# 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: 5		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS.	FIRST	мі К -	OFFICE USE ONLY	
NAME	NICKNAME KRISPEN	WALKER	SUFFIX	REC'D JAN 17 2023	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 14 ENCORE	CIR. ORANGE, T	CITY; STATE; ZIP CODE X 77630	dalford 1:00 pm	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	779-9109	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$	
NAME	MR.	WILLIAM	E	Date Processed	
	WILL	WINFREE	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	NO PO BOX PLEASE); APT / SI	D. ORANGE, TX 77630	STATE; ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(409)	363-9909			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	11 /	/ 8 / 22	THROUGH 1	/ 15 / 23	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3 / 5 /	General General	Special /		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	RICT ATTORNEY	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	COMMITTEE CAMPAIGN TREASURED NAME				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME NANCY K. "KRISPEN	" WALKER	16 Filer	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 91.80		
	4. TOTAL POLITICAL EXPENDITURES		\$ 91.80		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0.00		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 100.00		
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and co	prrect and includes all information		
rec	quired to be reported by me under Title 15, Election Code.	` .			
	· Krusp	en)	Wall		
	Signature of Ca	ndidate (	or Officeholder		
	Diagram and the side of and in the law	_			
	Please complete either option below	<b>/</b> :			
(1) Affidavit					
NOTARY STAMP/SEA	-				
			day of		
Sworn to and subscribed before me by this the day of,  20, to certify which, witness my hand and seal of office.					
,,	3				
Signature of officer administer	ring oath Printed name of officer administering oath		Title of officer administering oath		
(0) 11	OR				
(2) Unsworn Declarati					
	KRISPEN WALKER, and my date of birth is				
My address is 14 ENC			77630 USA		
Executed in ORANGE	,	ARY	(zip code) (country)		
	Krispe		Wall		
	Signature of Candid	date/Offic	ceholder (Declarant)		

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	P FILER NAME  NANCY K. "KRISPEN" WALKER			on Filers)	
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	_	\$	0.00	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	■ SCHEDULE E: LOANS			100.00	
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL	NTRIBUTIONS	\$	91.80	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00	

LOANS SCHEDULE E

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

	- The matter is not applicable, 20 112			
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
NANCY K. "K	,			
INANOT IX. I	ANDI EN VALILEN			
4 TOTAL OF UNITEMIZED LOANS			\$ 100.00	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
12/21/2022	NANCY K. "KRISPEN" W	100.00		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
a financial Institution?	14 ENCORE CIR. ORANGE, 1	TX 776300	0.00	
□Y■N	, , , , , , , , , , , , , , , , , , , ,	11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
ASSISTANT	DISTRICT ATTORNEY	ORANGE COUNTY	<b>,</b>	
14 Description of Coll		15	ds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	J	
Date of loan	Name of lender	DAC (ID#	Loan Amount (\$)	
1	Traine of leftder	PAC (ID#:)	(,,	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
□ Y □ N				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll				
Description of Collateral		Check if personal funds were deposited into political		
none		account (See Instruc	tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
	on (See Instructions)	Employer (See Instructions)	1	
1 IIIIoipai Goodpall	(200 managama)			
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	EDED	
If le	ender is out-of-state PAC, please see In	struction guide for additional re	eporting 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cardidate/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
Salaries/Wages/Contract Labor

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME NANCY K. "KRISPEN" WALKER		3 Filer ID (Ethics	Commission Filers)	
4 Date 12/28/2022	5 Payee name HARLAND CLARKE				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
23.80	10931 LAUREATE DR. SAN ANTON	IIO, TX 78249			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ACCOUNTING/BANKING	CHECKS			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name NANCY K. "KRISPEN" WALKER	Office sought		Office held	
Date	Payee name				
01/15/2023	WILL WINFREE				
Amount (\$)	Payee address;	City;	State;	Zip Code	
68.00	14200 MANSFIELD FERRY RD. OR.	ANGE, TX 7763	30		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	Description POST OFFIC	Е ВОХ		
	Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	NANCY K. "KRISPEN" WALKER	COUNTY/DISTRICT ATTORNE	EY		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		