

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

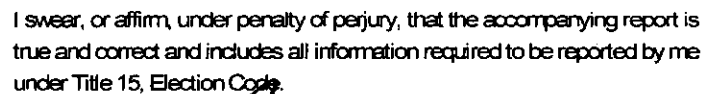
FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Rob Walker	OFFICE USE ONLY Date Received 2017 JAN 13 PM 3 28 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 250-1277	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Frank C. NICKNAME LAST SUFFIX McCamant		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9600 Great Hills Trail Ste 150W Austin, TX 78759		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 502-3010		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 30 / 2016 12 / 31 / 2016 THROUGH		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 08 / 2016 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Austin City Council District 10	

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT



K. M. M. M.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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


Signature of officer administering

MICHAEL SANDHU

Notary Public

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	\$ 4,625.12
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 8,110.88
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,898.40
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,108.10
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,312.75
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/16	10 Full name of contributor KATHRYN KASPAR 11 Contributor address; 2122 W 110 TH ST City: CHICAGO, IL State: Zip Code 60643 out-of-state PAC (ID#:)	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/2/16	Full name of contributor PAUL TATTERSALL Contributor address; 2 STEM PLACE OCEAN REEF, WESTERN AUSTRALIA 6027, AL 1111 City: State: Zip Code out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/2/16	Full name of contributor ANDRES SALVADOR Contributor address; 1522 BEN CRENSHAW WAY AUSTIN, TX 78746 City: State: Zip Code out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/2/16	Full name of contributor RICHARD TALLENT Contributor address; 9924 LEGACY FT WORTH, TX 76108 City: State: Zip Code out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
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: 3/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/16	12 Full name of contributor out-of-state PAC (ID# _____) RUBEN RUIZ 13 Contributor address; City; State; Zip Code 4705 WEIDEMAR LANE AUSTIN, TX 78745	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID# _____) PAUL TOTARO Contributor address; City; State; Zip Code 13305 COLETO CREEK TRL AUSTIN, TX 78732	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID# _____) GARY KERSCH Contributor address; City; State; Zip Code 7217 MCNEIL DR AUSTIN, TX 78729	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) DOUBLEKAYE CORP
Date 11/3/16	Full name of contributor out-of-state PAC (ID# _____) GARY GAUVIN Contributor address; City; State; Zip Code 2500 ROCHELLE RD ROCKWALL, TX 75032	Amount of contribution (\$) 50.00
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: 4/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/16	14 Full name of contributor out-of-state PAC (ID#: _____) GENE HILL 15 Contributor address; City; State; Zip Code 800 STATE HWY 495, LOT 627 ALAMO, TX 78516	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) DAVID CLAFLIN Contributor address; City; State; Zip Code 2508 TIMBERLINE AUSTIN, TX 78746	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DAVID CLAFLIN ATTORNEY PC
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) CHARLES HALBERT Contributor address; City; State; Zip Code PO BOX 854 WILLIMANTIC, CT 06226	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID#: _____) JOSEPH ZULLO Contributor address; City; State; Zip Code 2216 PARK PLACE CIRCLE ROUND ROCK, TX 78681	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: 5/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/16	16 Full name of contributor out-of-state PAC (ID# _____) GINGER UMSTATTD 17 Contributor address; City; State; Zip Code 13276 RESEARCH BLVD, STE 101 AUSTIN, TX 78750	7 Amount of contribution (\$) 200.12
8 Principal occupation / Job title (See Instructions) PERSONAL ASSISTANT		9 Employer (See Instructions) TOM UMSTATTD, CPA
Date 11/4/16	Full name of contributor out-of-state PAC (ID# _____) ROBERT GRANT Contributor address; City; State; Zip Code 801 MERIDIAN AVE, UNIT K SOUTH PASADENA, CA 91030	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/16	Full name of contributor out-of-state PAC (ID# _____) STEVEN SMITH Contributor address; City; State; Zip Code 12340 ALAMEDA TRACE CIR, #2703 AUSTIN, TX 78727	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) MAX GLOBAL
Date 11/4/16	Full name of contributor out-of-state PAC (ID# _____) ROBIN SMITH Contributor address; City; State; Zip Code 12340 ALAMEDA TRACE CIR, #2703 AUSTIN, TX 78727	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) MAX GLOBAL
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/9
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/16	20 Full name of contributor out-of-state PAC (ID# _____) STEVE FANKHAUSER 21 Contributor address; City; State; Zip Code 1413 HIBISCUS AVE McALLEN, TX 78501	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/3/16	Full name of contributor out-of-state PAC (ID# _____) RICHARD LECZYNSKI Contributor address; City; State; Zip Code 6006 BON TERRA DRIVE AUSTIN, TX 78731	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) DEVELOPMENT DIRECTOR		Employer (See Instructions) EA
Date 11/4/16	Full name of contributor out-of-state PAC (ID# _____) JEAN BACKUS Contributor address; City; State; Zip Code 16204 HIDDEN SPRINGS LANE AUSTIN, TX 78737	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/16	Full name of contributor out-of-state PAC (ID# _____) CARL WALKER Contributor address; City; State; Zip Code 2429 HIGHPOINTE DR KALAMAZOO, MI 49008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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:
8/9**2** FILER NAME WALKER, ROB**3** Filer ID (Ethics Commission Filers)**4** Date
11/6/16**22** Full name of contributor
JOHANNESSEN BOOGREN

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

23 Contributor address;
11008 ROY BUTLER DRCity; State; Zip Code
AUSTIN, TX 78717**7** Amount of contribution (\$)

50.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
11/5/16Full name of contributor
PAUL BRADLEY

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

Contributor address;
6002 142ND PL SECity; State; Zip Code
BELLEVUE, WA 98006Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/8/16Full name of contributor
JOHN KNOX

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

Contributor address;
6804 CACTUS CROSSINGCity; State; Zip Code
AUSTIN, TX 78737Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/10/16Full name of contributor
ROSELYN KRAUSE

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

Contributor address;
32242 WISKON WAY WCity; State; Zip Code
PAUMA VALLEY, CA 92061Amount 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:
9/9**2** FILER NAME WALKER, ROB**3** Filer ID (Ethics Commission Filers)**4** Date
11/10/16**24** Full name of contributor out-of-state PAC (ID# _____)

JOHN FOCHS

25 Contributor address; City; State; Zip Code2714 E 7TH ST DULUTH, MN 55812**7** Amount of contribution (\$)
100.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
11/12/16

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

TOMAS SALVADOR

Contributor address; City; State; Zip Code

5219 MOON SHADOW DR AUSTIN, TX 78735

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/18/16

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

JON LEMON

Contributor address; City; State; Zip Code

11124 AMESITE TRL AUSTIN, TX 78726

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/30-11/28/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT WALKER	9 Loan Amount (\$) 8,110.88
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) CERTIFIED PUBLIC ACCOUNTANT		13 Employer (See Instructions) ROBERT ATKINS WALKER PC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		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.

1 Total pages Schedule F1: 1/3		2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)	
4 Date 11/1/16		5 Payee name ERIK NIELLS			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code 1207B KINNEY AVE AUSTIN, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE – WEB 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/7/16		Candidate / Officeholder name BOBBY VERA			
Amount (\$) 550.00		Payee address; City; State; Zip Code 818 CRATERS OF THE MOON BLVD; PFLUGERVILLE, TX 78660			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING – SIGN MANAGEMENT		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					
Date 11/10/16		Candidate / Officeholder name SUZI RAINES			
Amount (\$) 1434.72		Payee address; City; State; Zip Code 11705 SPOTTED HORSE DR; AUSTIN, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING – VIDEO; SOCIAL MEDIA		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					

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 3/3	2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 10/30-11/14/16	5 Payee name RAISE THE MONEY, INC.		
6 Amount (\$) 204.77	7 Payee address; City; State; Zip Code PO 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 Check if travel outside of Texas. Complete Schedule T. 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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: 1/4	2 FILER NAME WALKER, ROB	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 31.49
5 Date 10/30/16	6 Payee name CHANGE.ORG	
5 Amount (\$) 50.00	8 Payee address; City; State; Zip Code 548 MARKET ST, PRIVATE MAILBOX 29993; SAN FRANCISCO, CA 94104-5401	
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) DONATIONS MADE BY CANDIDATE (SAVE MUNY)	(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 10/30/16	Payee name FACEBOOK.COM	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94205	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2/4	2 FILER NAME WALKER, ROB	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/31/16	6 Payee name PURSUIT INTERNET AND PRINTING	
7 Amount (\$) 1090.93	8 Payee address: City: State: Zip Code 2591 DALLAS PKWY, STE 300, FRISCO, TX 75034	
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) PRINTING EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. 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 11/1/16	Payee name PINNACLE PROMOTIONS	
Amount (\$) 220.00	Payee address: City: State: Zip Code 4855 PEACHTREE INDUSTRIAL BLVD, STE 235; NORCROSS, GA 30092	
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) PRINTING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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: 3/4		2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 10/31/16		6 Payee name OH BOY! PRINT SHOP			
6 Amount (\$) 394.03		8 Payee address; City; State; Zip Code 8910 RESEARCH BLVD A2, AUSTIN, TX 78758			
9 TYPE OF EXPENDITURE		<div style="display: flex; justify-content: space-around;"> Political Non-Political </div>			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING EXPENSE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought Office held	
Date 11/14/16		Payee name T J MAXX			
Amount (\$) 20.54		Payee address; City; State; Zip Code 9828 GREAT HILLS TRAIL STE 200, AUSTIN, TX 78759			
TYPE OF EXPENDITURE		<div style="display: flex; justify-content: space-around;"> Political Non-Political </div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought Office held	
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: 4/4	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 11/1/16	6 Payee name NAMECHEAP, INC.
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8 Amount (\$) 26.60	8 Payee address; City; State; Zip Code 11400 W OLYMPIC BLVD, STE 200, LOS ANGELES, CA 90064
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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) OTHER - INTERNET DOMAIN EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/16	Payee name BLANTON'S INTERNATIONAL
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Amount (\$) 296.00	Payee address; City; State; Zip Code PO BOX 73645 HOUSTON, TX 77273
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 1/4	2 FILER NAME WALKER, ROB	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/16	5 Payee name JONATHAN LIENERT	
6 Amount (\$) 1250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8321 ASMARA DR AUSTIN, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/30/16	Payee name SHAWN PRYTULA	
Amount (\$) 168.00 <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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/1/16	Payee name FAST GORILLA MARKETING	
Amount (\$) 4800.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12007 RADIUM ST SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <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: 2/4		2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)	
4 Date 11/8/16		5 Payee name YOMI ADEBO			
6 Amount (\$) 126.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 12529 LABRADOR DR AUSTIN, TX 78729			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/9/16		Payee name SAM WALKER			
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/16		Payee name SAM WALKER			
Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3/4		2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/16		5 Payee name JONATHAN LIENERT			
6 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/16		Payee name P TERRY'S			
Amount (\$) 4.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8515 BURNET RD. AUSTIN, TX 78757			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/7/16		Payee name LYDIA WALKER			
Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8321 ASMARA DRIVE AUSTIN, TX 78750			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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: 4/4	2 FILER NAME WALKER, ROB		3 Filer ID (Ethics Commission Filers)
4 Date 11/8/16	5 Payee name WALMART		
6 Amount (\$) 4.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2525 W ANDERSON LN, AUSTIN, TX 78757		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 11/15/16	Payee name TARGET		
Amount (\$) 4.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10107 Research Blvd, Austin, TX 78759		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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