CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how | to complete this form. | 1 Filer ID (Ethics C | ommission Filers) | 2 Total pages filed: | |
|--|--|--|---|--------------------------------|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR Mrs | FIRST Sarah | | MI B. | OFFICE USE ONLY | |
| NAME | NICKNAME | LAST McMurrough | | SUFFIX | Pete Received E I V E N | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX | | ZIP CODE 76017 | By Dem Adam | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSIO | ON | Date Hand-delivered or Date Postmarked 4-01-20-21 | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR Mr | FIRST Christopher | | MI D | Receipt # Amount S Date Processed | |
| NAME | NICKNAME | LAST McMurrough | | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS 4602 Willow I | NO PO BOX PLEASE); APT / S Park Ct. | | ington | STATE: ZIP CODE TX 76017 | |
| (Residence or Business) | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSIO | NC | | |
| 9 REPORT TYPE | January 15 X 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) | | | | | |
| | July 15 | 8th day before ele | CUION | eeded Modified orting Limit | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month 01 | Day Year / 01 / 2021 | THROUGH | Month 03 | Day Year 22 2021 | |
| 11 ELECTION | Month Day | Year Primary | Runoff Special | Other Description | | |
| 12 OFFICE | OFFICE HELD (if any) | | | SOUGHT (if known | n) d - Place 1 | |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFICE | CEHOLDER. THESE EXPENDITURE | S MAY HAVE BEEN MADE V | VITHOUT THE CAN | NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | V-100 E. C. | | | |
| | | COMMITTEE CAMPAIGN TR | EMBURER AUDRESS | | | |
| | | go то | PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| Sarah B McMurrou | gh | | | | | | |
| 17 CONTRIBUTION TOTALS | 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 LAS OF REPORTING PERIOD | ST DAY \$4489.29 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | \$ 0.00 | | | | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. | e and correct and includes all information | | | | | |
| | San Mam | المسمال | | | | | |
| | | | | | | | |
| Passa | Signature of Ca | ndidate or Officeholder | | | | | |
| TARY BUB | DAWN ADAMS | | | | | | |
| | | | | | | | |
| Notar | y Public. State of Texas | | | | | | |
| No. | otary ID 13227414-4 | | | | | | |
| OF TELES MY CO | mmission Exp. 12-05-20 ? léase complete either option below | /: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (1) Affidavit | | | | | | | |
| (,, | | | | | | | |
| | | | | | | | |
| NOTARY STAMP/SEA | | | | | | | |
| | | CL | | | | | |
| Sworn to and subscribed | before me by Sarah Mc Murrough this the | 1st day of april | | | | | |
| ~ (| which, witness my hand and seal of office. | | | | | | |
| Or Adi | · | 1 book | | | | | |
| Jelin Valor | NO DAWN MAMS | CRIX | | | | | |
| Signature of officer administe | ering oath Printed name of officer administering oath | Title of officer administering oath | | | | | |
| OR OR | | | | | | | |
| (2) Unsworn Declaration | | | | | | | |
| My name is Sarah B Mo | Murrough , and my date of birth is | 2/12/1985 | | | | | |
| My address is 4602 Will | | xas 76017 USA | | | | | |
| | | state) (zip code) (country) | | | | | |
| Evecuted in Tarrant | Windows Colored Colore | CONTROL AND SOURCE ASSESSMENT ASS | | | | | |
| Executed in Tarrant | County, State of Texas, on the _lst day of April (month | , 20 ²¹ (year) | | | | | |
| | | | | | | | |
| | Signature of Candid | date/Officeholder (Declarant) | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 19 FILER NAME 20 Filer ID (Ethics Com | | | | | | | |
|-----|---|------------------|--|--|--|--|--|--|
| | Sarah B McMurrough | | | | | | | |
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$6256.00 | | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$5110.00 | | | | | | |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$0.00 | | | | | | | |
| 4. | 4. SCHEDULE E: LOANS \$0.00 | | | | | | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION | ONS \$1766.71 | | | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$0.00 | | | | | | |
| 7. | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | | | | | | |
| 8. | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ | | | | | | | |
| 9. | 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$1891.26 | | | | | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES | S OF C/OH \$0.00 | | | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION | ONS \$0.00 | | | | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET | TURNED \$ 0.00 | | | | | | |
| | | | | | | | | |

SCHEDULE A1

| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
|--------------------------------|--|--------------------|---------|-------------------|---|
| 2 FILER NAME Sarah B. McMur | rough | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/20/2021 | Full name of contributor Christopher McMurrough Contributor address; | City: | State; | Zip Code 76017 | 7 Amount of contribution (\$) \$5.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empl | oyer (See Instruc | ctions) |
| Date 1/20/2021 | Full name of contributor Christopher McMurrough Contributor address: | out-of-state PAC | C (ID# | | Amount of contribution (\$) \$1.00 |
| | | ARLINGTON | тx | 76017 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 1/22/2021 | Full name of contributor Joy Hensley | out-of-state PAC | | | Amount of contribution (\$) \$25.00 |
| | Contributor address; | City; Southaven | State; | | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 1/22/2021 | Full name of contributor Linda Bridges | Out-of-state PAC |) (ID#: | | Amount of contribution (\$) \$25.00 |
| | Contributor address; | City; Arlington | State; | Zip Code 76012 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
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SCHEDULE A1

| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
|---|---|---|-----------------------------|-------------------|--|
| 2 FILER NAME Sarah B. McMurr | rough | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/22/2021 | 5 Full name of contributor Jill Wesstrom 6 Contributor address; | 7 Amount of contribution (\$) \$100.00 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empl | oyer (See Instruc | l tions) |
| Date 1/22/2021 | Full name of contributor Laura Avila Contributor address; | City; | State; | | Amount of contribution (\$) \$25.00 |
| Principal occup | ation / Job title (See Instructions) | | Empl | oyer (See Instruc | tions) |
| Date 1/22/2021 | Full name of contributor Malibu Wilkins Contributor address; | City: | | | Amount of contribution (\$) \$50.00 |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | l xions) |
| Date 1/22/2021 | Full name of contributor Sarah Bell Contributor address; | City: | | Zip Code 76015 | Amount of contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
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| | If contributor is out-of-state PAC, | please see instr | uction gui | de for additional | reporting requirements. |

SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Sarah B. McMur | | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/22/2021 | 5 Full name of contributor John Biggan 6 Contributor address; | Out-of-state PAC | State; | | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | | loyer (See Instruc | tions) |
| Date 1/22/2021 | Full name of contributor Kathy Bigam Contributor address: | out-of-state PAC City; Arlington | State; | | Amount of contribution (\$) \$50.00 |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 1/22/2021 | Full name of contributor Crystal Kersten Contributor address; | City: | State; | | Amount of contribution (\$) \$25.00 |
| Principal occu | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | l ctions) |
| Date 1/22/2021 | Full name of contributor Elizabeth Givens Contributor address; | Out-of-state PAC City; ARLINGTON | | Zip Code 76016 | Amount of contribution (\$) \$50.00 |
| Principal occu | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
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| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
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| 2 FILER NAME Sarah B. McMur | | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/22/2021 | 5 Full name of contributor Lindsay Shepherd | out-of-state PAC | > (ID#: | | 7 Amount of contribution (\$) \$50.00 |
| | 6 Contributor address; | City; Arlington | State; | Zip Code 76016 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empl | loyer (See Instruc | ctions) |
| Date 1/22/2021 | Full name of contributor Christen Stroope | out-of-state PAC | > (ID# | | Amount of contribution (\$) \$100.00 |
| | Contributor address; | City; Arlington | | Zip Code 76016 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
| Date 1/22/2021 | Full name of contributor Danielle Leathers | out-of-state PAC | > (ID# | | Amount of contribution (\$) \$50.00 |
| | Contributor address: | City: Burleson | State: | Zip Code 76028 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
| Date 1/22/2021 | Full name of contributor Kristen Clark | out-of-state PAC |) (ID#: | | Amount of contribution (\$) \$50.00 |
| | Contributor address; | City; Arlington | State; | Zip Code | |
| Principal occup | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
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| 2 FILER NAME Sarah B. McMurr | rough | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/22/2021 | 5 Full name of contributor Johanna Baker 6 Contributor address: | City: | State; | | 7 Amount of contribution (\$) \$500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empl | oyer (See Instruc | ctions) |
| Date 1/27/2021 | Full name of contributor Courtney Chavera Contributor address; | Out-of-state PAC | State; | Zip Code | Amount of contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Arlington TX 76001 Employer (See Instructions) | | | | ctions) | |
| Date 1/28/2021 | Full name of contributor Ashley Kunze Contributor address; | City: | | | Amount of contribution (\$) \$50.00 |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | tions) |
| Date 1/29/2021 | Full name of contributor Adam Baker Contributor address; | City; | | Zip Code 76016 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | | | oyer (See Instruc | etions) |
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| | If contributor is out-of-state PAC | . please see instr | uction aut | de for additional | reporting requirements. |

SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Sarah B. McMur | rough | <u>.</u> . | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/30/2021 | 5 Full name of contributor Jessica Young 6 Contributor address; | City; | 7 Amount of contribution (\$) \$25.00 | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empl | oyer (See Instruc | ctions) |
| Date 1/30/2021 | Full name of contributor Amanda Harvey Contributor address; | City; | State; | | Amount of contribution (\$) \$100.00 |
| Principal occup | eation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 1/30/2021 | Full name of contributor Rachel Donnini Contributor address; | City: | State; | | Amount of contribution (\$) \$25.00 |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 1/30/2021 | Full name of contributor Rebecca Magnus Contributor address; | City; | State; | Zip Code 76134 | Amount of contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Employer (See Ins | | | | oyer (See Instruc | ctions) |
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| The | Instruction Guide explains how | | 1 Total pages Schedule A1: | | | | |
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| 2 FILER NAME Sarah B. McMurr | rough | | | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 1/31/2021 | 5 Full name of contributor Libby Broyles 6 Contributor address: | City: | State; | Zip Code 76016 | 7 Amount of contribution (\$) \$100.00 | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empl | oyer (See Instruc | tions) | | |
| Date 2/1/2021 | Full name of contributor Mary Jo Santistevan Contributor address; | City; | State; | | Amount of contribution (\$) \$250.00 | | |
| Principal occup | pation / Job title (See Instructions) | PROCERTA | | oyer (See Instruc | ctions) | | |
| Date 2/1/2021 | Full name of contributor DIANNE TABERS Contributor address; | oul-of-state PAC | State; | Zip Code 76015 | Amount of contribution (\$) \$25.00 | | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instructions) | | | | |
| Date 2/2/2021 | Full name of contributor Susan Ashley Contributor address; | City: | | Zip Code 76012 | Amount of contribution (\$) \$50.00 | | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | otions) | | |
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xas Ethics Commission www.ethics.state.tx.us

SCHEDULE A1

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| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: | |
| 2 FILER NAME Sarah B. McMur | rough | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2/2/2021 | Full name of contributor Krista Grant Contributor address; | City; | State; | | 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 Carlos Santistevan Contributor address; | City; | State; | Zip Code 87111 | Amount of contribution (\$) \$100.00 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) | |
| Date 2/7/2021 | Full name of contributor Marcy Chesebro Contributor address: | out-of-state PAC | State; | | Amount of contribution (\$) \$250.00 | |
| Principal occup | pation / Job title (See Instructions) | Fort Worth | | 76120 oyer (See Instruc | ctions) | |
| Date 2/8/2021 | Full name of contributor Kevin & Patti Belknap Contributor address; | Out-of-state PAC | | | Amount of contribution (\$) \$250.00 | |
| Principal occupation / Job title (See Instructions) | | | | oyer (See Instruc | ctions) | |
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| 1 | If contributor is out-of-state PAC | i, please see Instri | uction gul | de for additional | reporting requirements. | |

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| The | Instruction Guide explains how to | 1 Total pages Schedule A1: | | | | | |
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| 2 FILER NAME Sarah B. McMurr | rough | | | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 2/10/2021 | 5 Full name of contributor Kathy McFarlen | Kathy McFarlen | | | | | |
| | 6 Contributor address; | City; | State; | Zip Code | | | |
| | | | | 70000 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | oyer (See Instruc | ctions) | | | | |
| Date 2/11/2021 | Full name of contributor (| out-of-state PAC | (ID# |) | Amount of contribution (\$) \$50.00 | | |
| | Contributor address; | City; Fort Worth | State; | Zip Code | | | |
| Principal occup | eation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) | | |
| Date 2/13/2021 | Full name of contributor | out-of-state PAC | (ID#: | | Amount of contribution (\$) \$50.00 | | |
| | Contributor address: | City: | State; | Zip Code | | | |
| Principal occup | pation / Job title (See Instructions) | | | oyer (See Instruc | ctions) | | |
| Date 2/13/2021 | Full name of contributor Ashley Fuller | out-of-state PAC | (ID#: | | Amount of contribution (\$) \$100.00 | | |
| | Contributor address; | City; | State; | Zip Code | | | |
| | | Arlington | TX | 76016 | | | |
| Principal occup | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) | | |
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| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Sarah B. McMuri | rough | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/13/2021 | 5 Full name of contributor Heather Bush | out-of-state PAC | | | 7 Amount of contribution (\$) \$100.00 |
| | 6 Contributor address; | | State; | Zip Code | |
| 8 Principal occu | pation / Job title (See Instructions) | | | loyer (See Instruc | tions) |
| Date 2/14/2021 | Full name of contributor Judith Jones | out-of-state PAC | C (ID# | | Amount of contribution (\$) \$100.00 |
| | Contributor address; | City; Arlington | State; | Zip Code 76015 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
| Date 2/19/2021 | Full name of contributor | | | | Amount of contribution (\$) \$25.00 |
| | Contributor address; | City; | State; | | |
| Principal occup | pation / Job title (See Instructions) | | Emp | loyer (See Instruc | ctions) |
| Date 2/20/2021 | Full name of contributor Earlene Pike | out-of-state PAC | C (ID#: | | Amount of contribution (\$) \$300.00 |
| | Contributor address; | City; Arlington | State; | Zip Code 76016 | |
| Principal occup | Dation / Job title (See Instructions) | | Emp | loyer (See Instruc | ctions) |
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|---------------------------------|--|--------------------|-------------------|-------------------|--|
| 2 FILER NAME Sarah B. McMurr | rough | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/21/2021 | 5 Full name of contributor Lindsey Bautovich 6 Contributor address; | out-of-state PAC | C (ID#: | | 7 Amount of contribution (\$) \$50.00 |
| | | Pantego | TX | 76013 | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Empi | oyer (See Instruc | l tions) |
| Date 2/21/2021 | Full name of contributor Haley Taylor | Out-of-state PAC | | | Amount of contribution (\$) \$25.00 |
| | Contributor address; | City; Arlington | State; | Zip Code 76017 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 2/21/2021 | Full name of contributor Lindsay Shepherd | out-of-state PAC | -state PAC (ID#:) | | Amount of contribution (\$) \$50.00 |
| | Contributor address; | City: | State; | Zip Code | |
| | | | | oyer (See Instruc | ctions) |
| Date 2/21/2021 | Full name of contributor Kristen Lindner | out-of-state PA(| C (ID#: | | Amount of contribution (\$) \$100.00 |
| | Contributor address; | City: | State; | Zip Code 76016 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | I ctions) |
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|---------------------------------|--|--------------------|--------------|--------------------|--|
| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Sarah B. McMurr | rough | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/21/2021 | 5 Full name of contributor Elissa Worster 6 Contributor address: | out-of-state PAC | State; | | 7 Amount of contribution (\$) \$50.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | | oyer (See Instruc | ctions) |
| Date 2/21/2021 | Full name of contributor Chris McMurrough Contributor address; | City; | State; | Zip Code 76017 | Amount of contribution (\$) \$100.00 |
| Principal occup | ation / Job title (See Instructions) | | Empl | oyer (See Instruc | ttions) |
| Date 2/21/2021 | Full name of contributor Paula Kinkade Contributor address: | ul-of-state PAC | | Zip Code | Amount of contribution (\$) \$100.00 |
| | Communication address. | Arlington | | 76017 | |
| Principal occup | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | ctions) |
| Date 2/21/2021 | Full name of contributor Charles Brady Contributor address; | City; | | Zip Code 76001 | Amount of contribution (\$) \$200.00 |
| Principal occup | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
| | ATTACH ADDIT | | | | |
| • | If contributor is out-of-state PAC | . please see Instr | uction aui | de for additional | reporting requirements. |

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Revised 8/17/2020

SCHEDULE A1

| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
|--------------------------------|---|---------------------|--------|-------------------|---|
| 2 FILER NAME Sarah B. McMur | | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/21/2021 | 5 Full name of contributor Paige Payne | out-of-state PAC | | | 7 Amount of contribution (\$) \$100.00 |
| | 6 Contributor address: | City; Arlington | | Zip Code 76018 | |
| 8 Principal occu | I Ipation / Job title (See Instructions) | | 9 Empl | oyer (See Instruc | itions) |
| Date 2/21/2021 | Full name of contributor Mario Perez | Out-of-state PAC | | | Amount of contribution (\$) \$50.00 |
| | Contributor address; | City; Fort Worth | State; | Zip Code 76110 | |
| Principal occup | Deation / Job title (See Instructions) | | Empl | oyer (See Instruc | tions) |
| Date 2/21/2021 | Full name of contributor | out-of-state PAC | (ID#: | | Amount of contribution (\$) \$50.00 |
| | Contributor address: | City: Fort Worth | State; | Zip Code 76110 | |
| Principal occu | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | xions) |
| Date 2/22/2021 | Full name of contributor Julie Palermo | out-of-state PAC | | | Amount of contribution (\$) \$50.00 |
| | Contributor address; | City; Arlington | | Zip Code 76016 | |
| Principal occu | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | Ltions) |
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SCHEDULE A1

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

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| The | Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) |
| Sarah B. McMur | rough | | | | |
| 4 Date 2/25/2021 | 5 Full name of contributor James Johnson | out-of-state PAC | | _ | 7 Amount of contribution (\$) \$50.00 |
| | 6 Contributor address; | | | Zip Code | |
| | | Arlington | TX | 76017 | |
| 8 Principal occu | upation / Job title (See Instructions) | | 9 Empl | loyer (See Instruc | ctions) |
| Date 2/28/2021 | Full name of contributor Temicca Hunter | out-of-state PAC | | | Amount of contribution (\$) \$50.00 |
| | Contributor address; | City; | | Zip Code | |
| | | Arlington | тх | 76018 | |
| Principal occu | pation / Job title (See Instructions) | | Empl | oyer (See Instruc | tions) |
| Date 3/1/2021 | Full name of contributor Kelly Curnutt | out-of-state PAC | il-of-state PAC (ID#:) | | Amount of contribution (\$) \$250.00 |
| | Contributor address; | City: | State; | | |
| | | Arlington | TX | 76013 | |
| Principal occu | pation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
| Date 3/2/2021 | Full name of contributor Tom Cravens | out-of-state PAC | C (ID#: |) | Amount of contribution (\$) \$250.00 |
| | Contributor address; | City; | | Zip Code | |
| | | Arlington | тх | 76013 | |
| Principal occu | pation / Job title (See Instructions) | | Emp | loyer (See Instruc | ctions) |
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

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| Th | e Instruction Guide explains how | to complete this | form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Sarah B. McMu | | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/7/2021 | 5 Full name of contributor James Burgard 6 Contributor address; | out-of-state PA(| State; | Zip Code | 7 Amount of contribution (\$) \$25.00 |
| | | Austin | TX | 78741 | |
| 8 Principal occ | cupation / Job title (See Instructions) | | 9 Empl | loyer (See Instru | ctions) |
| Date 3/19/2021 | Full name of contributor Michael Cunningham | out-of-state PA(| | Amount of contribution (\$) \$500.00 | |
| | Contributor address; | City; | | Zip Code | |
| | | Arlington | TX | 76012 | |
| Principal occu | upation / Job title (See Instructions) | | Empl | loyer (See Instruc | ctions) |
| Date 3/19/2021 | Full name of contributor Gayle Grant | oul-of-slate PAC | | | Amount of contribution (\$) \$50.00 |
| | Contributor address; | City; | | Zip Code | |
| | | Arlington | тx | 76016 | |
| Principal occi | upation / Job title (See Instructions) | | Empl | loyer (See Instru | tions) |
| Date 3/19/2021 | Full name of contributor Janis Brendle | out-of-state PAC | C (ID#: |) | Amount of contribution (\$) \$25.00 |
| | Contributor address; | City; | State; | Zip Code | |
| | | Arlington | TX | 76013 | |
| Principal occi | upation / Job title (See Instructions) | | Empl | loyer (See Instru | ctions) |
| | ATTACH ADDIT | IONAL COPIES | OF THIS S | SCHEDULE AS I | NEEDED |
| 1 | If contributor is out-of-state PAC | , please see Instr | uction gui | de for additional | reporting requirements. |

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Revised 8/17/2020

SCHEDULE A2

| ii tile reque | ested information is not applicable, DO NOT Includ | e uns page | in the report. | |
|----------------------------|---|-------------------|-----------------------------|--|
| Th | e Instruction Guide explains how to complete this for | m. | 1 Total pages Sched | ule A2 |
| 2 FILER NAME Sarah B. M | E McMurrough | | 3 Filer ID (Ethics Co | ommission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRII | BUTIONS | \$ 210.00 | |
| 5 Date 1/19/2021 | 6 Full name of contributor out-of-state PAC (ID# Christopher McMurrough | | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; | Zip Code | 500.00 | Web design |
| | 4602 Willow Park Ct. Arlington TX | 76017 | L | de of Texas. Complete Schedule T. |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICI | AL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JL | IDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor |) | Amount of Contribution \$ | In-kind contribution |
| 1/19/2021 | Kyle Fields | | 1500.00 | description Political consulting |
| | Contributor address; City; State; 5200 Rustle Leaf Dr. Arlington TX | Zip Code 76017 | Check if travel outsi | de of Texas. Complete Schedule T. |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | <u> </u> | AL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JL | JDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | I | | |
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SCHEDULE A2

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| Th | e Instruction Guide explains how to complete this form | n, | 1 Total pages Sched | ule A2 |
| 2 FILER NAME Sarah B. N | ≣ McMurrough | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$210.00 | |
| 5 Date 1/19/2021 10 Principal occ | 6 Full name of contributor out-of-state PAC (ID# | Zip Code 78729 | Contribution \$ | 9 In-kind contribution Craphic design Craphic desig |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JU | DICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Contributor's | Adam Baker Contributor address; City; State; 3705 Indian Springs Trl. Arlington TX upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | Contribu | er (FOR NON-JUDICI | In-kind contribution description T-posts de of Texas. Complete Schedule T. AL)(See Instructions) DICIAL)(See Instructions) se (if any) (FOR JUDICIAL) |
| | | | | |
| | ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct | | | g requirements. |

SCHEDULE A2

| ii the reque | ested information is not applicable, DO NOT Includ | e this page | in the report. | |
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| Th | ne Instruction Guide explains how to complete this for | n. | 1 Total pages Sched | ule A2: |
| 2 FILER NAME Sarah B. M | E McMurrough | | 3 Filer ID (Ethics Co | ommission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ 210.00 | |
| 5 Date 2/6/2021 | 6 Full name of contributor □ out-of-state PAC (ID# | | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; | Zip Code | 1500.00 | Data analytics |
| | 5200 Rustle Leaf Dr. Arlington TX | 76017 | Check if travel outsi | I ide of Texas. Complete Schedule T. |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICI | AL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | itor's job title (FOR JU | JDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor | | Amount of Contribution \$ | In-kind contribution |
| 2/6/2021 | Ashley Turner | | 300.00 | description Photography |
| | Contributor address; City; State; 4808 Rock Ridge Ct. Arlington TX | Zip Code 76017 | Check if travel outsi | de of Texas. Complete Schedule T. |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICI | AL)(See Instructions) |
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SCHEDULE A2

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| Th | ne Instruction Guide explains how to complete this for | n. | 1 Total pages Sched | ule A2 |
| 2 FILER NAME Sarah B. M | E McMurrough | | 3 Filer ID (Ethics Co | mmission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$210.00 | |
| 5 Date 2/6/2021 | 6 Full name of contributor out-of-state PAC (ID# | Zip Code 76016 | 8 Amount of Contribution \$ | 9 In-kind contribution description Photography |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employ | Check if travel outs | de of Texas. Complete Schedule T. AL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contrib | outor's job title (FOR JL | DICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law fin | m of contributor's spou | se (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 | Zip Code | Amount of Contribution \$ | In-kind contribution description |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employ | ver (FOR NON-JUDICI | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contrib | outor's job title (FOR JU | IDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law fire | m of contributor's spou | se (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
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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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expense Printing Expense Salaries/Wages/Contract Labor | xpense Travel In District Expense Travel Out Of District | | |
|---|------------|--|--|--|---|--|
| Credit Card Payment | | The Instruction Guide explains | s how to complete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER N | IAME | | 3 Filer ID (Eth | ics Commission Filers) | |
| 4 | Sarah | B. McMurrough | | | | |
| 4 Date | 5 Payee n | ame | | | | |
| 1/28/2021 | Uprint | ing | | | | |
| 6 Amount (\$) | 7 Payee a | ddress; | City; | State; | Zip Code | |
| 136.95 | 8000 H | askell Ave. | Van Nuys | CA | 91406 | |
| 8 | (a) Catego | ry (See Categories listed at the top of this s | chedule) (b) Description | | 11-11-11-11-11-11-11-11-11-11-11-11-11- | |
| PURPOSE | Print | ing Expense | Canvassing | materials | | |
| OF EXPENDITURE | | | | | | |
| | (c) | Check if travel outside of Texas. Complete Sc | hedule T. Check if Au | stin, TX, officeholder liv | ing expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | | date / Officeholder name | Office sought | | Office held | |
| Date | Payee na | ame | | | | |
| 2/6/2021 | Typegu | ard, Inc. | | | | |
| Amount (\$) | Payee a | ddress; | City; | State; | Zip Code | |
| 32.00 | 2035 Si | unset Lake Rd. Ste B2 | Newark | DE | 19702 | |
| · · · · · · · · · · · · · · · · · · · | Categor | y (See Categories listed at the top of this so | thedule) Description | | | |
| PURPOSE OF EXPENDITURE | Advert | tising Expense | Contact man | nagement | | |
| | | Check if travel outside of Texas. Complete Sc | hedule T. Check if Au | stin, TX, officeholder liv | ing expense | |
| Complete ONLY if direct expenditure to benefit C/Ol | | date / Officeholder name | Office sought | | Office held | |
| Date 2/7/2021 | Payee n | | | | | |
| 2, 1, 2021 | oprinc | 1.1.g | | | | |
| Amount (\$) | Payee a | ddress; | City; | State; | Zip Code | |
| 136.95 | 8000 H | askell Ave. | Van Nuys | CA | 91406 | |
| | Categor | y (See Categories listed at the top of this so | chedule) Description | | | |
| PURPOSE OF EXPENDITURE | Print | ing Expense | Canvassing | materials | | |
| | | Check if travel outside of Texas. Complete Sc | hedule T. Check if Au | stin, TX, officeholder livi | ing expense | |
| Complete ONLY if direct expenditure to benefit C/OI | | date / Officeholder name | Office sought | | Office held | |
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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 Consulting Contribution | Expense ons/Donations Made B e/Officeholder/Politica | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai | Office Ove Polling Exp Printing Ex Salaries/M | rpense /ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
|--|--|-------------|--|--|--|---|---------------------------------------|-------------|--|
| <u> </u> | | - | <u> </u> | iis now to c | omplete this form. | <u>-</u> | | | |
| 1 Total pa | iges Schedule F1: | 1 | AME . McMurrough | | | 3 Filer ID (Ethic | s Commission Filer | s) | |
| 4 Date | | 5 Payee na | me | | | | ···· | | |
| | 2/8/2021 | Labels | & Lists | | | | | | |
| 6 Amoun | t (\$) | 7 Payee ac | dress; | | City: | State; | Zip Code | | |
| 68.95 | | 18912 N | orth Creek Pkwy, Ste 10 | 1 | Bothell | AW | 98011 | | |
| 8 | | (a) Categor | y (See Categories listed at the top of the | s schedule) | (b) Description | | | | |
| PU | IRPOSE | Advert | ising Expense | | Direct mail | | | | |
| EXPE | OF ENDITURE | | | | | | | | |
| ···· | | (c) | Check if travel outside of Texas. Complete | Schedule T. | Check if Austir | n, TX, officeholder livin | g expense | | |
| | te <u>ONLY</u> if direct ture to benefit C/OF | | ate / Officeholder name | | Office sought | | Office held | | |
| Date | | Payee na | me | | | | | | |
| 2 | 2/10/2021 | First 0 | raphic Services | | | | | | |
| Amoun | t (\$) | Payee ac | dress; | | City; | State; | Zip Code | | |
| 420.23 | 3 | 229 Gar | von St. | | Garland | TX | 75040 | | |
| | | Category | (See Categories listed at the top of this | schedule) | Description | | | | |
| PU | IRPOSE | Printi | ng Expense | | Campaign sign | ns | | | |
| EXPE | OF ENDITURE | | | | | | | | |
| | | | Check if travel outside of Texas. Complete | Schedule T. | Check if Austin. TX, officeholder living expense | | | | |
| | e <u>ONLY</u> if direct ture to benefit C/OH | | ate / Officeholder name | | Office sought | | Office held | | |
| Date | | Payee na | ame | | | | | | |
| 2 | 2/25/2021 | Patriot | Print Fulfillment | | | | | | |
| Amoun | t (\$) | Payee ac | ldress; | | City; | State; | Zip Code | | |
| 243.00 | 0 | 2221 E. | Lamar Blvd., Suite 840 | | Arlington | TX | 76006 | | |
| | | Category | (See Categories listed at the top of this | schedule) | Description | | · · · · · · · · · · · · · · · · · · · | | |
| | RPOSE OF INDITURE | Printi | ng Expense | | Campaign sign | ns | | | |
| | | | Check if travel outside of Texas. Complete | Schedule T. | Check if Austin | n, TX, officeholder livin | g expense | | |
| | te <u>ONLY</u> if direct ture to benefit C/OH | | ate / Officeholder name | | Office sought | | Office held | | |
| | | AT | FACH ADDITIONAL COPIES | OF THIS | SCHEDULE AS NEE | DED | | | |

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

| Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expense Printing Expense Salaries/Wages/Contract Labor | expense Travel Out Of District | |
|---|--|--|--|--------------------------------|-----------------------|
| Credit Card Payment | | The Instruction Guide explain | s how to complete this form. | | |
| 1 Total pages Schedule F1: | 1 | NAME B. McMurrough | | 3 Filer ID (Ethio | cs Commission Filers) |
| 4 Date | 5 Payee n | name | | .l | |
| 3/1/2021 | Typegu | uard, Inc. | | | |
| 6 Amount (\$) | 7 Payee a | address; | City: | State; | Zip Code |
| 6.07 | 2035 S | Sunset Lake Rd. Ste B2 | Newark | DE | 19702 |
| 8 | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| PURPOSE | Advertising Expense Contact management | | | | |
| OF EXPENDITURE | | | | | |
| | (c) _ | Check if travel outside of Texas. Complete So | chedule T. Check if Aus | tın, TX, officeholder livir | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | | date / Officeholder name | Office sought | | Office held |
| Date 3/6/2021 | Payee n | name | | | |
| Amount (\$) | Payee a | address; | City; | State; | Zip Code |
| 26.02 | 2035 S | unset Lake Rd. Ste B2 | Newark | DE | 19702 |
| | Catego | ry (See Categories listed at the top of this s | chedule) Description | | |
| PURPOSE OF EXPENDITURE | Adver | tising Expense | Contact mana | agement | |
| | | Check if travel outside of Texas. Complete So | chedule T. Check if Aus | tin. TX, officeholder livir | g expense |
| Complete ONLY if direct expenditure to benefit C/Oh | | date / Officeholder name | Office sought | | Office held |
| Date 3/10/2021 | Payee r | | | | |
| 3, 20, 2022 | opiino | ·-···5 | | | |
| Amount (\$) | Payee a | address; | City; | State; | Zip Code |
| 509.90 | 8000 н | askell Ave. | Van Nuys | CA | 91406 |
| | Categor | y (See Categories listed at the top of this s | chedule) Description | | |
| PURPOSE OF EXPENDITURE | Print | ing Expense | Canvassing t | materials | |
| | | Check if travel outside of Texas. Complete So | chedule T. Check if Aus | tin, TX, officeholder livin | g expense |
| Complete ONLY if direct expenditure to benefit C/OH | | date / Officeholder name | Office sought | | Office held |
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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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | nse es/Contract Labor | · · · · · · · · · · · · · · · · · · · | | | |
|--|-------------|---|--|--|--------------|--------------|-----------------------|
| | | The Instruction Guide explains | s how to com | plete this form. | | | |
| 1 Total pages Schedule F1: 4 | | AME . McMurrough | | | 3 Filer | ID (Ethic | cs Commission Filers) |
| 4 Date | 5 Payee na | me | | | | | |
| 3/22/2021 | Anedot | | | | | | |
| 6 Amount (\$) | 7 Payee ad | dress; | | City: | | State; | Zip Code |
| 186.64 | • | ydras St. | | New Orlean | e | LA | 70112 |
| 100.04 | 2310 10 | facus oc. | | New Official | 5 | ш. | 70112 |
| 8 | (a) Categor | / (See Categories listed at the top of this s | schedule) (| b) Description | | | |
| PURPOSE | Fees | | 1 | Online donati | ion pla | tform | |
| OF | | | | | _ | | |
| EXPENDITURE | | | | VII. | | | |
| | (c) | Check if travel outside of Texas. Complete Sc | chedule T. | Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | ate / Officeholder name | | Office sought | | | Office held |
| Date | Payee na | me | | | | | |
| Amount (\$) | Payee ad | dress; | | City; | | State; | Zip Code |
| | | | | | | | |
| | Category | (See Categories listed at the top of this so | chedule) | Description | | | |
| PURPOSE OF EXPENDITURE | | | | | | | |
| | | Check if travel outside of Texas. Complete Sc | chedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | ate / Officeholder name | | Office sought | | | Office held |
| Date | Payee na | ıme | | | | | |
| Amount (\$) | Payee ad | dress; | *····································· | City; | | State; | Zip Code |
| | | | | | | | |
| | Category | (See Categories listed at the top of this so | chedule) | Description | | - | |
| PURPOSE | | | | | | | |
| OF EXPENDITURE | | | | | | | |
| | | Check if travel outside of Texas. Complete Sc | thedule T. | Check if Austin | , TX, office | holder livin | ng expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ate / 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 | | Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services | S Office Overhead/Rental Expense d/Beverage Expense Polling Expense /Awards/Memorials Expense Printing Expense | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
|--|---|---|--|--|---|-------------------|---------------------------------------|--|
| Credit Card Payment | | The Instruction Guide explains | s how to co | omplete this form. | | - | | |
| 1 Total pages Schedule G: | 2 FILER NAME Sarah B. McMurrough 3 Filer ID (Ethics Commission Filer | | | | | | | |
| 4 Date 1/15/2021 | 5 Payee name 2MHost | | | | | | | |
| 6 Amount (\$) 15.00 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 Categones listed at the top of this schedule) Advertising Expense | | | (b) Description Domain name registration | | | | |
| | (c) 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 | Candid | date / Officeholder name | (| Office sought | | | Office held | |
| Date 1/18/2021 | Payee na 2MHost | me | | | | | | |
| Amount (\$) 31.35 Reimbursement from political contributions intended | | | | | | Zip Code 13607 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas, Complete Schedule T. | | | Description Web hosting Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought | | | | | , TX, Officer | | Office held | |
| Date 1/19/2021 | Payee na Formsit | | | | | | | |
| Amount (\$) 29.95 Reimbursement from political contributions intended | Payee ad 5202 Wa | ldress; shington St | | City; Downers Gro | | State; L | Zip Code 60515 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense Campaign website form | | | | | m hosting | hosting | |
| Complete ONLY if disease | Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | | | Check if Austin, TX, officeholder living expense Office sought Office held | | | · · · · · · · · · · · · · · · · · · · | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | | | | |
| | ATTA | ACH ADDITIONAL COPIES OF | F THIS SC | HEDULE AS NEED | ED | | | |

