

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE City of Beaumont May 2021 GENERAL ELECTION BALLOT

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>City Council Ward 3</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>Robert Earl Walker, Jr.</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> <u>Robert E. Walker, Jr.</u>
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PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>465 Fredrick Street</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>465 Fredrick Street</u>
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CITY <u>Beaumont</u>	STATE <u>TX</u>	ZIP <u>77701</u>	CITY <u>Beaumont</u>	STATE <u>TX</u>	ZIP <u>77701</u>
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PUBLIC EMAIL ADDRESS (If available) <u>Pastorrobwalker@outlook.com</u>	OCCUPATION (Do not leave blank) <u>Pastor</u>	DATE OF BIRTH <u>07 / 22 / 1991</u>	VOTER REGISTRATION VOID NUMBER (Optional) <sup>2</sup>
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TELEPHONE CONTACT INFORMATION (Optional) Home:  Work: <u>409-504-2461</u>  Cell:	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>29</u> year (s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> <u>29</u> year (s)
	<u>7</u> month(s)	<u>7</u> 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 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.

Before me, the undersigned authority, on this day personally appeared (name) Robert Walker, who being by me here and now duly sworn, upon oath says:

"I, (name) Robert Walker of Jefferson County, Texas, being a candidate for the office of City Council Ward 3, 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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.

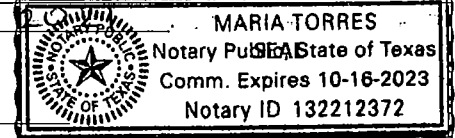
I further swear that the foregoing statements included in my application are in all things true and correct."

**X** Robert Walker  
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 4:09 PM, this the 4<sup>th</sup> day of February

Maria Torres  
Signature of Officer Administering Oath<sup>4</sup>

NOTARY  
Title of Officer Administering Oath

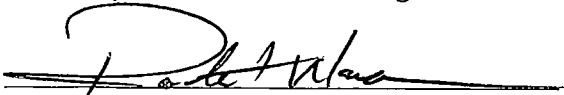


TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  
 (See Section 1.007) 02-04-2021 Date Received Jana Broussard Signature of Secretary

Voter Registration Status Verified

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI				
	Mr. Robert		Earl				
NICKNAME		LAST	SUFFIX				
		Walker Jr.					
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	4215 N. Major Dr. Beaumont TX 77713						
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(409) 504-2461						
5 OFFICE HELD (if any)							
6 OFFICE SOUGHT (if known)	Ward 3						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	Mr. Kenneth		Ray		Bean	Sr.	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	3906 Pine street			Beaumont	TX	77703	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(409) 679-7987						
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;">               Signature of Candidate         </p> <p style="text-align: right;">             Feb 3, 2021              Date Signed         </p>						
<b>GO TO PAGE 2</b>							

# 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

CITY CLERK'S OFFICE  
 CITY OF BEAUMONT  
 2021 FEB -4 PM 1:10

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER  
(Ethics Commission Filers)

2 TYPE OF FILER

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  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)      FIRST      MI

Rev.      Robert      Earl

NICKNAME      LAST      SUFFIX (SR., JR., III, etc.)

walker      Jr.

4 TELEPHONE NUMBER OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE      PHONE NUMBER      EXTENSION

(409) 504-2461

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE

4215 N. Major Dr. Apt 804 Beaumont TX 77713

6 OFFICE SOUGHT BY CANDIDATE  
(PLEASE TYPE OR PRINT)

City Council ward-3

7 NAME OF COMMITTEE  
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)      FIRST      MI

Rev.      Kenneth      Ray

NICKNAME      LAST      SUFFIX (SR., JR., III, etc.)

Bean      Sr.

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 untrammelled 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

Feb 3, 2021  
\_\_\_\_\_  
Date



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

*Robert Earl Walker, Jr.*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1870.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1017.98

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 817.02

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

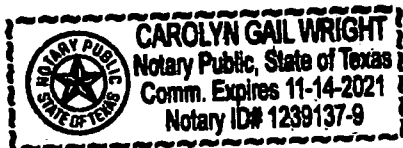
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Robert Earl Walker, Jr.*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Robert Earl Walker Jr.* this the *1<sup>st</sup>* day of *April*

20 *21*, to certify which, witness my hand and seal of office.

*Carolyn G. Wright*  
Signature of officer administering oath

*Carolyn G. Wright*  
Printed name of officer administering oath

*Office Specialist*  
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

19 FILER NAME <i>Robert E. Walker, Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1870.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1017.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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 <i>Robert Earl Walker, Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-18-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Beem</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>Poste St Beaumont TX</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-28-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerald Condon</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>5501 HW South Beaumont TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-19-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbra Max</i>	Amount of contribution (\$) <i>20.00</i>
	Contributor address; City; State; Zip Code <i>Beaumont TX 77701</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-15-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Wisky</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>Beaumont TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



## 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 Robert Earl Walker Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2-26-21	5 Full name of contributor Hilliard Lewis <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1570 Auburn Beaumont TX 97705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-26-21	Full name of contributor Linda mims <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 925 schwerner st Beaumont TX 77701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-17-21	Full name of contributor August Jones <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 935 Madison Beaumont TX 97701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-18-21	Full name of contributor Faye Holiday <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Beaumont 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Robert Walker</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-1-21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Jones</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 41544 Beaumont TX 77725</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-1-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Jones</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1670 victoria Beaumont TX 77701</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-2-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vergie Cobert</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>PO Box 6104 Beaumont TX 77725</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-27-21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>V. Williams</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6029 Chandelour Millington TN 38053</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Veulby</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>Beaumont TX</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ira Traylor</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>Beaumont TX 77701</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Henson</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>Beaumont TX</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

**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: 1		<b>2</b> FILER NAME Robert Walker		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3-17-21		<b>5</b> Payee name Triangle Blue Print			
<b>6</b> Amount (\$) 454.11		<b>7</b> Payee address; City; State; Zip Code 1123 Calder Ave      Beaumont      TX      77701			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Yard signs & stakes		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 3-9-21		Payee name Houston Sign Company			
Amount (\$) 333.30		Payee address; City; State; Zip Code 5801 chimney Rock Rd.      Houston      TX      77081			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 2-25-21		Payee name Houston Sign Company			
Amount (\$) 230.57		Payee address; City; State; Zip Code 5801 chimney Rock Rd      Houston      TX      77081			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 NEEDED

RETURN TO:  
ROBERT E WALKER JR  
465 FREDERICK ST  
BEAUMONT, TX 77701

FILED AND RECORDED  
OFFICIAL PUBLIC 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 Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      Robert      Earl ----- NICKNAME      LAST      SUFFIX Walker      Jr.	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 465 Frederick      Beaumont TX 77701	Date Received  2021 APR 23 CITY CLERK'S OFFICE CITY OF BEAUMONT	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (409) 504-2461	Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed      36 Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr.      Kenneth      Ray ----- NICKNAME      LAST      SUFFIX Bean      Sr.		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 3906 Pine Street      Beaumont TX 77703		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (409) 679-7987		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 03 / 23 / 2021      THROUGH      04 / 21 / 2021		
11 ELECTION	ELECTION DATE Month      Day      Year 05 / 01 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Ward 3	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME ----- COMMITTEE ADDRESS ----- COMMITTEE CAMPAIGN TREASURER NAME ----- COMMITTEE CAMPAIGN TREASURER ADDRESS -----

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

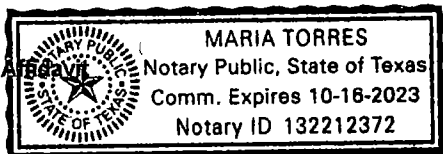
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Robert Earl Walker, Jr.</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>4,280.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>882.23</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>277.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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:



(1) Affirm

Sworn to and subscribed before me by Robert Walker Jr this the 23 day of April

20 21, to certify which, witness my hand and seal of office.

Maria Torres

MARIA TORRES

NOTARY

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**

19 FILER NAME <i>Robert Earl Walker, Jr.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 428.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 882.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# 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>	<b>2</b> FILER NAME <b>Robert Walker</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04-9-21</b>	<b>5</b> Payee name <b>Triangle Blue Print</b>	
<b>6</b> Amount (\$) <b>354.11</b>	<b>7</b> Payee address; <b>1123 Corder St</b>	City; State; Zip Code <b>Beaumont TX 77701</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	<b>(b)</b> Description <b>Yard Signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>4-9-21</b>	Payee name <b>Sutherlands</b>	City; State; Zip Code <b>Beaumont TX 77701</b>
Amount (\$) <b>61.12</b>	Payee address; <b>4545 College St</b>	City; State; Zip Code <b>Beaumont TX 77701</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement</b>	Description <b>Sign Stakes</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>4-12-21</b>	Payee name <b>Shell Service Station / Crystal Food</b>	City; State; Zip Code <b>Beaumont TX 77713</b>
Amount (\$) <b>197.53</b>	Payee address; <b>3529 N. Major Dr.</b>	City; State; Zip Code <b>Beaumont TX 77713</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fundraiser</b>	Description <b>Meet &amp; Greet</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

# 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Robert E Walker Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-12-21</i>	5 Payee name <i>Walmart</i>
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6 Amount (\$) <i>87.04</i>	7 Payee address; <i>4145 Dowlen Rd</i>	City; <i>Beaumont</i>	State; <i>Tx</i>	Zip Code <i>77706</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fundraiser</i>	(b) Description <i>Meet &amp; Greet</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-13-21</i>	Payee name <i>Target</i>
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Amount (\$) <i>32.48</i>	Payee address; <i>5850 Easter Fwy</i>	City; <i>Beaumont</i>	State; <i>Tx</i>	Zip Code <i>77706</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fundraiser</i>	Description <i>Meet &amp; Greet</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-13-21</i>	Payee name <i>T &amp; R Event Center</i>
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Amount (\$) <i>150.00</i>	Payee address; <i>Beaumont Tx</i>	City; <i>Beaumont</i>	State; <i>Tx</i>	Zip Code <i>77701</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fundraiser</i>	Description <i>Meet &amp; Greet Building Rental</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>2</b>
2 FILER NAME <b>Robert Earl Walker, Jr</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-13-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Charles</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>Beaumont TX 77701</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-13-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Charles</b>	Amount of contribution (\$) <b>33.00</b>
	Contributor address; City; State; Zip Code <b>Beaumont TX 77701</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-6-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Troy Allen</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code <b>104 Cascade Ct Lufkin TX 76901</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-31-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melba Hilliard</b>	Amount of contribution (\$) <b>30.00</b>
	Contributor address; City; State; Zip Code <b>675 Cutham Beaumont TX 77707</b>	
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: <b>2</b>
2 FILER NAME <b>Robert Earl Walker</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-31-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Clark</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>2358 Monica Beaumont TX 77707</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-31-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Tyler</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>6355 Tahoe Beaumont TX 77708</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-13-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary K. Waller</b>	Amount of contribution (\$) <b>60.00</b>
Contributor address; City; State; Zip Code <b>465 Frederic Beaumont TX 77701</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-13-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alice Daniels</b>	Amount of contribution (\$) <b>80.00</b>
Contributor address; City; State; Zip Code <b>445 Frederic Beaumont TX 77701</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.