

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: | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS MRS / MR | FIRST <i>Bobbie</i> | MI <i>L</i> | OFFICE USE ONLY Date Received MARGARET DORMAN COUNTY CLERK WHEELER COUNTY, TEXAS 2026 JAN 29 PM 3:39 FILED FOR RECORD | | | |
| | NICKNAME | LAST <i>Walker</i> | SUFFIX | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 112 Mobeetie TX 79061</i> | | | Date Hand-delivered or Date Postmarked <i>2/29</i> | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(806)</i> | PHONE NUMBER <i>203-1124</i> | EXTENSION | Receipt # Amount \$ | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Date Processed | | | |
| | NICKNAME | LAST | SUFFIX | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>()</i> | PHONE NUMBER | EXTENSION | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input checked="" 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 Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month <i>12</i> | Day <i>8</i> | Year <i>/25</i> | Month <i>2</i> | Day <i>2</i> | Year <i>/26</i> | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>3/3/26</i> | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Other Description <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) <i>7A</i> | | | 13 OFFICE SOUGHT (if known) <i>County Clerk</i> | | | |
| 14 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. | | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | | |
|----------------------------|---|--------------------|--|
| 15 C/OH NAME | <i>Bobbie Walker</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>3,500.00</i> | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>3,468.98</i> | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> | |

18 SIGNATURE 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.

Bobbie Walker

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by *Bobbie Walker* this the *29* day of *Jan.*,

2026 to certify which witness my hand and seal of office.

Margaret Dorman
Signature of officer administering oath

Margaret Dorman
Printed name of officer administering oath

County Clerk
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|--|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,500. ⁶⁰ |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,056. ⁷⁵ |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 39. ⁸⁸ |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 372. ³⁵ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

3 Filer ID (Ethics Commission Filers)

2 FILER NAME
Bobbi Walker

4 Date
12/23/25

5 Full name of contributor

out-of-state PAC (ID#:

Mark Walker & Tom DeNapoli

6 Contributor address:

City: _____ State: _____ Zip Code _____

200 W. Cotter #C2 Aransas, TX 78373

7 Amount of contribution (\$)

\$13,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

| | | | |
|------|--|--|-----------------------------|
| Date | Full name of contributor Contributor address; _____ | <input type="checkbox"/> out-of-state PAC (ID#: City: _____ State: _____ Zip Code _____ | Amount of contribution (\$) |
|------|--|--|-----------------------------|

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | | |
|------|--|--|-----------------------------|
| Date | Full name of contributor Contributor address; _____ | <input type="checkbox"/> out-of-state PAC (ID#: City: _____ State: _____ Zip Code _____ | Amount of contribution (\$) |
|------|--|--|-----------------------------|

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

| | | | |
|------|--|--|-----------------------------|
| Date | Full name of contributor Contributor address; _____ | <input type="checkbox"/> out-of-state PAC (ID#: 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 FILER NAME <i>Bobbie Walker</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/29/26</i> | 5 Payee name <i>Wheeler Times</i> | |
| 6 Amount (\$) <i># 157. 50</i> | 7 Payee address: <i>110 E. Texas St. PO Box 1080</i> | City: <i>Wheeler</i> State: <i>TX</i> Zip Code <i>79096</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Newspaper Ad</i> |
| | (c) <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 <i>Bobbie Walker</i> | |
| Date | Payee name | Office sought <i>County Clerk</i> Office held |
| 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 | |
| Date | Payee name | Office sought Office held |
| 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 | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Bobbie Walker</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/14/26</i> | 5 Payee name <i>Canadian Business Hub</i> | |
| 6 Amount (\$) <i>\$974.25</i> | 7 Payee address; <i>313 Main St</i> | City; <i>Canadian</i> |
| | | State; <i>TX</i> |
| | | Zip Code <i>79014</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Yard Signs</i> |
| | (c) <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 <i>Bobbie Walker</i> | Candidate/Officeholder name | Office sought <i>County Clerk</i> |
| Date <i>11/13/26</i> | Payee name <i>County Star News</i> | Office held |
| Amount (\$) <i>\$1400.00</i> | Payee address; <i>212 N. Main</i> | City; <i>Shamrock</i> |
| | | State; <i>TX</i> |
| | | Zip Code <i>79079</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>Newspaper Ads</i> |
| | <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 <i>Bobbie Walker</i> | Candidate/Officeholder name | Office sought <i>County Clerk</i> |
| Date <i>11/13/26</i> | Payee name <i>Route 66 Media LLC (Legends Radio)</i> | Office held |
| Amount (\$) <i>\$1525.00</i> | Payee address; <i>207 N. Main P.O. Box 83</i> | City; <i>Shamrock</i> |
| | | State; <i>TX</i> |
| | | Zip Code <i>79079</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>Radio Ads</i> |
| | <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 <i>Bobbie Walker</i> | Candidate/Officeholder name | Office sought <i>County Clerk</i> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | | |
|--|---|---|--|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME <i>Bobbie Walker</i> | | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ <i>11.76</i> |
| 5 CREDIT CARD ISSUER | Name of financial institution <i>Discover Card</i> | | |
| 6 PAYMENT | (a) Amount Charged <i>\$ 11.76</i> | (b) Date Expenditure Charged <i>12/15/25</i> | (c) Date(s) Credit Card Issuer Paid <i>1/2/26</i> |
| 7 PAYEE | (a) Payee name <i>Walmart</i> | (b) Payee address; <i>210 Regional Dr. Elk City OK 73644</i> | City, State, Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>Business Cards</i> | |
| | (c) <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 <i>Bobbie Walker</i> | | Office Sought <i>County Clerk</i> Office Held |
| PAYMENT | (a) Amount Charged <i>\$</i> | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; | City, State, Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | (c) <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 |
| PAYMENT | (a) Amount Charged <i>\$</i> | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; | City, State, Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | (c) <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

If the requested information is not applicable, DO NOT include this page in the report.

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|-------------------------------|--------------------------------------|---------------------------------------|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME <i>Bobbie Walker</i> | 3 FILER ID (Ethics Commission Filers) |
|-------------------------------|--------------------------------------|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | | | |
|---|---|--|--|
| 5 CREDIT CARD ISSUER | Name of financial institution <i>Amazon</i> | | |
| 6 PAYMENT | (a) Amount Charged \$ 28.12 | (b) Date Expenditure Charged 11/1/26 | (c) Date(s) Credit Card Issuer Paid 11/23/26 |
| 7 PAYEE | (a) Payee name <i>Amazon</i> | (b) Payee address; | City, State, Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>Business Cards</i> | |
| | (c) <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 <i>Bobbie Walker</i> | | Office Sought <i>County Clerk</i> Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; | City, State, Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | (c) <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 |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; | City, State, Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | (c) <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

If the requested information is not applicable, DO NOT include this page in the report.

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 FILER NAME <i>Bobbie Walker</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/8/25</i> | 5 Payee name <i>County Star News</i> | |
| 6 Amount (\$) <i>\$100.00</i> | 7 Payee address <i>212 N. Main St.</i> | City: <i>Shamrock</i> State: <i>TX</i> Zip Code: <i>79079</i> |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Newspaper Announcement</i> |
| | <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 <i>Bobbie Walker</i> | Office sought <i>County Clerk</i> Office held |
| Date <i>12/8/25</i> | Payee name <i>Wheeler Times</i> | |
| Amount (\$) <i>\$200.00</i> | Payee address: <i>110 E. Texas St P.O. Box 1080</i> | City: <i>Wheeler</i> State: <i>TX</i> Zip Code: <i>79096</i> |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>Newspaper Announcement</i> |
| | <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 <i>Bobbie Walker</i> | Office sought <i>County Clerk</i> Office held |
| Date <i>12/19/25</i> | Payee name <i>WalMart</i> | |
| Amount (\$) <i>\$72.35</i> | Payee address: <i>2801 N. Charles St</i> | City: <i>Pampa</i> State: <i>TX</i> Zip Code: <i>79065</i> |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <i>INK- Posters & Business Cards</i> |
| | <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 <i>Bobbie Walker</i> | Office sought <i>County Clerk</i> Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED