

# 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>5</b>   |                |                |         |                   |          |                                   |  |                                      |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                     | MS / MRS / MR FIRST MI<br>MS. NANCY K   |                                       | <b>OFFICE USE ONLY</b><br><br>Date Received<br><div style="font-size: 1.5em; font-weight: bold;">REC'D JAN 17 2023</div><br><i>daiford</i><br>1:00 pm<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br><br>Date Processed<br><br>Date Imaged |                |                |         |                   |          |                                   |  |                                      |
|  | NICKNAME LAST SUFFIX<br>KRISPEN WALKER  |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br>Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="background-color: black; height: 1.2em; width: 100%;"></div>  |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                    | AREA CODE PHONE NUMBER EXTENSION<br>( ) -   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>6 CAMPAIGN TREASURER NAME</b>   | MS / MRS / MR FIRST MI<br>MR. WILLIAM E   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
|  | NICKNAME LAST SUFFIX<br>WILL WINFREE  |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="background-color: black; height: 1.2em; width: 100%;"></div>   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>  | AREA CODE PHONE NUMBER EXTENSION<br>( ) -   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>9 REPORT TYPE</b>   | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>            |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>10 PERIOD COVERED</b>   | Month Day Year<br>11 / 8 / 22 THROUGH 1 / 15 / 23   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>11 ELECTION</b>   | ELECTION DATE ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary Runoff Other Description<br>3 / 5 / 24 General Special  |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>12 OFFICE</b>   | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)<br>COUNTY/DISTRICT ATTORNEY  |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br>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.<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |                                       |   | COMMITTEE TYPE | COMMITTEE NAME | GENERAL | COMMITTEE ADDRESS | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE   | COMMITTEE NAME  |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| GENERAL  | COMMITTEE ADDRESS   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
| SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |                                       |   |                |                |         |                   |          |                                   |  |                                      |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                       |   |                |                |         |                   |          |                                   |  |                                      |

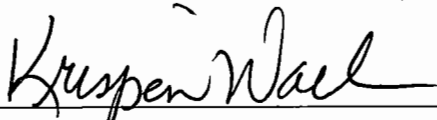
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>NANCY K. "KRISPEN" WALKER |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>                    | 1. 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                                       |
| <b>EXPENDITURE TOTALS</b>                        | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 91.80                                      |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 91.80                                      |
| <b>CONTRIBUTION BALANCE</b>                      | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0.00                                       |
| <b>OUTSTANDING LOAN TOTALS</b>                   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 100.00                                     |

**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) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

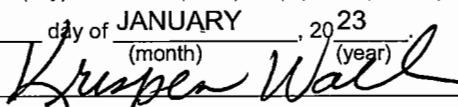
OR

**(2) Unsworn Declaration**

My name is NANCY KRISPEN WALKER, and my date of birth is MARCH 21, 1969.

My address is 14 ENCORE CIR., ORANGE, TX, 77630, USA.

Executed in ORANGE County, State of TEXAS, on the 16 day of JANUARY, 2023.

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|   |  |   |
|---|--|---|
| <b>19 FILER NAME</b><br>NANCY K. "KRISPEN" WALKER |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 0.00                                       |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                    | \$ 0.00                                       |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00                                       |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS   | \$ 100.00                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 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 Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule E: <b>1</b>  |
| 2 FILER NAME<br><b>NANCY K. "KRISPEN" WALKER</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ 100.00   |
| 5 Date of loan<br><b>12/21/2022</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>NANCY K. "KRISPEN" WALKER</b> | 9 Loan Amount (\$)<br><b>100.00</b>   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>14 ENCORE CIR. ORANGE, TX 776300</b>                           | 10 Interest rate<br><b>0.00</b>   |
|  |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br><b>ASSISTANT DISTRICT ATTORNEY</b>             |  | 13 Employer (See Instructions)<br><b>ORANGE COUNTY</b>  |
| 14 Description of Collateral<br><b>none</b>  |  | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                       | 17 Name of guarantor   |   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
|  |  | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                       | Loan Amount (\$)  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code  | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |
| Description of Collateral<br><b>none</b>   |  | Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor  |   |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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:<br>1                              |  | <b>2</b> FILER NAME<br>NANCY K. "KRISPEN" WALKER  |                                       | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br>12/28/2022   |  | <b>5</b> Payee name<br>HARLAND CLARKE   |                                       |  |             |
| <b>6</b> Amount (\$)<br><br>23.80                                   |  | <b>7</b> Payee address; City; State; Zip Code<br>10931 LAUREATE DR. SAN ANTONIO, TX 78249 |                                       |  |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ACCOUNTING/BANKING                      |   | <b>(b)</b> Description<br>CHECKS      |  |             |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |   |                                       |  |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>NANCY K. "KRISPEN" WALKER                                |                                       | Office sought<br>COUNTY/DISTRICT ATTORNEY    | Office held |
| <b>Date</b><br>01/15/2023   |  | <b>Payee name</b><br>WILL WINFREE   |                                       |  |             |
| <b>Amount (\$)</b><br>68.00   |  | <b>Payee address; City; State; Zip Code</b><br>14200 MANSFIELD FERRY RD. ORANGE, TX 77630 |                                       |  |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | <b>Category</b> (See Categories listed at the top of this schedule)<br>OFFICE OVERHEAD/RENTAL EXPENSE              |   | <b>Description</b><br>POST OFFICE BOX |  |             |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |   |                                       |  |             |
| <b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b>   |  | Candidate / Officeholder name<br>NANCY K. "KRISPEN" WALKER                                |                                       | Office sought<br>COUNTY/DISTRICT ATTORNEY    | Office held |
| <b>Date</b>   |  | <b>Payee name</b>   |                                       |  |             |
| <b>Amount (\$)</b>  |  | <b>Payee address; City; State; Zip Code</b>   |                                       |  |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | <b>Category</b> (See Categories listed at the top of this schedule)  |   | <b>Description</b>                    |  |             |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |   |                                       |  |             |
| <b>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</b>   |  | Candidate / Officeholder name   |                                       | Office sought                                | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED