



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

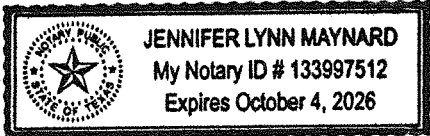
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 1,010.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,739.39
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.

*Walker Agnew*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Walker Agnew this the 15 day of July, 2025, to certify which, witness my hand and seal of office.  
J Maynard Jennifer Maynard 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)

# 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 Walker Agnew, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4.23.25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Valach <hr/> 6 Contributor address; City; State; Zip Code 750 Town Country Blvd, #520 Houston, TX 77024	7 Amount of contribution (\$)  \$960.60
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Crow Holding Development
Date 5.6.25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Sharp <hr/> Contributor address; City; State; Zip Code 201 Main St, APT 4F Houston, TX 77002	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) Spotlight Energy
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# 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: 3	<b>2</b> FILER NAME Walker Agnew, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4.24.25	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$70.28	<b>7</b> Payee address; 10217 Katy Freeway Houston, TX 77024	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Prints	<b>(b)</b> Description
	<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
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Date 4.24.25	Payee name CAZ Consulting
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Amount (\$) \$1,316.45	Payee address; 5049 Edwards Ranch Road Ft. Worth, TX 76109	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Text campaigns	Description
	<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
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Date 4.28.25	Payee name Starbucks
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Amount (\$) \$33.63	Payee address; 8420 Katy Freeway Houston, TX 77055	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b> Type text here	Category (See Categories listed at the top of this schedule) coffee	Description
	<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
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<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Walker Agnew, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4.28.25	<b>5</b> Payee name Shipley's Donuts
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<b>6</b> Amount (\$) \$37.47	<b>7</b> Payee address; 979 Bunker Hill Road Houston, TX 77024	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) donuts	<b>(b)</b> Description
	<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
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Date 4.28.25	Payee name MailChimp
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Amount (\$) \$63.96	Payee address; 405 N Angier Ave. NE Atlanta, GA 30308	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description
	<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 4.30.25	Payee name Frost Bank
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Amount (\$) \$10.00	Payee address; 111 W. Houston St. San Antonio, TX 78205	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b> Type text here	Category (See Categories listed at the top of this schedule) Fees	Description
	<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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<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Walker Agnew, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5.5.25	<b>5</b> Payee name CAZ Consulting
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<b>6</b> Amount (\$) \$1,187.60	<b>7</b> Payee address; 5049 Edwards Ranch Road Ft. Worth, TX 76109	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Text campaigns	<b>(b)</b> Description
	<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
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Date 5.30.25	Payee name Frost Bank
-----------------	--------------------------

Amount (\$) \$10.00	Payee address; 111 W. Houston St. San Antonio, TX 78205	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description
	<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
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Date 6.30.25	Payee name Frost Bank
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Amount (\$) \$10.00	Payee address; 111 W. Houston St. San Antonio, TX 78205	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b> Type text here	Category (See Categories listed at the top of this schedule) Fees	Description
	<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
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