

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
MS

FIRST
NANCY

MI
K

NICKNAME
KRISPEN

LAST
WALKER

SUFFIX

OFFICE USE ONLY

Date Received

REC'D JUL 14 2023

1:00 PM

Wm Ireland

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
14 ENCORE CIR., ORANGE, TX 77630

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER
(409) 779-9109

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
MR.

FIRST
WILLIAM

MI
E.

NICKNAME
WILL

LAST
WINFREE

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
14200 MANSFIELD FERRY RD., ORANGE, TX 77630

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER
(409) 363-9909

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
1 / 16 / 23

THROUGH Month Day Year
6 / 30 / 23

11 ELECTION

ELECTION DATE

Month Day Year
3 / 5 / 24

ELECTION TYPE

Primary
General

Runoff
Special

Other
Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COUNTY/DISTRICT ATTORNEY

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,200.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 949.29 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| 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.

Nancy Krispen Walker
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 03/21/1969.

My address is 14 ENCORE CIR., ORANGE, TX, 77630, USA.
(street) (city) (state) (zip code) (country)

Executed in ORANGE County, State of TEXAS, on the 14th day of JULY, 2023.
(month) (year)

Nancy Krispen Walker
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

NANCY K. "KRISPEN" WALKER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|-------------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,200.00 |
| 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 CONTRIBUTIONS | \$ 973.09 |
| 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 FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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: **3**

2 FILER NAME
NANCY K. "KRISPEN" WALKER

3 Filer ID (Ethics Commission Filers)

4 Date
01/26/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
JOHN R. GRAVES

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code
[REDACTED] **EDMOND, OK 73025**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/15/2023

Full name of contributor out-of-state PAC (ID#: _____)
STEPHEN C. HOWARD

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
[REDACTED] **ORANGE, TX 77632**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/15/2023

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT CORMIER

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
[REDACTED] **ORANGEFIELD, TX 77639**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/17/2023

Full name of contributor out-of-state PAC (ID#: _____)
GLENDA MELLO

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
[REDACTED] **ORANGE, TX 77630**

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.

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1 Total pages Schedule A1: **3**

2 FILER NAME
NANCY K. "KRISPEN" WALKER

3 Filer ID (Ethics Commission Filers)

4 Date
04/28/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
JAMES R. MAKIN

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
[REDACTED] **BEAUMONT, TX 77701**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/28/2023

Full name of contributor out-of-state PAC (ID#: _____)
KENNETH SMITH

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
[REDACTED] **BRIDGE CITY, TX 77611**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2023

Full name of contributor out-of-state PAC (ID#: _____)
JIM I. GRAVES

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] **SEABROOK, TX 77586**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2023

Full name of contributor out-of-state PAC (ID#: _____)
DIXIE GRAVES

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] **SEABROOK, TX 77586**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:

3

2 FILER NAME

NANCY K. "KRISPEN" WALKER

3 Filer ID (Ethics Commission Filers)

4 Date

04/21/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

STUART MCKINLEY

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State; Zip Code

1481 CHELSEA'S CIR. ORANGE, TX 77632

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/21/2023

Full name of contributor

out-of-state PAC (ID#: _____)

LISA MCKINLEY

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

1481 CHELSEA'S CIR. ORANGE, TX 77632

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/13/2023

Full name of contributor

out-of-state PAC (ID#: _____)

RICHARD HERRINGTON

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

P.O. BOX 3056 ORANGE, TX 77630

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/20/2023

Full name of contributor

out-of-state PAC (ID#: _____)

ROSS H. SMITH, JR.

Amount of contribution (\$)

500.00

Contributor address;

City;

State; Zip Code

102 SKYLARK AVE. BRIDGE CITY, TX 77611

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 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 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) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME NANCY K. "KRISPEN" WALKER | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/31/2023 | 5 Payee name VIDOR CHAMBER OF COMMERCE | |
| 6 Amount (\$) 60.00 | 7 Payee address; City; State; Zip Code 1395 MAIN ST. VIDOR, TX 77662 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description MEETING TO DISCUSS CANDIDACY |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |
| 10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |
| 11 Date 01/23/2023 | 12 Payee name WILL WINFREE | |
| 13 Amount (\$) 68.00 | 14 Payee address; City; State; Zip Code 14200 MANSFIELD FERRY RD., ORANGE, TX 77630 | |
| 15 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description REIMBURSEMENT FOR PO BOX RENTAL |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 16 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |
| 17 Date 03/22/2023 | 18 Payee name LUIGI'S ITALIAN GRILL | |
| 19 Amount (\$) 22.17 | 20 Payee address; City; State; Zip Code 3108 EDGAR BROWN DR. ORANGE, TX 77630 | |
| 21 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | Description MEETING WITH CONSULTANT |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 22 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |

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 | 2 FILER NAME NANCY K. "KRISPEN" WALKER | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/20/2023 | 5 Payee name LUIGI'S ITALIAN GRILL | |
| 6 Amount (\$) 37.77 | 7 Payee address; City; State; Zip Code 3108 EDGAR BROWN DR. ORANGE, TX 77630 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE | (b) Description MEETING WITH CONSULTANT |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |
| 10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |
| 11 Date 06/08/2023 | 12 Payee name CYNTHIA BARNES | |
| 13 Amount (\$) 350.00 | 14 Payee address; City; State; Zip Code 3192 PATILLO RD, ORANGE, TX 77630 | |
| 15 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE | Description CONSULTING/DESIGNING PUSH CARDS, ETC. |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 16 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |
| 17 Date 06/15/2023 | 18 Payee name CENTRAL OFFICE SUPPLY & PRINTING, LLC | |
| 19 Amount (\$) 411.35 | 20 Payee address; City; State; Zip Code P.O. BOX 490 BRIDGE CITY, TX 77611 | |
| 21 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description PUSH CARDS |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 22 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name NANCY K. "KRISPEN" WALKER | Office sought COUNTY/DISTRICT ATTORNEY |

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