

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
MR LAWRENCE E
WALKER JR

OFFICE USE ONLY

Date Received: APR 11 2005
RECEIVED
CITY OF FORT WORTH
CITY SECRETARY
APR 11 3:28 PM
Receipt #
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2717 E. VICKERY BLVD FTW TX 76105

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 487 1224

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
MR CHRISTOPHER D
JOHNSON

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1504 B WEST MAGNOLIA AVE FTW TX 76104

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 531 2530

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 \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
2 / 5 / 2005 THROUGH 4 / 6 / 2005

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 7 / 2005 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)
City Council Dist 8

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
N/A

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

LAWRENCE E. WALKER, JR

16 ACCOUNT # (Ethics Commission filers)

N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

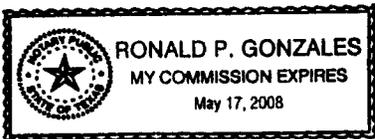
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



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.

Lawrence E. Walker, Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lawrence E. Walker, Jr., this the 11th day of April, 20 05, to certify which, witness my hand and seal of office.

Ronald P. Gonzales

Signature of officer administering oath

Printed name of officer administering oath

Notary

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: <div style="text-align: right; font-size: 2em;">1</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.2em; font-family: cursive;">LAWRENCE E. WALKER, JR</div>		3 ACCOUNT # (Ethics Commission filers) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	
4 Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">\$ 0.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">\$ 0.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">\$ 0.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">\$ 0.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">N/A</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em; font-family: cursive;">\$ 0.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>LAWRENCE E. WALKER, JR</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date <u>N/A</u>	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$) <u>\$ 0⁰⁰</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>N/A</u>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>N/A</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code	Amount (\$) <u>\$ 0⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>N/A</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>N/A</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code	Amount (\$) <u>\$ 0⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>N/A</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>N/A</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code	Amount (\$) <u>\$ 0⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>N/A</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>N/A</u>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <div style="text-align: right; font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">LAWRENCE E. WALKER, JR</div>		3 ACCOUNT # (Ethics Commission filers) <div style="text-align: right; font-size: 1.2em;">N/A</div>
4 Date <div style="font-size: 1.2em;">N/A</div>	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">N/A</div>	8 Amount (\$) <div style="font-size: 1.5em; text-align: right;">\$ 0.00</div> <input type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em;">N/A</div>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">N/A</div>	Amount (\$) <div style="font-size: 1.5em; text-align: right;">\$ 0.00</div> <input type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em;">N/A</div>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">N/A</div>	Amount (\$) <div style="font-size: 1.5em; text-align: right;">\$ 0.00</div> <input type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em;">N/A</div>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">N/A</div>	Amount (\$) <div style="font-size: 1.5em; text-align: right;">\$ 0.00</div> <input type="checkbox"/> Reimbursement from political contributions intended
Date <div style="font-size: 1.2em;">N/A</div>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <div style="text-align: center; font-size: 1.2em;">N/A</div>	Amount (\$) <div style="font-size: 1.5em; text-align: right;">\$ 0.00</div> <input type="checkbox"/> Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME LAWRENCE E. WALKER, JR		3 ACCOUNT # (Ethics Commission filers) N/A
4 Date N/A	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$) \$ 0.00
8 Purpose of payment (See instructions regarding type of information required.) N/A		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A
Date N/A	Business name Business address; City; State; Zip Code	Amount (\$) \$ 0.00
Purpose of payment (See instructions regarding type of information required.) N/A		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A
Date N/A	Business name Business address; City; State; Zip Code	Amount (\$) \$ 0.00
Purpose of payment (See instructions regarding type of information required.) N/A		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A
Date N/A	Business name Business address; City; State; Zip Code	Amount (\$) \$ 0.00
Purpose of payment (See instructions regarding type of information required.) N/A		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <u>1</u>
2 FILER NAME <u>LAWRENCE E. WALKER, JR</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date <u>N/A</u>	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	8 Amount (\$) <u>\$0.00</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>\$0.00</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>\$0.00</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>\$0.00</u>
Date <u>N/A</u>	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <u>N/A</u>	Amount (\$) <u>\$0.00</u>

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K: <u>1</u>
2 FILER NAME <u>LAWRENCE E. WALKER, TX</u>	3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>

4 Date <u>N/A</u>	5 Payor name	8 Amount (\$) <u>\$ 0.00</u>
	6 Payor address; City; State; Zip Code	
	7 Reason for credit <u>N/A</u>	

Date <u>N/A</u>	Payor name	Amount (\$) <u>\$ 0.00</u>
	Payor address; City; State; Zip Code	
	Reason for credit <u>N/A</u>	

Date <u>N/A</u>	Payor name	Amount (\$) <u>\$ 0.00</u>
	Payor address; City; State; Zip Code	
	Reason for credit <u>N/A</u>	

Date <u>N/A</u>	Payor name	Amount (\$) <u>\$ 0.00</u>
	Payor address; City; State; Zip Code	
	Reason for credit <u>N/A</u>	

Date <u>N/A</u>	Payor name	Amount (\$) <u>\$ 0.00</u>
	Payor address; City; State; Zip Code	
	Reason for credit <u>N/A</u>	

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