	n/a			
Date	Payee nam	e						
Amount (\$)	Payee addr	ress;		City:	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule)	Description				
	Ch	neck if travel outside of Texas Complete Sch	ı, TX əfficeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held		
	ATTAC	LADDITIONAL CODIES OF	TUIS SI	CHERTII E AS MEEN	ED			