CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID Stress Commission Filers 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS LIEST ME 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Jason Mr. D. NAME Diste Decembe SUFF MICKRIGHE . Walker 4 CANDIDATE/ OFFICEHOLDER MAILING **ADDRESS** Conroe TX 77385 Change of Address EXTENSION 5 CANDIDATE OFFICEHOLDER PHONE Parent = ameunt 5 6 CAMPAIGN Shakeena TREASURER Ms. NAME MICKOWAME SUFFIX Date Imaged Walker STATE ZIP CODE CAMPAIGN TREASURER ADDRESS Conroe TX 77385 (Residence or Business) AREA: CODE FHOME WEIMER EXPENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day afte¥ campaign 30th day before election Runoff January 15 treasurer appointment raitheanaideir anns Exceeded Modified July 15 XX 8th day before election Final Report Attach CADIN - FRI Reporting Limit 10 PERIOD Veec COVERED 26 / 2024 09/27/ 2024 THROUGH 10 ELECTION DATE SUBCTION TYPE 11 ELECTION District Otner Month . iv escription XX 6-meral Tap account 05 / 24 13 DEFICE SOUGHT (if known) 12 OFFICE DEFICE HELD on any! MCHD, At Large, Position 1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) SOME THEE WAME OMNOTTER TYPE COMMITTEE ADDRESS GENERAL Additional Pages I MANATTEE CAMPAICA TREATURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jaso	n D. Walker	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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
<u>#</u>	4. TOTAL POLITICAL EXPENDITURES	s 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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		
		* B
Please complete either option below:		
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed before me bythis the day of		
20, to certify which, witness my hand and seal of office.		
Signature of officer administe	oring oath Printed name of officer administering oath	Title of officer administering oath
OR		
(2) Unsworn Declaration		
0.45		
My name is SASON WAIKER and my date of birth is 05-22-1983		
My address is 17608 HArpers NAY CONFOR TX 77385 U.S.		
(street) (city) (state) (zip code) (country)		
Executed in Managemen County. State of Texas on the psth day of October 2024 (year)		
(Lm Avalli)		
Signature of Candidate/Officeholder (Declarant)		