CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE NAME	R MRS/MR FIRST CASIE NICKNAME LAST	Z .	OFFICE USE ONLY Date Received
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	EB 24
OFFICEHOLDER MAILING ADDRESS Change of address	703 KINCHELOE BURNET TX	78611	Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (572) 755 - 0667	EXTENSION	Recept # (Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS DEADRA NICKNAME LAST WNICKLI'' HERNAN	N MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; //07 E. JOHNSO BURNET TX		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 755 - 2275	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day OQ QQ/	2014
11 ELECTION	Month ELECTION DATE Day Year Primary [X] Primary [X]	Runoff G	eneral Special
2 OFFICE	OFFICEHELD (Ifany) DISTRICT CLERK	13 OFFICE SOUGHT (if known)	CLERIK
	GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SUPPOR	I & TOTAI	LS	COVER SHEET PG 2	
14 C/OH NAME	CASIE V	VALKER 1	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFIC CONSENT. CANDIDA	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND. TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF 1	DE BY POLITICAL COMMITTEES TO SUPPORT THE	
	COMMITTEE TYPE	COMMITTEE NAME	HET RECEIVE NOTICE OF SUCH EXPENDITURES.	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø	
· · <u>· · ·</u> · · · · · · · · · ·	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1640.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		S CONCERN D	
· · · · · · · · · · · · · · · · · · ·	4. TOTAL P	OLITICAL EXPENDITURES	\$ 2103.69	
CONTRIBUTION BALANCE	5. TOTAL PO OF REPOR	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ Ø	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$15,300.0			
18 AFFIDAVIT		Lauren (C		
		I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.	jury, that the accompanying report rmation required to be reported by	
		Casie Wal	her	
AFFIX NOTARY STAMP	1054	Signature of Candidat	e or Officeholder	
Sworn to and subsc		, by the said Casil Walk	4/ Min 11	
day	of Februa	to certify which, witness my h	and and seal of office.	
Signature of officer adminis	Haulus Itering oath	Printed name of officer administering oath	enty Gerk	
		9	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	CASIE WALKER		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(ID# CLAY A. FANCHER		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/27/2014	6 Contributor address; City; State; Zip Code	e - e - e - e - e - e - e - e - e - e -	200.00	
	BURNET TX 7861		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or range complete constants +,
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/2014	Contributor address; City; State; Zlp Code	1	100.00	
	MARBLE FALLS TO	X 78654		⁽²⁾
Drin Hant non-		1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#: NORMA RWSSWOR	M	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/2014	Contributor address; City: State; Zip Code		30.00	
	BURNET TX 786	11	(If travel outside of	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/29/2014	Contributor address; City; State; Zip Code		25.00	
	BURNET TX 784	211	(M. Arawal av Asida -	(Towns consists Oaks d. T.)
Principal occup	ation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#	\	Amount of	In-kind contribution
	WALT COTTON		contribution (\$)	description (if applicable)
1/29/2014	Contributor address; City; State; Zip Code	if and the second control of the second cont	50.00	
	MARBLE FALLS	TX 786S4	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

9=				
The	instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	CASIE WALKER		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(ID#_ BEN FARMER		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/4/2014	6 Contributor address; City; State; Zip Code PO BOX 19469 BURNET TX 780	(1-	200.00	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/4/2014	Contributor address; City; State; Zip Code		50.00	
	MARBLE FALLS TX	180054	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See li	nstructions)	in the second se
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/5/2014	Contributor address: City; State: Zip Code		10.00	
:	BURNET 11 18	ااف	(If travel outside	i of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	33333.3.6.6	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/18/2014	Contributor address; City; State, Zip Code 200 LAKE DR	1 78691 X	25.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor aut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/18/2014	Contributor address; City: State; Zip Code 1103 ARBOR LA MARBLE FALLS 7	NE X 78684	250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	CASIEWALKER		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor □out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/18/2014	6 Contributor address; City; State; Zip Code	F 70.29	50.00	 	
	KINGS LINU IX	100-7-1		of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/18/2014	Contributor address; City; State; Zip Code PO BOX 784 MARBLE FALLS	TX 78654			
Principal occu	pation / Job title (See Instructions)	Employer (See I	· ·	of Texas, complete Schedule T)	
Dat e	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/18/2014	Contributor address; City; State: Zip Code	JDIDOS ,	100.00	<u> </u>	
	MARBLE FALLS	TX 78654	(If travel outside of	of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Dat e	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Date 2/18/2014	Full name of contributor out-of-state PAC (ID#_ KAY APODACO Contributor address; City; State; Zip Code	(70.7)			
Date 2/18/2014	KAY APODACO	1802Le	contribution (\$)	description (if applicable)	
2/18/2014	Contributor address, City, State, Zip Code 1004 SERENADA GEORGETOWN TO	T&OZLO Employer (See I	contribution (\$)		
2/18/2014	KAY APODACO Contributor address, City; State; Zip Code 1004 SERENADA GEORGETOWN TO		contribution (\$)	description (if applicable)	
2/18/2014 Principal occup	Contributor address, City; State; Zip Code 1004 SERENADA GEORGETOWN TO		(If travel outside constructions)	description (if applicable) of Texas, complete Schedule T)	
2/18/2014 Principal occup Date 2/20/2014	Contributor address: City; State; Zip Code 100 L SERENA DA GEORGETOWN TO pation / Job title (See Instructions) Full name of contributor RICHARD BOWERS Contributor address: City; State; Zip Code 2 L H HILLTOP DE BURNET TX 780	Employer (See I	(If travel outside contribution (\$) Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T)	
2/18/2014 Principal occup Date 2/20/2014	Contributor address, City; State, Zip Code 100 LI SERENA DA GEORGETOWN TO pation / Job title (See Instructions) Full name of contributor RICHARD BOWER		(If travel outside contribution (\$) Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A

(512) 463-5800

OTHER THAN PLEDGES OR LOANS					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME	CASIE WALKER		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/20/201	6 Contributor address; City; State; Zip Code		100.00] 	
	JACKSON VILLE T	x 15 166	(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address, City: State; Zip Code				
200			(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City; State; Zip Code				
History and acceptance			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address, City, State; Zip Code				
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See 1	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
			(If traval outside	of Toyas, complete Schodule T	
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)		
		<u> </u>			
18	ATTACH ADDITIONAL COPIES O				

PLEDO	GED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	nedule B:
2 FILER NAME	Ε		3 ACCOUNT # (E	Ethics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES: ⇔	a	th th	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State: Zip Cod	le		
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See Ir		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	е	-	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
İ	Pledgor address; City; State: Zip Code	э	 	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		
Principal occur	pation / Job title (See Instructions)	E 1 1 1 Coo le		f Texas, complete Schedule T)
Filliopar occup	ation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of piedgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		i !	
Principal occup	pation / Job title (See Instructions)			f Texas, complete Schedule T)
PППСІраї ОСОСЬ.	ation / Job title (See Instructions)	Employer (See Ins	structions)	
If co	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru)F THIS SCHEDULE A uction guide for add	AS NEEDED Itional reporting r	requirements.

Texas Ethics Comn	nission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
LOANS				SCHEDULE E
Th	e Instruction Guide explains how to	complete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	0001=111001=0		3 ACCOU	NT # (Ethics Commission Filers)
	CASIE WALKER			
тот	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$	D	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
44/2014		LKER		400.00
6 Is lender a financial Institution?	8 Lender address; City; Stat 703 KINCHE		` ` ` ` ` ` ` ` ` `	10 Interest rate
Y N	BURNET TX	78611		11 Maturity date
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instru	uctions)	NA
			,	
14 Description of Co	llateral	15 Check if personal fun	ds were deposited i	nto political account
16 GUARANTOR	17 Name of guarantor			**
INFORMATION	FF Hame of guarantor		1	9 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	• • • • • • • • •	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instruc	ctions)	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State	; Zíp Code		Interest rate
YN				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instruct	tions)	
Description of Colla	teral	Check if personal funds	were deposited into	political account
none			•	power dood.
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupation	on (See Instructions)	Employer (See Instruction	ons)	
lf lende	ATTACH ADDITIONAL CO er is out-of-state PAC, please see in	OPIES OF THIS SCHEDULE AS	NEEDED	ements.

POLITICAL EXPENDITURES

SCHEDULE F

				· · · · · · · · · · · · · · · · · · ·
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of District Office Overhead/Re	ntract Labor Loa sing Expense Tra Cor ct Charles OTA	in Repayment/Reimbursement insportation Equipment & Related Expense itributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide	explains now to co	omplete this form.	
1 Total pages Schedule F:	2 FILER NAME CASIE W	JALKER		3 ACCOUNT # (Ethics Commission Filers)
4 Date 1 28 2014	5 Payee name STITCH	AMERICA	+	
6 Amount (\$)	7 Payee address; 813 City; Sta	te; Zip Code		
\$37.89		E FALLS	TX 78L	054
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISINGEX	PENSE		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name /			
2/4/2014	KBEY RAT	210		
Amount (\$)	Payee address; City: Star	te; Zip Code		
\$1074.80	1007 AVE	ENVEK	TY 701.0	2
	MITTIDLE	7/1/12	11/ 100) I
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
OF	ADVERTISING A	TO ENCIT		
EXPENDITURE	Candidate / Officeholder name	SKIPE NOT		
Complete ONLY if direct expenditure to benefit C/C			Office sought	Office held
Date	Payee name			
2/20/2014	BURNET P	BULLETI	N	
Amount (\$)	Payee address; City; State	e; Zip Code		
\$ 591.00	220 S. MA BURNET T	7N ST. TX 781011	l	
PURPOSE	Category (Son agreed to Board at 1)	E Abrica and a state of	Desertation	
OF EXPENDITURE	ADVERTISING EXP	PENSE	Description (If trav	el outside of Texas, complete Schedule T)
	The solution chair	01000		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officenoider name		Office sought	Office held
Qate ;	Payee name			
220/2014	DAMON BE	IERLE		
Amount (\$)	Payee address; City; State	; Zip Code		
4400.00	PO BOX BURNET -	TX 780	ell	
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	CONSULTING EXP	ENSE		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCI	HEDULE AS NEED	DED