

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: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Sarah B. NICKNAME LAST SUFFIX McMurrough	OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED APR 01 2021 By <i>Dan Adams</i> </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 4602 Willow Park Ct Arlington TX 76017	Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.2em;">4-01-2021</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 975-0893	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Christopher D NICKNAME LAST SUFFIX McMurrough	Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.2em;">4-01-2021</div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 4602 Willow Park Ct. Arlington TX 76017		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 909-1165		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2021 THROUGH 03 / 22 / 2021		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 01 / 2021 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AISD School Board - Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <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

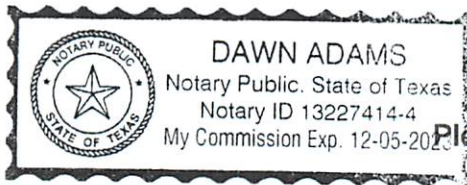
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sarah B McMurrough		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)	\$ 210.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11576.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3657.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4489.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Ser McMurrough

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sarah McMurrough this the 1st day of April, 2021, to certify which, witness my hand and seal of office.

Dawn Adams Dawn Adams clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sarah B McMurrough, and my date of birth is 2/12/1985.
My address is 4602 Willow Park Ct., Arlington, Texas, 76017, USA.
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 1st day of April, 2021.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Sarah B McMurrough		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6256.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5110.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1766.71
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1891.26
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 15
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher McMurrough 6 Contributor address; City; State; Zip Code [REDACTED] ARLINGTON TX 76017	7 Amount of contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher McMurrough Contributor address; City; State; Zip Code [REDACTED] ARLINGTON TX 76017	Amount of contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joy Hensley Contributor address; City; State; Zip Code [REDACTED] Southaven MS 38671	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Bridges Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	Amount of contribution (\$) \$25.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jill Westrom 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Avila Contributor address; City; State; Zip Code [REDACTED] Austin TX 78745	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Malibu Wilkins Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Bell Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76015	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**

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:
15**2** FILER NAME

Sarah B. McMurrough

3 Filer ID (Ethics Commission Filers)**4** Date
1/22/2021**5** Full name of contributor☐ out-of-state PAC (ID# _____)

John Biggan

7 Amount of contribution (\$)
\$100.00**6** Contributor address;

City;

State;

Zip Code

Hurst

TX

76053

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
1/22/2021

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kathy Bigam

Amount of contribution (\$)
\$50.00

Contributor address;

City;

State;

Zip Code

Arlington

TX

76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/22/2021

Full name of contributor

☐ out-of-state PAC (ID# _____)

Crystal Kersten

Amount of contribution (\$)
\$25.00

Contributor address;

City;

State;

Zip Code

Fort Worth

TX

76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/22/2021

Full name of contributor

☐ out-of-state PAC (ID# _____)

Elizabeth Givens

Amount of contribution (\$)
\$50.00

Contributor address;

City;

State;

Zip Code

ARLINGTON

TX

76016

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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lindsay Shepherd 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christen Stroope Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danielle Leathers Contributor address; City; State; Zip Code [REDACTED] Burleson TX 76028	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristen Clark Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johanna Baker 6 Contributor address; City; State; Zip Code [REDACTED] ARLINGTON TX 76016	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtney Chavera Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashley Kunze Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adam Baker Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

1 Total pages Schedule A1:
15

3 Filer ID (Ethics Commission Filers)

9	Employer (See Instructions)
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Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Libby Broyles 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Jo Santistevan Contributor address; City; State; Zip Code [REDACTED] Phoenix AZ 85045	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DIANNE TABERS Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76015	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Ashley Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krista Grant 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Santistevan Contributor address; City; State; Zip Code [REDACTED] Albuquerque NM 87111	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcy Chesebro Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76120	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin & Patti Belknap Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$250.00
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**

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 15	
2 FILER NAME Sarah B. McMurrough				3 Filer ID (Ethics Commission Filers)	
4 Date 2/10/2021		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathy McFarlen		7 Amount of contribution (\$) \$150.00	
		6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 2/11/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meagan Bolton		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76107			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/13/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tonya Dodson		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/13/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashley Fuller		Amount of contribution (\$) \$100.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Bush 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judith Jones Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76015	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Davis Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76018	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earlene Pike Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$300.00
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**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lindsey Bautovich 6 Contributor address; City; State; Zip Code [REDACTED] Pantego TX 76013	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haley Taylor Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lindsay Shepherd Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kristen Lindner Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elissa Worster 6 Contributor address: City: State: Zip Code [REDACTED] Mansfield TX 76063	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris McMurrough Contributor address: City: State: Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Kinkade Contributor address: City: State: Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Brady Contributor address: City: State: Zip Code [REDACTED] Arlington TX 76001	Amount of contribution (\$) \$200.00
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**

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 15	
2 FILER NAME Sarah B. McMurrough				3 Filer ID (Ethics Commission Filers)	
4 Date 2/21/2021		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paige Payne		7 Amount of contribution (\$) \$100.00	
		6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76018			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 2/21/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mario Perez		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76110			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/21/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Perez		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76110			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/22/2021		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Palermo		Amount of contribution (\$) \$50.00	
		Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016			
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.					

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Johnson 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Temicca Hunter Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76018	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Curnutt Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Cravens Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) \$250.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

7	Amount of contribution (\$)
	\$25.00

9 Employer (See Instructions)

Amount of contribution (\$)
\$500.00

Employer (See Instructions)

Amount of contribution (\$)
\$50.00

Employer (See Instructions)

Amount of contribution (\$)
\$25.00

Employer (See Instructions)

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 210.00

4602 Willow Park Ct. Arlington TX 76017

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Political consulting

5200 Rustle Leaf Dr. Arlington TX 76017

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

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 A2. 4	
2 FILER NAME Sarah B. McMurrough				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 210.00	
5 Date 1/19/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adam Ross			8 Amount of Contribution \$ 500.00	9 In-kind contribution description Graphic design
7 Contributor address; City; State; Zip Code 6610 Hondo Bend Austin TX 78729			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 1/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adam Baker			Amount of Contribution \$ 300.00	In-kind contribution description T-posts
Contributor address; City; State; Zip Code 3705 Indian Springs Trl. Arlington TX 76016			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

SCHEDULE A2

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

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SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 210.00

5 Date

2/6/2021

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

Sara Easter

8	Amount of Contribution \$
300.00	

9 In-kind contribution description
Photography

7 Contributor address: _____ **City:** _____ **State:** _____ **Zip Code** _____

4004 Kingswick Dr. Arlington TX 76016

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL) (See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date _____

2/6/2021

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

Contributor address: _____ City: _____ State: _____ Zip Code _____

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2021	5 Payee name Uprinting	
6 Amount (\$) 136.95	7 Payee address; 8000 Haskell Ave.	City: Van Nuys State: CA Zip Code: 91406
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Canvassing materials
	(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 Office sought Office held		
Date 2/6/2021	Payee name Typeguard, Inc.	
Amount (\$) 32.00	Payee address; 2035 Sunset Lake Rd. Ste B2	City: Newark State: DE Zip Code: 19702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Contact management
	<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 2/7/2021	Payee name Uprinting	
Amount (\$) 136.95	Payee address; 8000 Haskell Ave.	City: Van Nuys State: CA Zip Code: 91406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Canvassing materials
	<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		

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2021	5 Payee name Labels & Lists	
6 Amount (\$) 68.95	7 Payee address; City: State: Zip Code 18912 North Creek Pkwy, Ste 101 Bothell WA 98011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description Direct mail	
(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 Office sought Office held		
Date 2/10/2021	Payee name First Graphic Services	
Amount (\$) 420.23	Payee address; City: State: Zip Code 229 Garvon St. Garland TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description Campaign signs	
<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 2/25/2021	Payee name Patriot Print Fulfillment	
Amount (\$) 243.00	Payee address; City: State: Zip Code 2221 E. Lamar Blvd., Suite 840 Arlington TX 76006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description Campaign signs	
<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		

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: 4	2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/2021	5 Payee name Typeguard, Inc.			
6 Amount (\$) 6.07	7 Payee address; 2035 Sunset Lake Rd. Ste B2		City: Newark	State: DE
			Zip Code 19702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Contact management	
	(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 Office sought Office held				
Date 3/6/2021	Payee name Typeguard, Inc.			
Amount (\$) 26.02	Payee address; 2035 Sunset Lake Rd. Ste B2		City; Newark	State; DE
			Zip Code 19702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Contact management	
	<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 3/10/2021	Payee name Uprinting			
Amount (\$) 509.90	Payee address; 8000 Haskell Ave.		City; Van Nuys	State; CA
			Zip Code 91406	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Canvassing materials	
	<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				

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: 4	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2021	5 Payee name Anedot	
6 Amount (\$) 186.64	7 Payee address; 1340 Poydras St.	City: New Orleans State: LA Zip Code: 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online donation platform
	(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 Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2021	5 Payee name 2MHost	
6 Amount (\$) 15.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 19 Assis Kohil St. Alexandria Bay NY 13607	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description Domain name registration	
(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 Office sought Office held		
Date 1/18/2021	Payee name 2MHost	
Amount (\$) 31.35 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 19 Assis Kohil St. Alexandria Bay NY 13607	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	
	Description Web hosting	
<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 1/19/2021	Payee name Formsite	
Amount (\$) 29.95 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5202 Washington St Downers Grove IL 60515	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	
	Description Campaign website form hosting	
<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: 4	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)	
4 Date 1/29/2021	5 Payee name Patriot Print Fulfillment		
6 Amount (\$) 1674.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 2221 E. Lamar Blvd., Suite 840	City; Arlington	State; TX Zip Code 76006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign signs	
	(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 Office sought Office held			
Date 2/20/2021	Payee name Ace Hardware		
Amount (\$) 9.71 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4400 Little Road #201	City; Arlington	State; TX Zip Code 76016
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage hardware	
	<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 2/20/2021	Payee name Ace Hardware		
Amount (\$) 11.87 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4400 Little Road #201	City; Arlington	State; TX Zip Code 76016
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage hardware	
	<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: 4	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2021	5 Payee name Ace Hardware	
6 Amount (\$) 6.47 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1705 Park Row Dr. Arlington TX 76013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signage hardware
	(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 Office sought Office held		
Date 2/26/2021	Payee name Ace Hardware	
Amount (\$) 18.12 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1705 Park Row Dr. Arlington TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage hardware
	<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 3/1/2021	Payee name Formsite	
Amount (\$) 29.95 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5202 Washington St Downers Grove IL 60515	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign website form hosting
	<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: 4		2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)	
4 Date 3/5/2021		5 Payee name Home Depot			
6 Amount (\$) 30.13 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 201 Road to Six Flags West		City; Arlington	State; TX
				Zip Code 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signage T-posts		
	(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					
Date 3/9/2021		Payee name Facebook			
Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook ads		
	<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 3/19/2021		Payee name Ace Hardware			
Amount (\$) 9.71 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; 4400 Little Road #201		City; Arlington	State; TX
				Zip Code 76016	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signage hardware		
	<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