

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: 18 | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | <div style="text-align: center; font-weight: bold; margin-bottom: 10px;">OFFICE USE ONLY</div> <p>Date Received</p> <div style="text-align: center; font-size: 1.2em; margin-top: 20px;"> 2016 OCT 01 RECEIVED AUSTIN CITY CLERK </div> <p>Date Hand-delivered <input type="checkbox"/> Date Postmarked <input type="checkbox"/></p> <p>Receipt # <input type="checkbox"/> Amount \$ <input type="checkbox"/></p> <p>Date Processed <input type="checkbox"/> 3 PM</p> <p>Date Imaged <input type="checkbox"/> 3 PM</p> | | | | | | | | | | | | | | | | | |
| | NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | |
| Rob | Walker | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; | CITY; | STATE; ZIP CODE | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Change of Address | 8321 Asmara Dr. | Austin, TX | 78750 | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | |
| | (512) | 250-1277 | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | |
| | NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | |
| Mr. | Frank | C. | | | | | | | | | | | | | | | | | | | |
| McCament | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | | | | | | | | | | | | | | | | | |
| (Residence or Business) | 9600 Great Hills Trail Ste 150W Austin, TX 78759 | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | |
| | (512) | 502-3010 | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2016</td> <td style="text-align: center;">10</td> <td style="text-align: center;">29</td> <td style="text-align: center;">2016</td> </tr> <tr> <td colspan="6" style="text-align: center;">THROUGH</td> </tr> </table> | | | Month | Day | Year | Month | Day | Year | 09 | 30 | 2016 | 10 | 29 | 2016 | THROUGH | | | | | |
| Month | Day | Year | Month | Day | Year | | | | | | | | | | | | | | | | |
| 09 | 30 | 2016 | 10 | 29 | 2016 | | | | | | | | | | | | | | | | |
| THROUGH | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | | | | | | | | | | | | | | | | | |
| | Month | Day | Year | | | | | | | | | | | | | | | | | | |
| | 11 | 8 | 2016 | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> General | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | |
| | | | Austin City council District 10 | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

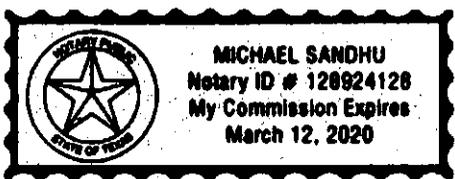
FORM C/OH
COVER SHEET PG 2

| | |
|-----------------------------------|---|
| 14 C/OH NAME Rob Walker | 15 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---|

| | | |
|---|---|----------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

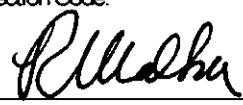
| | | |
|--------------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 46.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,321.11 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 275.92 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 14,798.93 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,072.28 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 16,766.71 |

18 AFFIDAVIT



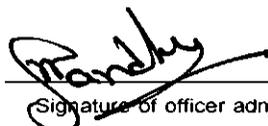
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said ROBERT A. WALKER, this the 31ST day of October, 2016, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

MICHAEL SANDHU
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME Rob Walker | | 20 Filer ID (Ethics Commission Filers) |
|--|--|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 3,275.11 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | | \$ 8,233.72 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 6,115.34 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 274.12 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 8,133.55 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$.02 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *6 1/6*

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/16

5 Full name of contributor

Tomas Gurtz

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

7 Amount of contribution (\$)

\$175.00

6 Contributor address;

City; State; Zip Code

8303 SaberCreek Trl. Austin, TX 78759

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30/16

Full name of contributor

Ana Cecilia Mendoza

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

Amount of contribution (\$)

\$175.00

Contributor address;

City; State; Zip Code

8303 SaberCreek Trl Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/16

Full name of contributor

Harry Fendrich

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

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

8018 High hollow Dr. Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

10/4/16

Full name of contributor

Thomas Bailey

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

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

8198 Hunting Hill Ln, McLean, VA 22102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2/6*

2 FILER NAME *Walker, Rob*

3 Filer ID (Ethics Commission Filers)

4 Date *10/7/16*
 5 Full name of contributor out-of-state PAC (ID#: _____) *Tom Umstatted*
 6 Contributor address; City; State; Zip Code
13276 N Hwy 183, Ste 101, Austin, TX 78750

7 Amount of contribution (\$)
\$ 200.11

8 Principal occupation / Job title (See Instructions) *CPA*
 9 Employer (See Instructions) *self*

Date *10/8/16*
 Full name of contributor out-of-state PAC (ID#: _____) *William Keene*
 Contributor address; City; State; Zip Code
8409 Asmara Dr, Austin, TX 78750

Amount of contribution (\$)
\$ 50.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *10/8/16*
 Full name of contributor out-of-state PAC (ID#: _____) *Peggy Ugent*
 Contributor address; City; State; Zip Code
1211 Marshall Lane C, Austin, TX 78703

