CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	±21
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	мі	OFFICE	JSE ONLY
	NICKNAME LAST Rob Walker	SUFFIX	Date Received	AUSTIN CI RECE 2016 OCT 11
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 8321 ASMARA Dr. A	ustin, TX 78750		IN CITY CI RECEIVED I 11 PM
		EXTENSION		ω E
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 250-1277	EXTENSION	Date Hand-delivered	or DeteoPostmarked ^K
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME LAST		Date Processed	
	McCamant		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 9600 Great Hills Tro 5th 150W Austin, TR 78759	ail	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 502-3010	EXTENSION		
9 REPORT TYPE	January 15 X 301h day before el		15th day after treasurer app (Officeholder Final Report	pointment
10 PERIOD COVERED	Month Day Year 08 / 22 / 2016	Month THROUGH	Day Year 29 /201	ķ
11 ELECTION	ELECTION DATE Month Day Year Primary 11/08/2016 🛛 General	ELECTION TYPE		
12 OFFICE		13 OFFICE SOUGHT (if known) AUSTIN City CC		trict /0
	GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

14 C/OH NAME	Rob Wa	ilker 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	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	
	GENERAL		
		COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 291.53		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12,370.15
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	× \$ 4,081.61
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 12,370.15 * \$ 4,081.61 \$ 1,000.00
18 AFFIDAVIT		I swear, or affirm, under penalty of perjution true and correct and includes all inform	
A CONTRACT	JANEAN S WORKM My Commission Exp. April 26, 2018		ate or Officeholder
AFFIX NOTARY STAM		by the said Rob Walker	, this the
day of	7 20 b C.	to contify which, witness my hand and seal of office.	Private Client Barker
Signature of officer	dministering oath	Printed name of officer administering oath	Title of officer administering oath
Forms provided by Texas El	hics Commission	www.ethics.state.tx.us	Revised 9/8/2015

Forms provided by Texas Ethics Commission

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME WALKER, Rob 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4, 100. 00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 1,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,000.00 \$ 18.39
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4, 818.77
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$7,532.99
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1/8
FILER NAM	ker, Rob	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	
7/17/16	John G. Pearce 6 Contributor address; City; State; Zip Code 919 Congress Ave. St. 700 Austin, TR 7870	\$100,00
	919 Congress Ave. Ste 900 Austin, TR 7870	/
	cupation / Job title (See Instructions) 9 Employer (See Ins	
	Full name of contributor [] out-of-state PAC (ID#:	—) Amount of contribution (\$)
9/7/16	Becky + Kirk Kirkpatrick Contributor address; City; State; Zip Code	\$100.00
Principal occi	1001 Quill Leaf & Austin, TX 78750 upation / Job title (See Instructions) Employer (See Inst	tructions)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· - · · · · · ·
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	(+,
9/1/16	Edward Summers Contributor address; City; State; Zip Code	\$ 100,00
	3608 Highland ViewDr. Austin, TR 1873	
Principal occ	upation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
9/8/16	Contributor address; City; State; Zip Code	\$ 10.00
	3245 W. Main St. Ste 235-113 Frisco, TX 7503	94
Principal occi	upation / Job title (See Instructions) Employer (See Inst	ructions)

$S _{28} _{16}$ $DaWid Somers$ $Gitter address;$ $City: State: Zip Code$ $3005 5. Lamar Str. D-109$ $Austin, TX 78704$ $f'_{100,00}$ Principal occupation / Job title (See Instructions) g Employer (See Instructions) Date Full name of contributor $out-ot-state PAC (ID#:)$ Amount of contribution (\$) $2 31 11$ $Amount of contributor address;$ City: State; Zip Code $3712 Living Ston St NW$ $Washington, DC - 20015$ Principal occupation / Job title (See Instructions) Employer (See Instructions) $Self$ Date Full name of contributor $City: State: Zip Code$ $3712 Living Ston St NW$ $Washington, DC - 20015$ Principal occupation / Job title (See Instructions) Employer (See Instructions) $Self$ Date Full name of contributor $out-ot-state PAC (ID#: Amount of contribution ($) $	Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2/8
$\begin{array}{c c c c c c c c c c c c c c c c c c c $			3 Filer ID (Ethics Commission Filers)
30055, $Lamar St D-109$ $Austrin, TX 18704$ Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor $aut-of-state PAC (IDF:)$ Amount of contribution (\$) $21/31/11$ $Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Ann D. + Tan C: Licnert s 200,00 21/31/11 Annount of contributor address; City; State; Zip Code s 200,00 201/11 Contributor address; City; State; Zip Code s 25,00 s 25,00 91/11/11 Contributor address; City; State; Zip Code s 25,00 s 25,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) s 25,00 Date Full name of contributor aut-of-state PAC (IDs:$	Date	5 Full name of contributor	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF:	8/28/16	David Somers 6 Contributor address; City: State: Zip Code	⁴ /00.00
Date Full name of contributor out-of-state PAC (IDF:		3005 5. Lamas St. D-109 Austin, TX 18704	
2 31 11 $Amn D. + Tan C. Lienert.Contributor address: 2ip Code 3712 Livingston St NW Washington, DC 20015 3712 Livingston St NW Washington, DC 20015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-ot-state PAC (ID#:$	Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Image: Contributor address; City: State: Zip Code 200,00 3712 LivingSton S+ NW Washington, DC 20015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self Amount of contribution (\$) Date Full name of contributor out-ol-state PAC (ID#:	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) $COnsultant$ $Self$ Date Full name of contributor $out-ol-state PAC (ID#:)$ $9/b/lb$ $Elizabith Laurence$ $s_{25,00}$ $7201 RR 2222 # 2206 Austin, TR 78730$ $s_{25,00}$ Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor $out-ol-state PAC (ID#:)$ Amount of contributor $out-ol-state PAC (ID#:)$ Amount of contribution (\$) Date Full name of contributor $out-ol-state PAC (ID#:)$ Amount of contribution (\$) Date Full name of contributor $out-ol-state PAC (ID#:)$ Amount of contribution (\$) $9/b/lb$ Contributor address; City: State; Zip Code $$40.00$ 4014 Sicrra Dr. Austrin TR 78731 $$40.00$	2/31/16	Contributor address; City; State; Zip Code	\$ 200,00
ConsultantSelfDateFull name of contributor \Box out-of-state PAC (ID#:)Amount of contribution (\$) $9/4/14$ $Elizabith LaurenceContributor address;City; State; Zip Code$ 25,007201 RR 2222 # 2206 Austrin, TR 78730$ 25,00Principal occupation / Job title (See Instructions)Employer (See Instructions)DateFull name of contributorGurg LundeenContributor address;\Box out-of-state PAC (ID#:)9/4/16Full name of contributorGurg LundeenContributor address;City; State; Zip Code9/4/16Full name of contributorUndeenContributor address;City; State; Zip Code9/4/16Full name of contributorUndeenContributor address;\Box attack pac (ID#:)9/4/16Full name of contributorUndeenContributor address;City; State; Zip Code9/4/16Full name of contributorUndeenContributor address;City; State; Zip Code9/4/16Full Sicrra Dr.Austrin TR 78731$		3712 Livingston St NW Washington, DC 20015	
9/4/11 $E/12abith LaurenceContributor address;Size : Zip Code$$25,007/201 RR 2222 * 2206 Austin, TX 18730$$25,00Principal occupation / Job title (See Instructions)Employer (See Instructions)DateFull name of contributorGarg LundeenContributor address:$$out-of-state PAC (ID#:)9/6/16Garg LundeenHO14 Sicrra Dr.City: State: Zip Code$$40.00$	· ^		tions)
7201 RR 2222 # 2206 Austin, TR 18730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 9/6/16 Contributor address: City: State: Zip Code 4014 Sicrra Dr. Austin, TR 78731	Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)
7201 RR 2222 # 2206 Austin, TR 18730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 9/6/16 Contributor address: City: State: Zip Code 4014 Sicrra Dr. Austin, TR 78731	9/6/16	Elizabeth Laurence Contributor address; City; State; Zip Code	\$ 25,00
Date Full name of contributor out-of-state PAC (ID#:) Arnount of contribution (\$) 9/6/16 Gary Lundeen Contributor address; City: State; Zip Code \$40.00 4014 Sicrra Dr. Austin, TR 78731		7201 RR 2222 #2206 Austin TR 18730	
9/6/16 Contributor address: City: State: Zip Code \$40.00 4014 Sicrra Dr. Austin TR 78731	Principal occ	upation / Job title (See Instructions) Employer (See Instruct	tions)
10/16 Contributor address: City: State: Zip Code 740.00 4014 Sicrra Dr. Austin TR 78731	Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
	9/6/16	Contributor address; City; State; Zip Code	\$40.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		4014 Sierra Dr. Austin TR 78731	
	Principal occu	upation / Job title (See Instructions) Employer (See Instruct	lions)
			······································

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3/8
FILER NAMI	E Iker, Rob	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	
9/16/16	A. J. Van der Steur 6 Contributor address: City; State; Zip Code 4913 (alhoun Canyon Loop Austin TR 78735 supation / Job title (See Instructions) 9 Employer (See Instructions)	\$50,00
·	4913 Calhoun Cannon Loop Austin TR 78735	
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
Date	Full name of contributor 📋 out-of-state PAC (ID#:)	Amount of contribution (\$)
9/17/16	Jim + Linda Fryer Contributor address; City; State; Zip Code	\$ 200,00
	8137 Jester Blud. Austin TR 78750	
· · ·	upation / Job title (See Instructions) Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/17/16	David A. Guenthner Contributor address; City; State; Zip Code	\$50,00
	6114 Gardenridge Hollow Austin, TX 78750	
Principal occi	upation / Job title (See Instructions) Émployer (See Instruct	lions)
Date	Full name of contributor	Amount of contribution (\$)
9/17/K	Margie Monroe Contributor address; City; State; Zip Code	\$100,00
	2611 Pinewood Ter. Austin TR 18757	
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
	· · · · · · · · · · · · · · · · · · ·	·····
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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1: 4/8	
2 FILER NAME	Walker, Rob		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 9/17/16 6 Contributor address; City; State; Zip Code 19217 Wedtke Ln; Pflugerville; TX; 78660			7 Amount of contribution (\$) (250.00)	
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor [] out-of-state PAC Brant Alexis (2007 ale		Amount of contribution (\$)	
9/17/16	Brant Alexis Gonzale; contributor address; City; State 4113 Threadgill St.; Austin; T		\$100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Jian Xu) (ID#:)	Amount of contribution (\$)	
9/17/16 Contributor address; City; State; Zip Code 7012 Quill Leaf CV; Austin; TX; 78750			\$100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor 🛛 out-of-state PAC T. R. Glass	; (ID#:)	Amount of contribution (\$)	
9/17/16		; zip Code (;78731-1127	\$ 100.00	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	lions)	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instr			

FILER NAME Walker, Rob Date 5 Full name of contributor [] out-of-state PAC (ID#:) Elizabeth Ann Andrews 6 Contributor address: City: State: Zip Code 2100 Simbrah Dr.; Cedar Park; TX; 78613	 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
R/17/16 Elizabeth Ann Andrews 6 Contributor address; City; State; Zip Code	- h
2100 Simbrah Dr.; Cedar Park; IX; 78613	\$100.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor [] out-of-state PAC (1D#:) Karsten S Weber	Amount of contribution (\$)
1/17/16 Contributor address; City; State; Zip Code 8200 Asmaro Dr.; Austin; TX; 78750-7810	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Set Entrepreneur Lexbe LLC	-
Date Full name of contributor out-of-state PAC (ID#:) Sharon Weber Contributor address; City; State; Zip Code 8200 Asmara Dr.; Austin; TX; 78750-7810	Amount of contribution (\$) $4250-00$
Principal occupation / Job title (See Instructions) Employer (See Instructions) Software Engineer .VMWare	ctions)
Date Full name of contributor Dout-of-state PAC (1D#:) George L Clark N/17/16 Contributor address; City: State: Zip Code 5702 Darker Ridge D.; Austin; TX; 78759-5110	Amount of contribution $(\$)$ 350.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·

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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
 The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6/8
2 FILER NAME	Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/16			7 Amount of contribution (\$) 350-00
	5702 Barker Ridge Dr.; Austin; pation / Job title (See Instructions) Jome Maker	X; 78759-5110 9 Employer (See Instruc	tions)
Date	Full name of contributor Dout-of-state PAC Audrey Clark Contributor address; City; State	(ID#:)	Amount of contribution (\$)
9/17/16	Contributor address; City; State 5702 Borkey Ridge Dr-; Austin; T		\$300.00
	Dation / Job title (See Instructions)	Employer (See Instruct	tions)
^{Date} 9/20/16	Full name of contributor Dout-of-state PAC Ronald E Winn Contributor address; City: State 8003 Baywood Dr.; Aufin; TX	Zip Code	Amount of contribution (\$) 400.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 7/20/16	Full name of contributor Dout-of-state PAC Sandra P Winn Contributor address; City; State 8003 Baywood Or.; Austin; TX;	; Zip Code	Amount of contribution (\$) $ (00,00) $
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		EDED

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 7/8
2 FILER NAME	ker, Rob		3 Filer ID (Ethics Commission Filers)
	 5 Full name of contributor out-ol-state F Stephen Speir 6 Contributor address; City; State 1225 Corona Dr.; Austin; T. 1225 Corona Dr.; Austin; T. 	AC (ID#:) ate: Zip Code (; 78723 9 Employer (See Instruc	7 Amount of contribution (\$) $425 \cdot 00$
Date 9/29/16	Ed Lette Contributor address; City; Sta	AC (ID#:)	Amount of contribution (\$) $(OO.OO)$
Principal occur	1910 W Braker Ln; Austin; T	X; 18:158 Employer (See Instruc	tions)
Date 9/26/16	Full name of contributor Dout-of-state P John Brouwer Contributor address; City: Sta 2093 Cobblestone Ln Restor	xc (ID#:) .te; Zip Code D,VA 20191	Amount of contribution (s)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 7/24/16	David Bock	AC (ID#:) hte; Zip Code 7n, TX 78735	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
<u> </u>			

 1 Total pages Schedule A1: 8/8 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 350.00 cons)
* 350.00
Amount of contribution (\$)
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Amount of contribution (\$)
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LOANS		SCHEDULE E
The Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule E:
2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
8/24/16 Robert A. Walker		9 Loan Amount (\$) 4 1,000.05
6Is lender a financial Institution?8Lender address; S321City; As malaYN	State; Zip Code Austin, TR 78750	10 Interest rate N/A 11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CPA	13 Employer (See Instructions) Robert Atkins U	Valker PC
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	edeposited into political
16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City; not applicable 18 Guarantor address;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of Ioan Name of lender out-ol-sta	ate PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate
Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;		
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL C If lender is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS N instruction guide for additional r	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fæs C Food/Beverage Expense F y Gift/Awards/Mernorials Expense F	Joan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense folling Expense Travel In District rinting Expense Travel Out Of District Galaries/Wages/Contract Labor Other (enter a category not listed above)				
1 Total pages Schedule F1: 4 Date 9/12 -9/21 /14	Walker, Rob	3 Filer ID (Ethics Commission Filers)				
6 Amount (\$) \$ 8.39	7 Payee address; City; State; Zip P.D BOX 26466, Li	He Rock, AR 72221				
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the lop of this sche ACC OUNTING / Bankin (Merchant Fecs)	edule) (b) Description Check if Iravel outside of Texas. Complete Schedule T.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip	Code -				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description Check il travel outside of Texas. Complete Schedule T.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held				
Date	Рауее пате					
Amount (\$)	Payee address; City; State; Zip	Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED				

EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4			
	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense	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.				
1 Total pages Schedule F4:	² FILERNAME Walker, Rob	3 Filer 1D (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 291,53			
5 Date 8/26/16	6 Payee name American City Business Journal 8 Payee address; City; State; Zip Code				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
\$ 105.00	120 W. Morchard St., Charlotte, N.C 2	8202			
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description Check if traveloutside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held			
Date 9/2/16	Payee name Super Cheap Signs				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,544,19	9200 Water and Centre Blud #100, Aust	in, TR 78758			
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule) Description	ก			
PURPOSE OF		travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Advertising 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 NE	EDED			

EXPENDITU	RES MADE BY CREDIT CA	RD	SCHEDULE F4		
	EXPENDITURE CATEGORIES FOR	BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead Food/Beverage Expense Polling Expense y Gitt/Awards/Memorials Expense Printing Expense	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4: $\frac{2}{5}$	2 FILERNAME Walker, Rob		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRED	IT CARD	\$		
5 Date 9/16/16 7 Amount (\$)	6 Payee name HEB 8 Payee address; City: State; Zip Code				
\$ 62.00	7301 N. FM 620, Austin, TR	18726			
9 TYPE OF EXPENDITURE	Political Non-Politica	1			
10 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (Fr EVENT) 				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	+ 	sought	Office held		
Date 9/16/16	Payee name HEB				
Amount (\$)	Payee address; City; State; Zip Code	-	,		
* 38.44	7301 N. Fm 620, Austin, T.	x 1812	ъ		
TYPE OF EXPENDITURE	Political Non-Politica	1			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Food/Beverage Expense (Freevent)		ON f travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NE	EDED		

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EXPENDITU	RES MADE BY CREDIT CA	RD	SCHEDULE F4
	EXPENDITURE CATEGORIES FOR I	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Totat pages Schedule F4: 3/5	2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDI	TCARD	\$
5 Date 9/17/16	6 Payee name County Line 8 Payee address; City; State; Zip Code		
7 Amount (\$) \$ /14 42	8 Payee address; City; State; Zip Code 5204 Ranch Rd 222, Austin		18731
9 TYPE OF EXPENDITURE	Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Flocd/Beverage Expanse (for Event)		on i travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		sought	Office held
Date 9/20/16	Payee name Bartlatts		
Amount (\$)	Payee address; City; State; Zip Code		
* 141.24	2408 W. Anderson Ln., Aus	stin, TR	78757
TYPE OF EXPENDITURE	Political Non-Politica	1	
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule) FOOD/BEVERASE EXPENSE		on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NE	EDED

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Revised 9/8/2015

EXPENDITU	JRES MADE BY CREDIT CARD SCHEDUL	.е F 4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		lelated Expense
1 Total pages Schedule F4: 4/5	2 FILER NAME Walker, Rob 3 Filer ID (Ethics Commiss	sion Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD	
5 Date 9/26/16	6 Payee name Super Chear Signs	
7 Amount (\$) \$ 70.25	8 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100, Austin TX 78750	8
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertsing (b) Description (check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living exp	
11 Camplete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held DH	
Date 9/27/16	Payee name Super Chcap Signs	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 1,751.21	9200 Water ford Centre Blvd #100, Austin, TR To	8758
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder tiving exp	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

EXPENDITU	RES MADE BY CRE	EDIT CAR	D	SCHEDULE F4
	EXPENDITURE CATE	GORIES FOR BO	X 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reil Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Conl	mbursement Ital Expense tract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: 5/5	2 FILERNAME Walker, Rob	·		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACREDIT	CARD	\$
5 Date 9/29/16	6 Payee name Super Cheap SI	igns		1
7 Amount (\$) \$ 700.49	8 Payee address; City; State; 9200 Waterford Cen;	Zip Code	100, A	ustin, TR 78758
9 TYPE OF EXPENDITURE	Political [Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t Advertising	his schedule) (b		DN I travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ıght	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code	<u></u>	
TYPE OF EXPENDITURE	Political [Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule)		ON I travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate / Officeholder name H	Office sou	ıght	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDL	JLE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guit	Office Polling xpense Printir Salarie	tepayment/Reimbursement Overhead/Rental Expense g Expense g Expense s:/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category i	nt & Related Expense
1 Total pages Schedule G:	2 FILER NA	Me Jalker, Rob	, 2		3 Filer ID (Ethics C	ommission Filers)
4 Date 8/22/16	5 Payee nam	of Austin				
6 Amount (\$) ∳ 500,00 Reimbursement from political contributions intended	7 Payee add 301 W	ress; City; S . Z ^{MA} ST. A	State: Zip Code UStin, IX	1078701		
8 PURPOSE OF EXPENDITURE	(a) Category (Fee	See Categories listed at the t	op of this schedule)		de of Texas. Complete Schedule "X, officeholder living expens	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder nan	ne	Office sought	0	ffice held
Date 8/3//16	Payee nam Habo	nero Cafe				
Amount (\$) Q.7.50 Reimbursement from political contributions intended	Payee add	ress; City; S W. Oltorf,	state: Zip Code Austin	, TR 1870	÷	-
PURPOSE OF EXPENDITURE	•••	See Categories listed at the t	-		de of Texas. Complete Schedule X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ite / Officeholder nan	ne	Office sought	0	ffice held
Date 9/5/16	Payee nam	Roots Aub	lic Rela	tions		
Amount (\$) * 3, 495.00 Reimbursement from political contributions intended	Payee add 3245 l		itate; Zip Code SHC 235-	113 Frisco Tx	75034	
PURPOSE OF EXPENDITURE		See Categories listed at the to	op of this schedule)		le of Texas. Complete Schedule 1 X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder naπ	ne	Office sought	· Ot	lfice 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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credil Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G: $Z/3$	2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)			
4 Date 9/7/16	5 Payee name Carrell Grigsby Photos 7 Payee address; City; State; Zip Co	zraphy	·			
6 Arnount (\$) 9 400,00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Co 5407 Odessa Ln., Au		73 I			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertising	Check if travel outsid	le ol Texas, Complete Schedule T. X, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held			
Date 9/7/16	Payee name ABM Parking					
Amount (\$) <i>f</i> (<i>D</i> . <i>OD</i> Reinbursement from political contributions intended	Payee address; City, State; Zip Co 4221 Friedrich Ln., Ar Ste 170		14			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Transportation	(b) Description	le of Texas. Complete Schedule T. X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder name OH	Office sought	Office held			
Date 9/8/16	Payee name Crass Roots Public Rel	ations				
Amount (\$) * // 45D.0D Reimbursement from political contributions intended	Payee address; City; State; Zip Co 3245 W. Main St. Ste		o, TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Consulting Expense	Check if travel outsid	e of Texas. Complete Schedule T. X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	-	Event Expense Fees Food/Beverage Exp Gift/Awards/Memo Legal Services The Instructio	rials Expense	Office O Polling E Printing I Salaries/		IS O DF	Solicitation/Fundraising Expens Transportation Equipment & Rel: Travel In District Travel Out Of District Other (enter a category not listed	ated Expense
1 Total pages, Schedule G $\frac{3}{3}$	2 FILER NA	ME Wali	ker, Rot	5		:	B Filer ID (Ethics Commiss	ion Filers)
4 Date 9/29/16	5 Payee nai	"" Wali ss Roots	Rublic	Rela	tions			
6 Amount (\$) 	7 Payee ad 3245		ty; State; Zij 557. S		?35-113 7	Frisci	n, TR 75034	(
8 PURPOSE OF EXPENDITURE		(See Categories listed - graph	•	,			Texas. Complete Schedule T.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C		late / Officeholde	r name		Office sought		Office h	əld
Date	Payee nar	ne		<u></u>				
Amount (\$)	Payee ad	dress; Cit	iy; State; Zij	p Code				
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this scl	hedule)			Texas. Complete Schedule T. Ificeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C		ate / Officeholde	r name	·	Office sought		Office h	eld
Date	Payee nar	ne						
Amount (\$)	Payee ad	dress; Cit	y; State; Zip	p Code				
Reimbursement from political contributions intended					// 			
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this scł	hedule)			Texas. Complete Schedule T. fficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C		ate / Officeholde	r name		Office sought		Office he	əld
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							