

# 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:  <b>24</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI  NICKNAME                              LAST                              SUFFIX  <b>Rob                                      Walker</b>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="font-size: x-small; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: x-small; margin: 5px 0;">Receipt #                      Amount \$</p> <p style="font-size: x-small; margin: 5px 0;">Date Processed</p> <p style="font-size: x-small; margin: 5px 0;">Date Imaged</p> </div> <div style="text-align: center; margin-top: 10px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">2017 JAN 13 PM 3 22</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 0.8em;">AUSTIN CITY CLERK RECEIVED</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  <b>8321 Asmara Dr.                      Austin, TX 78750</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  <b>(512 )                      250-1277</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  NICKNAME                              LAST                              SUFFIX  <b>Mr.                                      Frank                              C. McCamant</b>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  <b>9600 Great Hills Trail Ste 150W Austin, TX 78759</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  <b>(512 )                      502-3010</b>		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year  <b>10 / 30 / 2016                      THROUGH                      12 / 31 / 2016</b>		
11 ELECTION	ELECTION DATE  Month                      Day                      Year  <b>11 / 08 / 2016</b>	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  <b>Austin City Council District 10</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

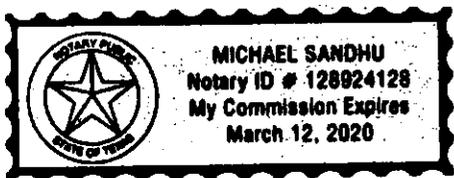
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>Rob Walker</b>	15 Filer ID (Ethics Commission Filers)
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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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	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	\$ 1.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,626.12
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,319.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 24,877.59

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.

*Rob Walker*

\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert A. Walker, this the 13<sup>th</sup> day of January, 2017, to certify which, witness my hand and seal of office.

*Sandhu*

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 <b>Rob Walker</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,625.12
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	\$ 8,110.88
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,898.40
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	\$ 2,108.10
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,312.75
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/9
2 FILER NAME <b>WALKER, ROB</b>		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN ANTHONY CASTRO</b>	7 Amount of contribution (\$)  350.00
6 Contributor address; City; State; Zip Code <b>121 S ORANGE ST ORLANDO, FL 32801</b>		
8 Principal occupation / Job title (See Instructions) <b>MANAGING PARTNER</b>		9 Employer (See Instructions) <b>CASTRO &amp; CO.</b>
Date 11/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MICHAEL MURPHY</b>	Amount of contribution (\$)  25.00
Contributor address; City; State; Zip Code <b>5012 CRYSTAL WATER DR AUSTIN, TX 78735</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BRANDON GARDNER</b>	Amount of contribution (\$)  100.00
Contributor address; City; State; Zip Code <b>627 WILD ROSE AUSTIN, TX 78737</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SARAH WALKER</b>	Amount of contribution (\$)  25.00
Contributor address; City; State; Zip Code <b>705 QUINCY ST SE ALBUQUERQUE, NM 87108</b>		
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.		<b>1</b> Total pages Schedule A1: 2/9
<b>2</b> FILER NAME <b>WALKER, ROB</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  11/2/16	<b>10</b> Full name of contributor out-of-state PAC (ID#: _____) <b>KATHRYN KASPAR</b>  <b>11</b> Contributor address; City; State; Zip Code 2122 W 110 <sup>TH</sup> ST CHICAGO, IL 60643	<b>7</b> Amount of contribution (\$)  50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  11/2/16	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>PAUL TATTERSALL</b>  <b>Contributor address; City; State; Zip Code</b> 2 STEM PLACE OCEAN REEF, WESTERN AUSTRALIA 6027, AL 1111	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  11/2/16	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>ANDRES SALVADOR</b>  <b>Contributor address; City; State; Zip Code</b> 1522 BEN CRENSHAW WAY AUSTIN, TX 78746	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  11/2/16	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>RICHARD TALLENT</b>  <b>Contributor address; City; State; Zip Code</b> 9924 LEGACY FT WORTH, TX 76108	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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**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: 3/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/16	12 Full name of contributor RUBEN RUIZ 13 Contributor address; 4705 WEIDEMAR LANE City; State; Zip Code AUSTIN, TX 78745 out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/3/16	Full name of contributor PAUL TOTARO Contributor address; 13305 COLETO CREEK TRL City; State; Zip Code AUSTIN, TX 78732 out-of-state PAC (ID# _____)	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/3/16	Full name of contributor GARY KERSCH Contributor address; 7217 MCNEIL DR City; State; Zip Code AUSTIN, TX 78729 out-of-state PAC (ID# _____)	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) DOUBLEKAYE CORP
Date 11/3/16	Full name of contributor GARY GAUVIN Contributor address; 2500 ROCHELLE RD City; State; Zip Code ROCKWALL, TX 75032 out-of-state PAC (ID# _____)	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/9
2 FILER NAME <b>WALKER, ROB</b>		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/16	14 Full name of contributor out-of-state PAC (ID#: _____) <b>GENE HILL</b> 15 Contributor address; City; State; Zip Code <b>800 STATE HWY 495, LOT 627 ALAMO, TX 78516</b>	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID CLAFLIN</b> Contributor address; City; State; Zip Code <b>2508 TIMBERLINE AUSTIN, TX 78746</b>	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DAVID CLAFLIN ATTORNEY PC
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) <b>CHARLES HALBERT</b> Contributor address; City; State; Zip Code <b>PO BOX 854 WILLIMANTIC, CT 06226</b>	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH ZULLO</b> Contributor address; City; State; Zip Code <b>2216 PARK PLACE CIRCLE ROUND ROCK, TX 78681</b>	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/16	16 Full name of contributor out-of-state PAC (ID#: _____) GINGER UMSTATTD 17 Contributor address; City; State; Zip Code 13276 RESEARCH BLVD, STE 101 AUSTIN, TX 78750	7 Amount of contribution (\$)  200.12
8 Principal occupation / Job title (See Instructions) PERSONAL ASSISTANT		9 Employer (See Instructions) TOM UMSTATTD, CPA
Date 11/4/16	Full name of contributor out-of-state PAC (ID#: _____) ROBERT GRANT Contributor address; City; State; Zip Code 801 MERIDIAN AVE, UNIT K SOUTH PASADENA, CA 91030	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/16	Full name of contributor out-of-state PAC (ID#: _____) STEVEN SMITH Contributor address; City; State; Zip Code 12340 ALAMEDA TRACE CIR, #2703 AUSTIN, TX 78727	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) MAX GLOBAL
Date 11/4/16	Full name of contributor out-of-state PAC (ID#: _____) ROBIN SMITH Contributor address; City; State; Zip Code 12340 ALAMEDA TRACE CIR, #2703 AUSTIN, TX 78727	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) MAX GLOBAL

**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: 6/9
2 FILER NAME <b>WALKER, ROB</b>		3 Filer ID (Ethics Commission Filers)
4 Date  11/4/16	18 Full name of contributor out-of-state PAC (ID#: _____) <b>THOMAS CEPEK</b>  19 Contributor address; City; State; Zip Code <b>708 THERESA COVE CEDAR PARK, TX 78613</b>	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  11/8/16	Full name of contributor out-of-state PAC (ID#: _____) <b>IAIN HOWE</b>  Contributor address; City; State; Zip Code <b>11221 BLAIRVIEW LN AUSTIN, TX 78748</b>	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  11/9/16	Full name of contributor out-of-state PAC (ID#: _____) <b>TRACY CHEN</b>  Contributor address; City; State; Zip Code <b>11908 ANDERSON MILL RD #325; AUSTIN, TX 78726</b>	Amount of contribution (\$)  350.00
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) TCHEN ARCHITECT
Date  11/9/16	Full name of contributor out-of-state PAC (ID#: _____) <b>MARIANNE CHEN</b>  Contributor address; City; State; Zip Code <b>11908 ANDERSON MILL RD #325; AUSTIN, TX 78726</b>	Amount of contribution (\$)  350.00
Principal occupation / Job title (See Instructions) NONE		Employer (See Instructions) NONE

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/16	20 Full name of contributor out-of-state PAC (ID#: _____) STEVE FANKHAUSER 21 Contributor address; City; State; Zip Code 1413 HIBISCUS AVE McALLEN, TX 78501	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) RICHARD LECZYNSKI Contributor address; City; State; Zip Code 6006 BON TERRA DRIVE AUSTIN, TX 78731	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) DEVELOPMENT DIRECTOR		Employer (See Instructions) EA
Date 11/4/16	Full name of contributor out-of-state PAC (ID#: _____) JEAN BACKUS Contributor address; City; State; Zip Code 16204 HIDDEN SPRINGS LANE AUSTIN, TX 78737	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/16	Full name of contributor out-of-state PAC (ID#: _____) CARL WALKER Contributor address; City; State; Zip Code 2429 HIGHPOINTE DR KALAMAZOO, MI 49008	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8/9

2 FILER NAME WALKER, ROB

3 Filer ID (Ethics Commission Filers)

4 Date  
11/6/16

22 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
JOHANNESSEN BOOGREN  
23 Contributor address; City; State; Zip Code  
11008 ROY BUTLER DR AUSTIN, TX 78717

7 Amount of contribution (\$)  
50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
11/5/16

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
PAUL BRADLEY  
Contributor address; City; State; Zip Code  
6002 142<sup>ND</sup> PL SE BELLEVUE, WA 98006

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/8/16

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
JOHN KNOX  
Contributor address; City; State; Zip Code  
6804 CACTUS CROSSING AUSTIN, TX 78737

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/10/16

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
ROSELYN KRAUSE  
Contributor address; City; State; Zip Code  
32242 WISKON WAY W PAUMA VALLEY, CA 92061

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/10/16	24 Full name of contributor out-of-state PAC (ID#: _____) JOHN FOCHS 25 Contributor address; City; State; Zip Code 2714 E 7 <sup>TH</sup> ST DULUTH, MN 55812	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/12/16	Full name of contributor out-of-state PAC (ID#: _____) TOMAS SALVADOR Contributor address; City; State; Zip Code 5219 MOON SHADOW DR AUSTIN, TX 78735	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/16	Full name of contributor out-of-state PAC (ID#: _____) JON LEMON Contributor address; City; State; Zip Code 11124 AMESITE TRL AUSTIN, TX 78726	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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: 1
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/30-11/28/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)  ROBERT WALKER	9 Loan Amount (\$) 8,110.88
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  8321 ASMARA DRIVE AUSTIN, TX 78750	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CERTIFIED PUBLIC ACCOUNTANT		13 Employer (See Instructions) ROBERT ATKINS WALKER PC
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 checked="" 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 N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Employer (See Instructions)
Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>		Amount Guaranteed (\$)
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.

<b>1</b> Total pages Schedule F1: 2/3	<b>2</b> FILER NAME WALKER, ROB	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/17/16	<b>5</b> Payee name ROBERT WALKER	
<b>6</b> Amount (\$) 2664.36	<b>7</b> Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT (VEHICLE MILEAGE)	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 11/17/16	Candidate / Officeholder name USAA	
Amount (\$) 405.92	Payee address; City; State; Zip Code 10750 McDERMOTT FWY SAN ANTONIO, TX 78288	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 12/7/16	Candidate / Officeholder name USAA	
Amount (\$) 238.63	Payee address; City; State; Zip Code 10750 McDERMOTT FWY SAN ANTONIO, TX 78288	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

**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.

<b>1</b> Total pages Schedule F1: 3/3	<b>2</b> FILER NAME <b>WALKER, ROB</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/30-11/14/16	<b>5</b> Payee name <b>RAISE THE MONEY, INC.</b>				
<b>6</b> Amount (\$) 204.77	<b>7</b> Payee address; City; State; Zip Code PO BOX 26466 LITTLE ROCK, AR 72221				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  ACCOUNTING/BANKING (MERCHANT FEES)	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:10%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<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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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1/4	<b>2</b> FILER NAME <b>WALKER, ROB</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ 31.49</b>
<b>5</b> Date 10/30/16	<b>6</b> Payee name CHANGE.ORG	
<b>5</b> Amount (\$) 50.00	<b>8</b> Payee address; City; State; Zip Code 548 MARKET ST, PRIVATE MAILBOX 29993; SAN FRANCISCO, CA 94104-5401	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) DONATIONS MADE BY CANDIDATE (SAVE MUNY)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 10/30/16	Payee name FACEBOOK.COM	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 HACKER WAY      MENLO PARK, CA 94205	
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) ADVERTISING EXPENSE	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 2/4	<b>2</b> FILER NAME WALKER, ROB	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 10/31/16	<b>6</b> Payee name PURSUIT INTERNET AND PRINTING
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<b>7</b> Amount (\$) 1090.93	<b>8</b> Payee address: City; State; Zip Code 2591 DALLAS PKWY, STE 300, FRISCO, TX 75034
---------------------------------	--

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

<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/16	Payee name PINNACLE PROMOTIONS
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Amount (\$) 220.00	Payee address; City; State; Zip Code 4855 PEACHTREE INDUSTRIAL BLVD, STE 235; NORCROSS, GA 30092
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 3/4	<b>2</b> FILER NAME WALKER, ROB	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 10/31/16	<b>6</b> Payee name OH BOY! PRINT SHOP	
<b>6</b> Amount (\$) 394.03	<b>8</b> Payee address; City; State; Zip Code 8910 RESEARCH BLVD A2, AUSTIN, TX 78758	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  PRINTING/ADVERTISING EXPENSE	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 11/14/16	Payee name T J MAXX	
Amount (\$) 20.54	Payee address; City; State; Zip Code 9828 GREAT HILLS TRAIL STE 200, AUSTIN, TX 78759	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  OFFICE OVERHEAD	Description  Check if travel outside of Texas. Complete Schedule T.  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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# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 4/4	<b>2</b> FILER NAME <b>WALKER, ROB</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/1/16	<b>6</b> Payee name NAMECHEAP, INC.
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<b>8</b> Amount (\$) 26.60	<b>8</b> Payee address; City; State; Zip Code 11400 W OLYMPIC BLVD, STE 200, LOS ANGELES, CA 90064
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  OTHER - INTERNET DOMAIN EXPENSE	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/16	Payee name BLANTON'S INTERNATIONAL
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Amount (\$) 296.00	Payee address; City; State; Zip Code PO BOX 73645 HOUSTON, TX 77273
-----------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONSULTING	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule G: 1/4	<b>2</b> FILER NAME WALKER, ROB	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/30/16	<b>5</b> Payee name JONATHAN LIENERT
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<b>6</b> Amount (\$) 1250.00	<b>7</b> Payee address; City; State; Zip Code 8321 ASMARA DR AUSTIN, TX 78750
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<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 10/30/16	Payee name SHAWN PRYTULA
------------------	-----------------------------

Amount (\$) 168.00	Payee address; City; State; Zip Code 9900 McNEIL DR #8202 AUSTIN, TX 78750
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/16	Payee name FAST GORILLA MARKETING
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Amount (\$) 4800.00	Payee address; City; State; Zip Code 12007 RADIUM ST SAN ANTONIO, TX 78216
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2/4	<b>2</b> FILER NAME WALKER, ROB	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/8/16	<b>5</b> Payee name YOMI ADEBO
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<b>6</b> Amount (\$) 126.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 12529 LABRADOR DR AUSTIN, TX 78729
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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<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 11/9/16	Payee name SAM WALKER
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Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/16	Payee name SAM WALKER
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Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3/4	<b>2</b> FILER NAME WALKER, ROB	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/15/16	<b>5</b> Payee name JONATHAN LIENERT
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<b>6</b> Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750
---	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/16	Payee name P TERRY'S
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Amount (\$) 4.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8515 BURNET RD. AUSTIN, TX 78757
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. 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 11/7/16	Payee name LYDIA WALKER
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Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description Check if travel outside of Texas. Complete Schedule T. 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 4/4	<b>2</b> FILER NAME <b>WALKER, ROB</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/8/16	<b>5</b> Payee name <b>WALMART</b>	
<b>6</b> Amount (\$) 4.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  2525 W ANDERSON LN, AUSTIN, TX 78757	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  FOOD/BEVERAGE EXPENSE	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/15/16	Candidate / Officeholder name	
Amount (\$) 4.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Office sought	
<b>PURPOSE OF EXPENDITURE</b>	Office held	
Date 11/15/16	Candidate / Officeholder name	
Amount (\$) 4.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Office sought	
<b>PURPOSE OF EXPENDITURE</b>	Office held	
Date 11/15/16	Candidate / Officeholder name	
Amount (\$) 4.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Office sought	
<b>PURPOSE OF EXPENDITURE</b>	Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**