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee | | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salanes/Wages/Contract Labor | | Travel In District Travel Out Of District Other (enter a category not listed above) | | | | |
|---|--------------|---|------------------|---|---------------------------|-----------------------------|--|--|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | | |
| 1 Total pages Schedule G: | 2 FILER NA | ME | | | 3 Filer ID (Ethic | s Commission Filers) | | |
| 4 | Sarah B. | McMurrough | | | | | | |
| 4 Date | 5 Payee nar | ne | | | | | | |
| 1/29/2021 | Patriot | Print Fulfillment | | | | | | |
| 6 Amount (\$) | 7 Payee add | dress; | | City; | State; | Zip Code | | |
| 1674.00 | 2221 E. | Lamar Blvd., Suite 840 | | Arlingto | n TX | 76006 | | |
| X Reimbursement from political contributions intended | | | | | | | | |
| 8 PURPOSE | (a) Category | (See Categories listed at the top of this so | hedule) | (b) Description | | | | |
| OF EXPENDITURE | Printir | g Expense | | Campaign sign | ns | | | |
| | (c) | Check if travel outside of Texas. Complete Sch | nedule T. | Check if Austin, | TX, officeholder living | officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | | Office sought | | Office held | | |
| Date | Payee nar | ne | | | | | | |
| 2/20/2021 | Ace Hard | dware | | | | | | |
| Amount (\$) | Payee add | tress; | | City; | State; | Zip Code | | |
| 9.71 | 4400 Lit | tle Road #201 | | Arlingto | on TX | 76016 | | |
| Reimbursement from political contributions intended | | | | | | | | |
| PURPOSE | Category | (See Categories listed at the top of this so | chedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | Adverti | sing Expense | Signage hardware | | | | | |
| | | Check if travel outside of Texas, Complete Sch | nedule T. | eT. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/G | | ate / Officeholder name | | Office sought | Office held | | | |
| Date | Payee nar | ne | | | | | | |
| 2/20/2021 | Ace Har | dware | | | | | | |
| Amount (\$) | Payee add | dress; | | City; | State; | Zip Code | | |
| 11.87 | 4400 Lit | tle Road #201 | | Arlington | TX | 76016 | | |
| Reimbursement from political contributions intended | | | | | | | | |
| PURPOSE | Category | (See Categories listed at the top of this so | chedule) | Description | | | | |
| PURPOSE OF EXPENDITURE | Adverti | sing Expense | | Signage hardw | are | | | |
| | | Check if travel outside of Texas. Complete Sch | nedule T. | Check if Austin | , TX, officeholder living | expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candid | ate / Officeholder name | | Office sought | | Office held | | |
| | ATTA | CH ADDITIONAL COPIES OF | F THIS SC | CHEDULE AS NEED | ED | | | |

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense

| Candidate/Officeholder/Politic Credit Card Payment | · · · · · · · · · · · · · · · · · · · | Wages/Contract Labor O | ravel Out Of District Ither (enter a categor) | v not listed above) | | | |
|--|--|--|--|---------------------|--|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME Sarah B. McMurrough | 3 | Filer ID (Ethics | Commission Filers) | | | |
| 4 Date | 5 Payee name | | | | | | |
| 2/23/2021 | Ace Hardware | | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | | | |
| 6 . 47 Reimbursement from political contributions intended | 1705 Park Row Dr. | Arlington | тх | 76013 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense Signage hardware | | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | diside 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 | | | | | | |
| 2/26/2021 | Ace Hardware | | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | | |
| 18.12 Reimbursement from political contributions intended | 1705 Park Row Dr. | Arlington | TX | 76013 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense Signage hardware | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | • | Office held | | | |
| Date | Payee name | | | - | | | |
| 3/1/2021 | Formsite | | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | | |
| 29.95 Reimbursement from political contributions intended | 5202 Washington St | Downers Grove | Ι L | 60515 | | | |
| 51155005 | Category (See Categories listed at the top of this schedule) | Description | | | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense Campaign website form hosting | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, | , officeholder living ex | pense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | (| Office held | | | |
| | ATTACH ADDITIONAL COPIES OF THIS S | 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Sarah B. McMurrough 4 Date 5 Payee name 3/5/2021 Home Depot 6 Amount (\$) 7 Payee address; City; State; Zip Code 30.13 201 Road to Six Flags West Arlington тx 76011 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense Signage T-posts **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/9/2021 Facebook Amount (\$) Payee address: City; State; Zip Code 25.00 1 Hacker Way Menlo Park CA 94025 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Advertising Expense Facebook ads EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 3/19/2021 Ace Hardware Amount (\$) Payee address; City; State: Zip Code 4400 Little Road #201 Arlington TX 76016 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Signage hardware OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED