ALL INFORMATION IS REQUIRED TO BE PR	OVIDED LINI E	SS IMPLICATED OF	TIONAL	Sec	:00fi 141.051,	, Chapters 145 and	1/2017
APPLICATION FOR A PLACE				May 2021	GENER	AL ELECTIC	ON BALLOT
TO: City Secretary/Secretary of Board		· · · · · · · · · · · · · · · · · · ·	**************************************		•		
I request that my name be placed on the	above-name	d official ballot as	a candidate	for the office indi	cated belo	w.	
OFFICE SOUGHT (Include any place num					1	ICATE TERM	
						FULL.	
FULL NAME (First, Middle, Last)						UNEXPIRED	
FULL NAME (First, Middle, Last)			PRINT NA	ME AS YOU WANT	IT TO API	PEAR ON THE	BALLOT ¹
Robert Earl Walker, Sr.			Robert	E. Walker	٠, ٧٥.		
PERMANENT RESIDENCE ADDRESS (Do r	not include a f		PUBLIC M.	AILING ADDRESS (Campaign	mailing addre	ess, if available.)
Route. If you do not have a residence at which you receive personal mail and lo							
, .		•	i				
465 Fredrick Street			465	Fredrick St	reet		
CITY	STATE	ZIP	CITY		<u> </u>	STATE	ZIP
PUBLIC EMAIL ADDRESS (If available)	TX OCCUP	イファンし ATION (Do not lea	Bew Blank	DATE OF BIRTH		TX VOTER REG	TT7% \
Paturobertwalker @outlook.c	,	ATION (DO NOT lea	ave blank)	DATE OF BIRTH		NUMBER (
	Past	rur		07/22	/1991		
TELEPHONE CONTACT INFORMATION (C				NUOUS RESIDENC			
Home:			IN STAT	E		RRITORY FRO FICE SOUGHT	M WHICH THE
Work: 409 - 504- 2461			<u>29</u> _y	ear (s)		29 year	
Cell:			_			_	
If using a nickname as part of your name	to appear on	the ballot, you ar		onth(s)	the follow	<u> </u>	
that my nickname does not constitute a	slogan nor c	loes it indicate a	political, ec	_		_	
commonly known by this nickname for a	t least three y	ears prior to this	election.				
Before me, the undersigned authority, or	n this day pers	sonally appeared	(name) <u>\</u>	wort Wall	ser	, ۱	who being by me
here and now duly sworn, upon oath say	s:						
"I, (name) Robert Walke candidate for the office of City		, of	Jefr	Ferson		County,	Texas, being a
							Texas, being a astitution and laws
of the United States and of the State of This state. I have not been finally convict							
official action. I have not been determin	ed by a final j	udgment of a cou	ırt exercising	g probate jurisdicti	on to be t	otally mentall	•
partially mentally incapacitated without	the right to vo	ote. I am aware of	the nepotis	m law, Chapter 57	3, Governi	ment Code.	
I further swear that the foregoing statem	ents included	in my application	are in all th	nings true and corr	ect."		
		\mathbf{X}	` /	1 1	1/4		
		- 1	_	SIGNATURE C	E CANDID	ATE	
Sworn to and subscribed before me at	4:09	PM_, this the	4 +h day	of <u>February</u>	2 CANY		RIA-TORRES
10.0	•			<i>J</i>		Notary Pu	MEAState of Texas expires 10-16-2023
Maria Fories			MARY		TANK OF		ID 132212372
Signature of Officer Administering Oath ⁴	D CECDET : T		f Officer Adr	ninistering Oath			
TO BE COMPLETED BY CITY SECRETARY O (See Section 1.007)		OF BOARD: 04-2021		tma.t	1101	111111	7)
, , , , , , , , , , , , , , , , , , , ,	Date Re		_	Signature of Secre	tary		1

Voter Registration Status Verified \Box

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	CTA Instruct	ion Guide for detail	ed instructio	ons.	1 Total pages fil	ed:
2 CANI	DIDATE	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
IVAIVI	-	wr.	Robert		Earl	Filer ID#	
İ		NICKNAME	LAST		SUFFIX	Date Received	22 6
			Walke	C	<u>ک</u> ر.	}	C177 C177 2021 F
	DIDATE	ADDRESS / PO E	OX; APT / SUITE #;	CITY;	STATE; ZIP CODE	1	
MAII ADD	ING RESS	4215	N major E	Dr. Bewn	nent TX 77713		E BEA
						Date Hand-delivere	d or Postmarked
4 CANI PHOI	DIDATE NE	AREA CODE	PHONE NUMBER		EXTENSION	Receipt#	Amouns 1
		(409)	504-2461		•	Date Processed	
5 OFF HEL (If any	D					Date Imaged	
6 OFF SOU (If kno	GHT	ward	3				
1	ASURER	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
NAMI	E	wr.	Kinneth	Ray		Bean	۶ ٠
8 CAM	IPAIGN ASURER	STREET ADDRES	SS (NO PO BOX PLEASE);	APT / SUITE#;	CITY;	STATE;	ZIP CODE
STRI ADD	EET RESS	3906	Pine stree	+	Beaumont	TX	77703
(residenc	ce or business)						
	PAIGN	AREA CODE	PHONE NUMBER		EXTENSION		
PHO	ASURER NE	(409)	679-798	1			
10 CANI SIGN	DIDATE IATURE	l am aw	are of the Nepot	ism Law, C	hapter 573 of the T	exas Govern	ment Code.
			are of my resportion Code.	nsibility to 1	file timely reports a	as required b	y title 15 of
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					tributions	
			Jet n	lana		Feb 3,200	• 1
			Signature of Ca	ndidate		Date Sign	ed
	******		G	O TO PAG	 F 2		

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY				
Date Received	2021 FEB -4	CITY OF B		
Date Hand-dellvered or Postma	ked	CAUMON I		
Date Processed Date Imaged	0	1/1/2		

1 ACCOUNT NUMBER	2 TYPE OF FILER	
(Ethics Commission Filers)	CANDIDATE 🔀	POLITICAL COMMITTEE
	If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	if filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	, мі
(PLEASE TYPE OR PRINT)	Rev. Robert	Earl
	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	· walker	74.
4 TELEPHONE NUMBER	AREA CODE PHONE NUMBER	EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(409) 504-2461	
5 ADDRESS OF CANDIDATE	STREET / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE
(PLEASE TYPE OR PRINT)	4215 N. Major Dr. APT 804	Bewmont TRX 77713
6 OFFICE SOUGHT BY CANDIDATE (PLEASETYPEOR PRINT)	City Council word-3	
7 NAME OF COMMITTEE (PLEASETYPEOR PRINT)		
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.) FIRST	MI
TREASURER (PLEASETYPEOR PRINT)	Rev. Kenneth	Ray
,	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	Bean	\$r.

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

7 6 3, 202/

Date

l .		CEHOLDER CEREPORT			ORM C/OH HEET PG 1
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Robut	Ew\	OFFICE	USE ONLY
	NICKNAME	LAST W a/k u	suffix 2c ,	Date Received	CITY CL CITY D 2021 APR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; STATE; ZIP CODE		PR-8 A
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivere	d or Pate Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	Mr.	Kennuth	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	\$4.	STATE:	ZIP CODE
TREASURER ADDRESS (Residence or Business)	_	ine street	Beaument	TX	77703
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff		fter campaign ppointment er Only)
10 PERIOD	July 15	8th day before ele	Reporting Limit		rt (Attach C/OH - FR)
COVERED	Feb Month	Day Year	THROUGH Mar	Day Yea	
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known	•	whint
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFI	CEMOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN' RED TO REPORT THIS INFORMATION ONLY IF T	NDATE'S OR OFFICENO	DERIC KNOW! FORE OR
,	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE			· · · · · · · · · · · · · · · · · · ·
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
		GO TO	PAGE 2	-	

	TE / OFFICEHOLDER N FINANCE REPORT	CO/	FORM C/OH /ER SHEET PG 2
15 C/OH NAME		16 Filer II	O (Ethics Commission Filers)
Robut Eur	1 walker, Sr.		,
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 1870.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ O
·	4. TOTAL POLITICAL EXPENDITURES		\$ 1017.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE I OF REPORTING PERIOD	LAST DAY	\$ 17.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$ O
	Please complete either option belo		r Officeholder
(1) Affidavit NOTARY STAMP/SE/		ſ	
Sworn to and subscribed	d before me by <u>Robert Earl Walker Tr</u> this t ywhich, witness my hand and seal of office.	the	day of April,
Carelm)	4 left Carolyn G. Wright	0	arce specialisa
Signature of officer administ			Title of officer administering oath
(2) Unsworn Declarat	dion		
Mv name is	, and my date of birt	h is	
	(street) (city)	(state)	(zip code) (country)
Executed in	County, State of , on the day of (m	onth)	_, 20 (year)
	Signature of Ca	andidate/Office	eholder (Declarant)

SUBTOTALS - C/OH	F COVER S		M C/OH ET PG 3	
18 FILER NAME Robert E. Walker, Sr.	20 Filer ID (Ethics Cor	nmissi	ion Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	1370.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4. SCHEDULE E: LOANS	. SCHEDULE E: LOANS			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1017-98	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	0	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	O	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kobert Earl walker, Jr. 7 Amount of contribution (\$) out-of-state PAC (ID#: Kenneth Bear 6 Contributor address: State: Zip Code Binomat Potts St 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; State; Zip Code C00.00 550. (H to 200th Beaumont Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 20.00 Contributor address; City; State; Zip Code 77751 Beumat Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Dorn Wishy 100.00 Contributor address; City; State; Zlp Code Bowant 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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert Earl Walker, Jr. 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Hill(and Lewis 6 Contributor address; City; State; Zip Code 1570 Auburn Beaumont TK 77705 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Linda mims Contributor address; State; Zip Code _/00-00 Bearmont TY 71701 925 Schwarner St Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) August Jones 2.17.21 Contributor address; State; Zlp Code 200-00 935 Madison Becupul TX 77701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Faye Holiday 2-18-21 City; State; Zlp Code Bewarnt TX 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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Robert Walker 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Morgaret Jones 100.00 6 Contributor address; City; State; Zip Code Do Box 41544 Becamont 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) John Jones Contributor address: State; Zip Code 100.06 1670 victoria Beward Tx 17701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) vergic Cabert Contributor address: State; Zip Code 100.00 11 77725 Boumst POBOX LICY Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ V. Williams Contributor address; State; Zip Code Millington TN 38053 6029 Chandelow 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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Renneth Veuls City; State; Zip Code 100.00 Th Beaument 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 11a traylor City; Contributor address: State; Zip Code 100.40 Bearmont 77-77701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) CO.00 Contributor address: State: Zip Code Beaumont XT Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		Tiot applicable, 20 Tto	1 11101445 11			
		EXPENDITURE CAT	regories f	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gulde exp	rment/Relmbursement head/Rental Expense ense pense ages/Contract Labor omplete this form.	Solicitation/Fundralsi Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER N	<u></u>		T	3 Filer ID (Ethics	s Commission Filers)
		rt walker				•
4 Date	5 Payee na	·				
3-17-21	Triang	ile Blue Print				
6 Amount (\$)	7 Payee ac			City;	State;	Zip Code
454.11	1123	Caldu Avc		Becurent	T K	77701
8	(a) Categor	ry (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adve	utioning Expense		Yord sign	ns & stal	<u> </u>
i ;	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austir	n, TX, officeholder living	3 exbeuse
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na	атте				
3-9-21	Hous	tun sign comp	any			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
333.30	5801	chimney Rock	RJ.	Houston	47	וצסרך
	Categor	y (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	rtiang Expense		YURA STYN)	,	
		Check if travel outside of Texas. Compl	lete Schedule T.	Check If Austi	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oi		date / Officeholder name		Office sought		Office held
Date	Payee n	ıame				
2-25-21		ton Sign Compa	٠4			· ·
Amount (\$)	Payee a	ıddress;		City;	State;	Zip Code
230.57	5801	Chimny Rock	ሌ功	Houston	1K	77081
	Categor	y (See Categories listed at the top of	'this schedule)	Description		
PURPOSE OF EXPENDITURE	Adv	utiony Expuns	•	Yourd siq	٧)	
]		Check if travel outside of Texas. Comp	lete Schedule T,	Check if Aust	lin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held
	Α'	TTACH ADDITIONAL COF	'IES OF THIS	SCHEDULE AS NE	EDED	

www.ethics.state.tx.us

RETURN TO: ROBERT E WALKER JR 465 FREDERICK ST BEAUMONT, TX 77701 FILED AND RECORDED OFFICIAL PUBLIC RECORDS

A DELIO RECORDS

Theresa Goodness, County Clerk Jefferson County, Texas April 01, 2021 03:28:37 PM

FEE: \$0.00

2021010786

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			 			
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethic	cs Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Robert		Ecr 1	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATI	5(, E; ZIP CODE		COTY CLI
Change of Address						23
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	 	MI	Receipt #	Amothe s
NAME	NICKNAME	Kenneth LAST		SUFFIX	Date Processed	O) (F)
	Mordanie	Bean		Sc.	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	SUITE #; C	ITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	3906 Pr	ne Street	S.	luumont	TX	77703
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION		
FIONE	(409)	679-7987				
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day af treasurer ap (Officeholde	
	July 15	8th day before ele		Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	.
OOVERED	03	/23 / 2021	THROUGH	04/	/ 21 /200	ા
11 ELECTION	ELECTION DAY Month Day O.5	Year Primary	Runoff Special	ELECTION TYPE Other Description		
	ļ		T40			
12 OFFICE	OFFICE HELD (if any)		١.,	CE SOUGHT (If known	_	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. <i>THESE EXPENDITURE</i> S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MAI	DE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	 		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Robus Earl		er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 428.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 882.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 277.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	(Ta) &	
	Signature of Candidat	e or Officeholder
		<i>t</i> .
	Please complete either option below:	
(1) Afficavit in Notary	MARIA TORRES Public, State of Texas Expires 10-16-2023 Public State of Texas Public Stat	,
	before me by Robert Walker Jr this the 23	day of April,
20 X 1 to gertifi	which, witness my hand and seal of office. WES MARIA TORRES	NOTARY
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
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 (month)	, 20 (year)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Com	mmission Filers)	
Robert Earl Waller, Ir.			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 428.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.		
4. SCHEDULE E: LOANS	\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 832.28		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

PURPOSE OF EXPENDITURE Advertigement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries∧N The Instruction Guide explains how to c		egory not listed above)
Triumple Blue Print State: Zip Code	2	Robert Walker	3 Filer ID (Et	nics Commission Filers)
8 Amount (\$) 7 Payee address; City: State: Zip Code 3 5 4 1 1 1/13 Coulur 9 1		-		
Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories Schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)				71-0-1-
(a) Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE ACUCHI SMAM (c) Check if inveit outside of Toosa. Complete Schedule T. Check if Austin, TX. officeholder Bring expense 9 Complete QNLY if direct expenditure to benefit C/OH Payce name Office sought Office held Payce name Office sought Office held Purpose Office sought Office held Purpose Office sought Office held	6 Amount (\$)	7 Payee address;	City; State;	∠ip Code
PURPOSE EXPENDITURE Complete QNLY if direct expenditure to benefit C/OH Date	354.11	1123 Couder St	Blaumont its	1770
Complete ONLY if direct expenditure to benefit C/OH Check it saved outside of Texas. Complete Schedule T. Check it saved outside of Texa	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1-9-21 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Date Payee name Complete ONLY if direct expenditure to benefit C/OH Date Payee address; City; State; Zip Code State; State; Zip Code Advertisement Category (See Categories listed at the top of this schedule) Description Sign Stack; Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name Shell Surve Station / Crystal Food Amount (\$) Payee address; City: State; Zip Code 197-53 3529 N. Major Dr. Secument Category (See Categories listed at the top of this schedule) Purpose Office Sought Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH	OF	Advertisement	Yard Signs	
Date Payee name S-Therlands Amount (\$) Payee address; City; State; Zip Code bl./C		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder li	ving expense
Amount (s) Payee address: City: State: Zip Code State: Sta	9 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Amount (\$) Payee address; City; State: Zip Code Complete ONLY if direct expenditure to benefit C/OH Payee address; Collage 54 Becument Tx 17707	Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code 1545 Collige St	4-9-21	Sotherlands		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertisement Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Shell Surce Station / Crystal Food Amount (s) Payee address: City: State: Zip Code 197.53 3529 N. Majker Dr. Beaumant Th. 777.13 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	Amount (\$)		City; State;	Zip Code
PURPOSE OF EXPENDITURE Advertisement Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Payee name Shell Surve Station / Crystal Food Amount (\$) Payee address: City: State: Zip Code 197.53 3529 N. Major Dr. Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held	61.12	4545 College St	Beaumont TX	77701
Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH		Advertisement	sign stakes	
Date Payee name Shell Service Station Crystal Food Amount (\$) Payee address; City; State; Zip Code 197.53 3524 N. Majar Dr. Beaumant Th 7713 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held			Check if Austin, TX, officeholder II	ving expense
Amount (\$) Payee address; City; State; Zip Code 197.53 3529 N. Majer Dr. Beaumant The 77713 PURPOSE OF EXPENDITURE Findraize 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 name Candidate / Officeholder name Office sought Office held	· —		Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code 197.53 3529 N. Majer Dr. Scaument Th 7713 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) FUNDAMENT OF Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Meet & Gret Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	 Date	Payee name		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	4-12-21	Shell Service Station / Crys	Ital Food	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)	Amount (\$)			Zip Code
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)	197.53	3529 N. Majer Dr.	Beaument Th	77713
Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)		
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 name Office sought Office held		_	^	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	EXPENDITURE		ineet & weet	
expenditure to benefit C/OH		Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officeholder li	ving expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		•	Office sought	· Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Trave tract Labor Othe

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	1 A		3 Filer ID (Ethics Commission Filers)		
<u> </u>	Robert & walker Fr.				
4 Date	5 Payee name				
4-12-21	Walmart		<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
87.04	4145 Dowlen Rd	Beaumont	Th 77706		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	Fondlaisel	meet & Cor	ret		
	🗖	<u> </u>			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-13-21	Turget				
Amount (\$)	Payee address;	City;	State; Zip Code		
32.48	5850 Euster Fwy	Beamont	אסרר אד		
1	Category (See Categories listed at the top of this schedule)	Déscription			
PURPOSE					
OF EXPENDITURE	Fundraiser Meet & Corret				
	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 name	Office sought	Office held		
Date	Payee name				
4-13-21	T&R Event Center				
Amount (\$)	Payee address;	City;	State; Zip Code		
150.00		Bewmont	r 71 77701		
	Category (See Categories listed at the top of this schedule)	Description	17- 11101		
PURPOSE		•			
OF					
EXPENDITURE	Fundraisur	meet & Greet Building Rentay			
	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 name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEET	DED		

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)	
Robert Earl Walker, dr						
4 Date	5 Full name of contributor out-of-state PAC (ID#:)			7 Amount of contribution (\$)		
	Betty Charles					
4-13-21	6 Contributor address;	City;	State	Zip Code	100.00	
1>	o communicator address,	Oity,	Oldio,	Z.P 0000	,	
		Becomont	T	19701		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)	
					·	
D-1-	Full name of contributor	out-of-state PAC	//D#			
Date	0	C out-oi-state FAC	(10#		Amount of contribution (\$)	
	itobut Charles					
4-13-21	Contributor address;	City;	State;	Zip Code	33.00	
		α.,	- नन्त			
Dringing occur		Beaunan		777 el	ata-a\	
Principal occup	eation / Job title (See Instructions)		Emp	oyer (See Instruc	uons)	
						
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)	
	Tou Au					
4-6.21		City				
١٥٠٥٠	Contributor address;	City;	State;	Zip Code	50.00	
•	104 Cascade Ct	Lufkin	72	76901		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	itions)	
Date	Full name of contributor	ne of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)		
	Melba Hilliard			,		
3.31.21	Contributor address;	City;	State;	Zip Code	30 00	
-	675 Cathon	Bearmont	TF	77707		
	. ,	10-0011101.,	,.	·····		
Principal occup	pation / Job title (See Instructions)		Empi	loyer (See Instruc	tions)	
	<u> </u>					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

Revised 8/17/2020

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	Earl Walker				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
3-31-21	Lee Clurk 6 Contributor address; City; State; Zlp Code 2358 Monica Beamont TL 77707				25.00	
8 Principal occu	pation / Job title (See Instructions)			oyer (See Instruc	itions)	
Date	Full name of contributor)	Amount of contribution (\$)	
3-31-21	Contributor address;	City;	State;	Zip Code	50-00	
	6355 Tahoe	Beamont	Th	77701		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)		
Date	Full name of contributor	name of contributor			Amount of contribution (\$)	
4-13-21	Contributor address;	City;	State;	Zip Code	60.00	
	465 Frederic	Beamore	T	77701		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
4-13-21	Contributor address;	City;	State;	Zip Code	80.00	
	445 Frederick	Beaumont	张	1721		
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.

www.ethics.state.tx.us