

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">18</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Rob</div> <div>Walker</div> <div></div> </div>		<b>OFFICE USE ONLY</b>  Date Received     Date Hand-delivered or Date Postmarked  Receipt # Amount \$ Date Processed Date Imaged
	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; APT / SUITE #;</div> <div>CITY; STATE; ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>8321 Asmara Dr.</div> <div>Austin, TX 78750</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Change of Address       </div>		
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>			
<b>6 CAMPAIGN TREASURER NAME</b>			
<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(512 )</div> <div>250-1277</div> <div></div> </div>		<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Mr.</div> <div>Frank</div> <div>C.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div></div> <div>McCamant</div> <div></div> </div>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)		<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</div> <div>CITY; STATE; ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>9600 Great Hills Trail</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Ste 150W</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Austin, TX 78759</div> <div></div> </div>	
<b>8 CAMPAIGN TREASURER PHONE</b>		<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(512 )</div> <div>502-3010</div> <div></div> </div>	
<b>9 REPORT TYPE</b>			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input 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 checked="" 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>			
<b>10 PERIOD COVERED</b>		<div style="display: flex; justify-content: space-between;"> <div>           Month Day Year            09 / 30 / 2016         </div> <div>           Month Day Year            10 / 29 / 2016         </div> </div> <div style="text-align: center; margin-top: 10px;">THROUGH</div>	
<b>11 ELECTION</b>		<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month Day Year            11 / 8 / 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>	
<b>12 OFFICE</b>		<b>13 OFFICE SOUGHT (if known)</b>	
OFFICE HELD (if any)		Austin City council District 10	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Rob Walker

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

\$ 46.00

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

\$ 3,321.11

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 275.92

4. TOTAL POLITICAL EXPENDITURES

\$ 14,798.93

CONTRIBUTION  
BALANCE

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

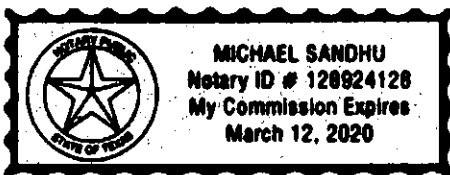
\$ 1,072.28

OUTSTANDING  
LOAN TOTALS

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

\$ 16,766.71

18 AFFIDAVIT



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

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*[Signature]*  
Signature of officer administering oath

MICHAEL SANDHU  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Rob Walker

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME

*Walker, Rob*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/30/16*

5 Full name of contributor

*Tomas Gurtz*

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

*\$175.00*

6 Contributor address;

City; State; Zip Code

*8303 SaberCreek Trl Austin, TX 78759*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/30/16*

Full name of contributor

*Ana Cecilia Mendoza*

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

*\$175.00*

Contributor address;

City; State; Zip Code

*8303 SaberCreek Trl Austin, TX 78759*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/5/16*

Full name of contributor

*Harry Fendrich*

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

*\$200.00*

Contributor address;

City; State; Zip Code

*8018 High Hollow Dr. Austin, TX 78750*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*10/4/16*

Full name of contributor

*Thomas Bailey*

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

*\$300.00*

Contributor address;

City; State; Zip Code

*8198 Hunting Hill Ln, McLean, VA 22102*

Principal occupation / Job title (See Instructions)

*Retired*

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: 2/6

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

10/7/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

Tom Umstath

7 Amount of contribution (\$)

\$200.11

6 Contributor address;

City; State; Zip Code

13276 N Hwy 183, Ste 101, Austin, TX 78750

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

self

Date

10/8/16

Full name of contributor

☐ out-of-state PAC (ID#)

William Keene

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

8409 Asmara Dr, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/16

Full name of contributor

☐ out-of-state PAC (ID#)

Peggy Ugent

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

1211 Marshall Lane C, Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/16

Full name of contributor

☐ out-of-state PAC (ID#)

Laura Gutierrez-Witt

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1801 Lavaca St #11A, Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3/6

2 FILER NAME

Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

David Cardus

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

16116 Maritime Alps Way, Austin, TX 78738

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/8/16

Full name of contributor

☐ out-of-state PAC (ID#)

Larry Linen Schmidt

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

5905 Trabadora Cv, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/8/16

Full name of contributor

☐ out-of-state PAC (ID#)

Fei Wu

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

11308 Cedarcliff Dr, Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Realtor

Self

Date

10/11/16

Full name of contributor

☐ out-of-state PAC (ID#)

William McLellan

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

613 W 33rd St, Austin, TX 78705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/6

2 FILER NAME: Walker, Rob

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

Margaret Hutchison

7 Amount of contribution (\$)

\$ 75.00

6 Contributor address;

City; State; Zip Code

7505 Kolache Cv, Austin, TX 78750

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/16

Full name of contributor

☐ out-of-state PAC (ID#)

James Skaggs

Amount of contribution (\$)

\$ 350.00

Contributor address;

City; State; Zip Code

4700 Toreador Dr, Austin, TX 78746

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/11/16

Full name of contributor

☐ out-of-state PAC (ID#)

Nikki Zern

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

7630 Parkview Cir, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/16

Full name of contributor

☐ out-of-state PAC (ID#)

Allan Tiller

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

712 Main St, Ste 1100, Houston, TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/6
2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Sherfy 6 Contributor address; City; State; Zip Code 4131 Spicewood Springs Rd #B1, Austin, TX 78759	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Remedios Martin Contributor address; City; State; Zip Code 8009 Asmara Dr, Austin, TX 78750	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/16	Full name of contributor <input type="checkbox"/> 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 10/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alan Geye Contributor address; City; State; Zip Code 7810 Moonflower, Austin, TX 78750	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: <b>6/6</b>
2 FILER NAME <b>Walker, Rob</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/21/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dallas Webster</b> 6 Contributor address; City; State; Zip Code <b>8103 Pampas Cove, Austin, TX 78750</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/24/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jane Heath</b> Contributor address; City; State; Zip Code <b>3011 Gates Rd, NW, Washington, DC 20008</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/28/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William E Mc Carron MD</b> Contributor address; City; State; Zip Code <b>4509 Spanish Oak Ter, Austin, TX 78731</b>	Amount of contribution (\$)  <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>physician</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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

# LOANS

## SCHEDULE E

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

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 F1:	2 1/2	<b>2</b> FILER NAME	Walker, Rob		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date	10-17-16	<b>5</b> Payee name	Bobby Vera			
<b>6</b> Amount (\$)	\$ 800.00	<b>7</b> Payee address; City; State; Zip Code	818 Craters of the Moon Blvd, Pflugerville, TX 78660			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description			
	Advertising Expense		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
Date		Payee name				
10-18-16		Shawn Prytula				
Amount (\$)		Payee address; City; State; Zip Code				
\$ 96.50		9900 McNeil Dr. #8202, Austin, TX 78750				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description			
	Contract Labor		<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						
Date		Payee name				
10-18-16		USAA				
Amount (\$)		Payee address; City; State; Zip Code				
\$ 4,818.77		10750 McDermott Fwy, San Antonio, TX 78288				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description			
	Credit Card Payment		<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						

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1: <div style="text-align: right;">2/2</div>		2 FILER NAME <div style="text-align: right;">Walker, Rob</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: right;">10/26/16</div>		5 Payee name <div style="text-align: right;">Roy H. Williams Marketing</div>			
6 Amount (\$) <div style="text-align: right;">\$350.00</div>		7 Payee address; City; State; Zip Code <div style="text-align: right;">16221 Crystal Hills Dr., Austin, TX 78737</div>			
8  <div style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></div>		(a) Category (See Categories listed at the top of this schedule) <div style="text-align: right;">Advertising</div>		(b) Description <div style="text-align: right;"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <div style="text-align: right;">9/30/16 - 10/29/16</div>		Payee name <div style="text-align: right;">Raise The Money, Inc.</div>			
Amount (\$) <div style="text-align: right;">\$50.07</div>		Payee address; City; State; Zip Code <div style="text-align: right;">P.O. Box 26466, Little Rock, AR 72221</div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: right;">Accounting/ Banking (Merchant Fees)</div>		Description <div style="text-align: right;"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>	
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 <div style="text-align: right;"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</div>	
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	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: <b>2 1/2</b>	2 FILER NAME <b>Walker, Rob</b>	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>160.63</b>				
5 Date <b>10/8/16</b>	6 Payee name <b>HEB</b>					
7 Amount (\$) <b>\$108.71</b>	8 Payee address; City; State; Zip Code <b>7301 N. Fm 620, Austin, TX 78726</b>					
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) <b>Food / Beverage Expense (for Event)</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				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				
Date <b>10/8/16</b>	Payee name <b>Randalls</b>					
Amount (\$) <b>\$67.64</b>	Payee address; City; State; Zip Code <b>8040 Mesa Dr., Austin, TX 78731</b>					
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) <b>Food / Beverage Expense (for Event)</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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.

<b>1</b> Total pages Schedule F4: <div style="text-align: center; font-size: 1.5em;">2/2</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em;">Walker, Rob</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <div style="font-size: 1.2em;">10/8/16</div>	<b>6</b> Payee name <div style="font-size: 1.2em;">County Line</div>	
<b>7</b> Amount (\$) <div style="font-size: 1.2em;">\$ 97.77</div>	<b>8</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">5204 Ranch Rd 2222, Austin, TX 78731</div>	
<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) <div style="font-size: 1.2em;">Food/Beverage (for Event)</div>	<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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
TYPE OF EXPENDITURE	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="float: right;">                     Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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.

1 Total pages Schedule G: 3 1/3		2 FILER NAME Walker, Rob		3 Filer ID (Ethics Commission Filers)	
4 Date 10/6/16		5 Payee name Gross Roots Public Relations			
6 Amount (\$) \$400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3245 W. Main St., Ste 235-113, Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/06/16		Payee name Shawn Prytula			
Amount (\$) \$ 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9900 McNeil Dr. #8202, Austin, TX 78750			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/7/16		Payee name Alpha Graphics			
Amount (\$) \$ 350.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3027 N. Lamar, Ste 202, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule G: <u>2/3</u>		2 FILER NAME <u>Walker, Rob</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/9/16</u>		5 Payee name <u>Shawn Prytula</u>			
6 Amount (\$) <u>\$76.50</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code <u>9900 McNeil Dr. #8202, Austin, TX 78750</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>		(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 <u>10/10/16</u>		Payee name <u>Suzi Raines</u>			
Amount (\$) <u>\$1075.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code <u>16221 Crystal Hills Dr., Austin, TX 78737</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(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	
Date <u>10/10/16</u>		Payee name <u>Wizard of Ads Peter Nevland, LP</u>			
Amount (\$) <u>\$1000.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code <u>16221 Crystal Hills Dr., Austin, TX 78737</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(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.

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

Date <b>10/17/16</b>	Payee name <b>Emmis Communications</b>	
Amount (\$) <b>\$ 5033.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>One Emmis Plaza, 40 Monument Circle, Ste 700, Indianapolis, IN 46204</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K. <span style="font-size: 1.5em;">1</span>
2 FILER NAME <span style="font-size: 1.2em;">Walker, Rob</span>		3 Filer ID (Ethics Commission Filers)

4 Date <span style="font-size: 1.2em;">10-17-16</span>	5 Name of person from whom amount is received <span style="font-size: 1.2em;">Frost Bank</span>	8 Amount (\$) <span style="font-size: 1.2em;">\$ .02</span>
6 Address of person from whom amount is received; City; State; Zip Code <span style="font-size: 1.2em;">P.O. Box 1727, Austin, TX 78767</span>		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <span style="font-size: 1.2em;">Interest on account</span>		

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

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

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

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