

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: <div style="font-size: 2em; text-align: center;">21</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div> <div style="margin-top: 10px;"> Rob Walker </div>			OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> AUSTIN CITY CLERK RECEIVED 2016 OCT 11 PM 3:07 </div>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="margin-top: 10px;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8321 Asmara Dr. Austin, TX 78750 </div> <input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;"> (512) 250-1277 </div>			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / <u>MR</u> FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> NICKNAME LAST SUFFIX </div> <div style="margin-top: 10px;"> Frank C. McCamant </div>			Receipt #	
	<div style="display: flex; justify-content: space-between;"> Amount \$ </div>			Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="margin-top: 10px;"> 9600 Great Hills Trail Ste 150W Austin, TX 78759 </div>			
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="margin-top: 10px;"> (512) 502-3010 </div>				
9 REPORT TYPE					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED					
<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 08 / 22 / 2016 </div> <div>THROUGH</div> <div> Month Day Year 09 / 29 / 2016 </div> </div>					
11 ELECTION					
<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 08 / 2016 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>					
12 OFFICE					
<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) N/A </div> <div> 13 OFFICE SOUGHT (if known) Austin City Council District 10 </div> </div>					

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)

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

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER 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

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

\$ 4,081.61

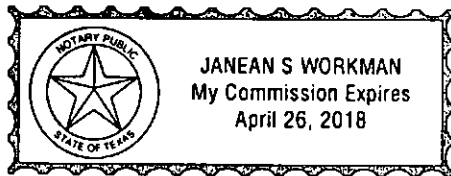
OUTSTANDING
LOAN TOTALS

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

\$ 1,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Rob Walker

, this the

11th

day of October 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Janean Workman Private Client Banker

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Walker, Rob***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,100.00
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	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18.39
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	\$ 4,818.77
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,532.99
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: <i>1/8</i>
2 FILER NAME <i>Walker, Rob</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/17/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John G. Pearce</i> 6 Contributor address; City; State; Zip Code <i>919 Congress Ave. Ste 900 Austin, TX 78701</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/7/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Becky + Kirk Kirkpatrick</i> Contributor address; City; State; Zip Code <i>7007 Quill Leaf Cr Austin, TX 78750</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/7/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward Summers</i> Contributor address; City; State; Zip Code <i>3608 Highland View Dr. Austin, TX 78731</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/8/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matt Armstrong</i> Contributor address; City; State; Zip Code <i>3245 W. Main St. Ste 235-113 Frisco, TX 75034</i>	Amount of contribution (\$) <i>\$10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/8
2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 Date 8/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Somers 6 Contributor address; City; State; Zip Code 3005 S. Lamar St D-109 Austin, TX 78704	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann D. + Ian C. Lienert Contributor address; City; State; Zip Code 3712 Livingston St NW Washington, DC 20015	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 9/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Laurence Contributor address; City; State; Zip Code 7201 RR 2222 #2206 Austin, TX 78730	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Lundeen Contributor address; City; State; Zip Code 4014 Sierra Dr. Austin, TX 78731	Amount of contribution (\$) \$40.00
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: 3/8
2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. J. Van der Steur 6 Contributor address; City; State; Zip Code 4913 Calhoun Canyon Loop Austin TX 78735	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim + Linda Fryer Contributor address; City; State; Zip Code 8137 Jester Blvd Austin TX 78750	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David A. Guenther Contributor address; City; State; Zip Code 6114 Gardenridge Hollow Austin, TX 78750	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margie Monroe Contributor address; City; State; Zip Code 2611 Pinewood Ter. Austin TX 78757	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: 4/8
2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Klonower 6 Contributor address; City; State; Zip Code 1927 Luedtke Ln;flugerville; TX; 78660	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) AMD
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brant Alexis Gonzalez Contributor address; City; State; Zip Code 4113 Threadgill St.; Austin; TX; 78723-4545	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jian Xu Contributor address; City; State; Zip Code 7012 Quill Leaf Cir; Austin; TX; 78750	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. R. Glass Contributor address; City; State; Zip Code 7625 Parkview Cir; Austin; TX; 78731-1127	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: 5/8

2 FILER NAME Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date 9/17/16
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

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 9/17/16
Full name of contributor ☐ out-of-state PAC (ID#:
Karsten S Weber
Contributor address: City: State: Zip Code
8200 Asmara Dr.; Austin; TX; 78750-7810

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Self Entrepreneur

Employer (See Instructions)

Lexbe LLC

Date 9/17/16
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 (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Software Engineer

Employer (See Instructions)

VMWare

Date 9/17/16
Full name of contributor ☐ out-of-state PAC (ID#:
George L Clark
Contributor address: City: State: Zip Code
5702 Barker Ridge Dr.; Austin; TX; 78759-5110

Amount of contribution (\$)
\$350.00

Principal occupation / Job title (See Instructions)

Investment Advisor

Employer (See Instructions)

Venturi Wealth Management

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: 6/8

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

9/17/16

5 Full name of contributor

Tracy N Clark

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$350.00

6 Contributor address;

City; State; Zip Code

5702 Barker Ridge Dr.; Austin; TX; 78759-5110

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Date

9/17/16

Full name of contributor

Audrey Clark

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

5702 Barker Ridge Dr.; Austin; TX; 78759-5110

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

9/20/16

Full name of contributor

Ronald E Winn

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

8003 Baywood Dr.; Austin; TX; 78759-8907

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/16

Full name of contributor

Sandra P Winn

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

8003 Baywood Dr.; Austin; TX; 78759-8907

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: 7/8

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/16

5 Full name of contributor

Stephen Speir

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City: State: Zip Code

1225 Corona Dr.; Austin; TX; 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/16

Full name of contributor

Ed Lette

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City: State: Zip Code

1910 W Braker Ln; Austin; TX; 78758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/16

Full name of contributor

John Brouwer

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City: State: Zip Code

2093 Cobblestone Ln Reston, VA 20191

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/16

Full name of contributor

David Bock

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

8705 Mendocino Dr, Austin, TX 78735

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: 8/8

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

8/24/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brad Parsons

7 Amount of contribution (\$)

\$ 350.00

6 Contributor address;

City: State: Zip Code

3706 Greystone, Austin, TX 78731

8 Principal occupation / Job title (See Instructions)

Research analyst

9 Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

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:

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

8/24/16

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Robert A. Walker

9 Loan Amount (\$)

\$ 1,000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

8321 Asmara Dr., Austin, TX 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 Walker PC

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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: 1/1	2 FILER NAME Walker, Rob	3 Filer ID (Ethics Commission Filers)
4 Date 9/12-9/26/16	5 Payee name Raise The Money, Inc.	
6 Amount (\$) \$18.39	7 Payee address; City; State; Zip Code P.O Box 26466, Little Rock, AR 72221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (Merchant Fees)	(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	Payee name
Amount (\$)	Payee address; City; State; Zip Code
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	

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
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
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.

1 Total pages Schedule F4: <i>1/5</i>	2 FILER NAME <i>Walker, Rob</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>291.53</i>

5 Date <i>8/26/16</i>	6 Payee name <i>American City Business Journal</i>
7 Amount (\$) <i>\$ 105.00</i>	8 Payee address; City; State; Zip Code <i>120 W. Morehead St., Charlotte, N.C 28202</i>

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - publications</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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/2/16</i>	Payee name <i>Super Cheap Signs</i>
Amount (\$) <i>\$1,544.19</i>	Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd #100, Austin, TX 78758</i>

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) <i>Advertising</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F4: <i>2/5</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>9/16/16</i>	6 Payee name <i>HEB</i>	
7 Amount (\$) <i>\$ 62.00</i>	8 Payee address; City; State; Zip Code <i>7301 N. FM 620, Austin, TX 78726</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 Expense (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		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date <i>9/16/16</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$ 38.44</i>	Payee address; City; State; Zip Code <i>7301 N. FM 620, Austin, TX 78726</i>	
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) <i>Food/Beverage Expense (for Event)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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.

1 Total pages Schedule F4: <i>3/5</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>9/17/16</i>		6 Payee name <i>County Line</i>			
7 Amount (\$) <i>\$ 114.42</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 Expense (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 <i>9/20/16</i>		Payee name <i>Bartlett's</i>			
Amount (\$) <i>\$ 141.24</i>		Payee address; City; State; Zip Code <i>2408 W. Anderson Ln., Austin, TX 78757</i>			
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) <i>Food/Beverage Expense</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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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.

1 Total pages Schedule F4: <i>4/5</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>9/26/16</i>	6 Payee name <i>Super Cheap Signs</i>	
7 Amount (\$) <i>\$ 70.25</i>	8 Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd #100, Austin, TX 78758</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>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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>9/27/16</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>\$ 1,751.21</i>	Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd #100, Austin, TX 78758</i>	
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) <i>Advertising</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		

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: 5/5	2 FILER NAME Walker, Rob	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 9/29/16	6 Payee name Super Cheap Signs
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7 Amount (\$) \$700.49	8 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100, Austin, TX 78758
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) 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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input 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)	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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.

1 Total pages Schedule G: 1/3		2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)	
4 Date 8/22/16		5 Payee name City of Austin			
6 Amount (\$) \$ 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 301 W. 2nd St. Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(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 8/31/16		Payee name Habanero Cafe			
Amount (\$) \$ 27.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 501 W. Oltorf, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food / Beverage 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	
Date 9/5/16		Payee name Grass Roots Public Relations			
Amount (\$) \$ 3,495.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3245 W. Main St. Ste 235-113, Frisco TX 75034			
PURPOSE OF EXPENDITURE		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	
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
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.

1 Total pages Schedule G: 2/3	2 FILER NAME Walker, Rob	3 Filer ID (Ethics Commission Filers)
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4 Date 9/7/16	5 Payee name Carrell Grigsby Photography
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6 Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5407 Odessa Ln., Austin, TX 78731
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8 PURPOSE OF EXPENDITURE	(a) 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/7/16	Payee name ABM Parking
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Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4221 Friedrich Ln., Austin, TX 78744 Ste 170
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/16	Payee name Grass Roots Public Relations
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Amount (\$) \$1,450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3245 W. Main St. Ste 235-113, Frisco, TX 75034
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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.

1 Total pages Schedule G: 3/3	2 FILER NAME Walker, Rob	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29/16	5 Payee name Grass Roots Public Relations
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6 Amount (\$) \$1,650.49 <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
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - graphic design	(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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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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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