Amount of contribution (\$)
\$ 150.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *10/8/16*
 Full name of contributor out-of-state PAC (ID#: _____) *Laura Gutierrez-Witt*
 Contributor address; City; State; Zip Code
1801 Lavaca St #11A, Austin, TX 78701

Amount of contribution (\$)
\$ 100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3/6**

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/16

5 Full name of contributor

David Cardus

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

16116 Maritime Alps Way, Austin, TX 78738

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/8/16

Full name of contributor

Larry Linen Schmidt

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

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

5905 Trabadora Cv, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/16

Full name of contributor

Fei Wu

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

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

11308 Cedarcliff Dr, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Realtor

Self

Date

10/11/16

Full name of contributor

William McLellan

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

613 W 33rd St, Austin, TX 78705

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/6

2 FILER NAME: Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date: 10/11/16

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

Margaret Hutchison

7 Amount of contribution (\$)
\$ 75.00

6 Contributor address; City; State; Zip Code
7505 Kolache Cv, Austin, TX 78750

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 10/3/16

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

James Skaggs

Amount of contribution (\$)
\$ 350.00

Contributor address; City; State; Zip Code
4700 Toreador Dr, Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date: 10/11/16

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

Nikki Zern

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
7630 Parkview Cir., Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 10/12/16

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

Allan Tiller

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
712 Main St., Ste 1100, Houston, TX 77002

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *5/6*

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/16

5 Full name of contributor

Joseph Sherfy

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

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

4131 Spicewood Springs Rd #B1, Austin, TX 78759

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/16

Full name of contributor

Remedios Martin

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

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

8009 Asmara Dr., Austin, TX 78750

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/28/16

Full name of contributor

John Knox

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

6804 Cactus Crossing, Austin, TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/16

Full name of contributor

Alan Geye

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

7810 Moonflower, Austin, TX 78750

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6/6**

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/16

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

Dallas Webster

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

8103 Pampas Cove, Austin, TX 78750

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/16

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

Jane Heath

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3011 Gates Rd, NW, Washington, DC 20008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/16

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

William E Mc Carron MD

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

4509 Spanish Oak Ter, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

physician

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

LOANS

SCHEDULE E

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: <u>1</u> |
| 2 FILER NAME <u>Rob Walker</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan <u>Various</u> <u>9/30-10/29/16</u> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert A. Walker</u> | 9 Loan Amount (\$) <u>\$ 8,233.72</u> |
| 6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/> | 8 Lender address; City; State; Zip Code <u>8321 Asmara Dr., Austin, TX 78750</u> | 10 Interest rate <u>N/A</u> |
| | | 11 Maturity date <u>N/A</u> |
| 12 Principal occupation / Job title (See Instructions) <u>CPA</u> | | 13 Employer (See Instructions) <u>Robert Atkins Walker PC</u> |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/> | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>2 1/2</i> | 2 FILER NAME <i>Walker, Rob</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10-17-16</i> | 5 Payee name <i>Bobby Vera</i> | |
| 6 Amount (\$) <i>\$ 800.00</i> | 7 Payee address; City; State; Zip Code <i>818 Craters of the Moon Blvd, Pflugerville, TX 78660</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>10-18-16</i> | Payee name <i>Shawn Prytula</i> | |
| Amount (\$) <i>\$ 96.50</i> | Payee address; City; State; Zip Code <i>9900 McNeil Dr. #8202, Austin, TX 78750</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>10-18-16</i> | Payee name <i>USAA</i> | |
| Amount (\$) <i>\$4,818.77</i> | Payee address; City; State; Zip Code <i>10750 McDermott Fwy, San Antonio, TX 78288</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: <i>2/2</i> | 2 FILER NAME <i>Walker, Rob</i> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date <i>10/26/16</i> | 5 Payee name <i>Roy H. Williams Marketing</i> |
|---------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) <i>\$350.00</i> | 7 Payee address; City; State; Zip Code <i>16221 Crystal Hills Dr., Austin, TX 78737</i> |
|----------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------------------|--|
| Date <i>9/30/16 - 10/29/16</i> | Payee name <i>Raise The Money, Inc.</i> |
|-----------------------------------|--|

| | |
|-------------------------------|--|
| Amount (\$) <i>\$50.07</i> | Payee address; City; State; Zip Code <i>P.O. Box 26466, Little Rock, AR 72221</i> |
|-------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Accounting/ Banking (Merchant Fees)</i> | 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 |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|--|------------------------------------|--|
| 1 Total pages Schedule F4: 2 1/2 | 2 FILER NAME Walker, Rob | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 160.63 |
|--|-----------|

| | |
|--------------------------|----------------------------|
| 5 Date 10/8/16 | 6 Payee name HEB |
|--------------------------|----------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$108.71 | 8 Payee address; City; State; Zip Code 7301 N. Fm 620, Austin, TX 78726 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense (for Event) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|------------------------|
| Date 10/8/16 | Payee name Randalls |
|-----------------|------------------------|

| | |
|------------------------|---|
| Amount (\$) \$67.64 | Payee address; City; State; Zip Code 8040 Mesa Dr., Austin, TX 78731 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beverage Expense (for Event) | 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: <i>2/2</i> | 2 FILER NAME <i>Walker, Rob</i> | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|---------------------------------|---|
| 5 Date <i>10/8/16</i> | 6 Payee name <i>County Line</i> |
|---------------------------------|---|

| | |
|---|--|
| 7 Amount (\$) <i>\$ 97.77</i> | 8 Payee address; City; State; Zip Code <i>5204 Ranch Rd 2222, Austin, TX 78731</i> |
|---|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage (for Event)</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | |
|----------------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 |
|--|-------------------------------|---------------|-------------|

| |
|--|
| |
|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3 1/3 | 2 FILER NAME Walker, Rob | 3 Filer ID (Ethics Commission Filers) |
|---|------------------------------------|---------------------------------------|

| | |
|--------------------------|---|
| 4 Date 10/6/16 | 5 Payee name Gross Roots Public Relations |
|--------------------------|---|

| | |
|---|--|
| 6 Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 3245 W. Main St., Ste 235-113, Frisco, TX 75034 |
|---|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|------------------------------------|
| Date 10/06/16 | Payee name Shawn Prytula |
|-------------------------|------------------------------------|

| | |
|---|--|
| Amount (\$) \$ 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 9900 McNeil Dr. #8202, Austin, TX 78750 |
|---|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | (b) 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 |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|-------------------------------------|
| Date 10/7/16 | Payee name Alpha Graphics |
|------------------------|-------------------------------------|

| | |
|--|---|
| Amount (\$) \$ 350.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3027 N. Lamar, Ste 202, Austin, TX 78705 |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | (b) 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2/3 | 2 FILER NAME Walker, Rob | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|-----------------------------|---------------------------------------|

| | |
|-------------------|-------------------------------|
| 4 Date 10/9/16 | 5 Payee name Shawn Prytula |
|-------------------|-------------------------------|

| | |
|---|---|
| 6 Amount (\$) \$76.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: City; State; Zip Code 9900 McNeil Dr. #8202, Austin, TX 78758 |
|---|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|---------------------------|
| Date 10/10/16 | Payee name Suzi Raines |
|------------------|---------------------------|

| | |
|---|---|
| Amount (\$) \$1075.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address: City; State; Zip Code 16221 Crystal Hills Dr., Austin, TX 78737 |
|---|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | (b) 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 |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|---|
| Date 10/10/16 | Payee name Wizard of Ads Peter Nevlund, LP |
|------------------|---|

| | |
|---|---|
| Amount (\$) \$1000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address: City; State; Zip Code 16221 Crystal Hills Dr., Austin, TX 78737 |
|---|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | (b) 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>3/3</i> | 2 FILER NAME <i>Walker, Rob</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/12/16</i> | 5 Payee name <i>Shawn Prytula</i> | |
| 6 Amount (\$) <i>\$ 123.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>9900 McNeil Dr. #8202, Austin, TX 78750</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---|
| Date <i>10/17/16</i> | Payee name <i>Emmis Communications</i> | |
| Amount (\$) <i>\$ 5033.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <i>One Emmis Plaza, 40 Monument Circle, Ste 700, Indianapolis, IN 46204</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) 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 |

| | | |
|---|--|---|
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | |
|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K. <u>1</u> |
|---|------------------------------------|

| | |
|---------------------------------|---------------------------------------|
| 2 FILER NAME <u>Walker, Rob</u> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------------|

| | | |
|---|--|--------------------------------|
| 4 Date <u>10-17-16</u> | 5 Name of person from whom amount is received <u>Frost Bank</u> | 8 Amount (\$) <u>\$.02</u> |
| 6 Address of person from whom amount is received; City; State; Zip Code <u>P.O. Box 1727, Austin, TX 78767</u> | | |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Interest on account</u> | | |

| | | |
|---|---|-------------|
| Date | Name of person from whom amount is received | Amount (\$) |
| Address of person from whom amount is received; City; State; Zip Code | | |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|---|-------------|
| Date | Name of person from whom amount is received | Amount (\$) |
| Address of person from whom amount is received; City; State; Zip Code | | |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|---|-------------|
| Date | Name of person from whom amount is received | Amount (\$) |
| Address of person from whom amount is received; City; State; Zip Code | | |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED