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	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs	FIRST Sarah		МI В.	OFFICE	USE ONLY
INOME	NICKNAME	LAST McMurrough		SUFFIX	Date Received	EDVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 4602 Willow I		CITY, STATE: arlington TX	ZIP CODE 76017	JUL] By Day	5 2021 Adoms
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 975-0893	EXTENSI	ON		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr	FIRST Christopher		MI D	Receipt # Date Processed	Amount S
	NICKNAME	LAST McMurrough		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 4602 Willow H	NO PO BOX PLEASE); APT / S Park Ct.		ington	STATE; TX	ZIP CODE 76017
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON		
9 REPORT TYPE	January 15	30th day before e	election Rur	noff	15th day af treasurer a (Officeholde	
	X July 15	8th day before ele	CUOII	eeded Modified oorting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 04	Day Year / 22 / 2021	THROUGH	Month 06	Day Year / 30 / 202	
11 ELECTION	Month Day	Year Primary 2021 X General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) AISD School E	oard - Place 1	13 OFFICE S	SOUGHT (if known	1)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE V	WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sarah B McMurrous	~h		16 Filer	ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS			N	\$0.00	
	2. TOTAL POLITICAL CONTRIB)	\$650.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$0.00	
	4. TOTAL POLITICAL EXPENDI	TURES		\$1,346.	46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	ST DAY	\$481.36	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C)F THE	\$0.00	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, th	nat the accompanying report is tru	ue and co	rrect and inc	cludes all information
red	quired to be reported by me under Title 15, El	ection Code.			
		0 000	Λ		
Bassas		12 MILIY	M AAA	11.11	
		Signature of S	COAN	Non	5 L.
	DAWN ADAMS	Signature of Ca	andidate (or Officenois	der
	y Public, State of Texas				
	otary ID 13227414-4				
OF TET My Co	mmission Exp. 12-05-2023 🔓				
	Plase compl	lete either option belov	N:		
(1) Affidavit					
• • •					
NOTARY STAMP/SEA	ĺ				
HOTAIN OTAIN TOLK	Co 1 100	No 1	111		7
Sworn to and subscribed	before me by Sarah IIIC	Murrough this the	14	day_of	July
21	,	The life		_ day or	
20, to certify	which, witness my hand and seal of office.			. 1	,
Deun adam	Dawn Az	lans		Clark	_
Signature of officer administe	ering oath Printed name of office	cer administering oath		Title of offic	er administering oath
COLUMN TANK CAN AND AND AND AND AND AND AND AND AND A	Timed name of one			THE ST STILL	er dammietering odtri
	A TRANSPORT OF THE PROPERTY OF	OR			
(2) Unsworn Declarati	on				
My name is Sarah B Mc	Murrough	, and my date of birth is	2/12/1	985	
				6017	USA
My address is 4602 Will			,	,	·
	(street)		V	(zip code)	(country)
Executed in Tarrant	County, State of Texas	_, on the _lst day of April	h	_, 20_21	
		(mont	h)	(year)	
		Signature of Candi	idate/Offic	eholder (De	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Sarah B McMurrough	mmission Filers)	
21	SCHEDULE SUBTOTALS		SUBTOTAL
	NAME OF SCHEDULE		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00	
4.	SCHEDULE E: LOANS	\$0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$592.25	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$754.21
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$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:
2 FILER NAME Sarah B. McMur	rough				3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2021	Out-of-state PAC (ID#:				7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	itions)
Date 5/27/2021	Full name of contributor Mark Hanson Contributor address;	City; Arlington	State;		Amount of contribution (\$) \$50.00
Principal occup	 pation / Job title (See Instructions)		Empl AISD	oyer (See Instruc	itions)
Date	Full name of contributor Contributor address;				Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
	ATTACH ADDITI	ONAL COPIES	OF THIS S	CHEDULE AS N	NEEDED

Forms provided by Texas Ethics Commission

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

Revised 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2.			
2 FILER NAMI Sarah B. 1	E McMurrough		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$0.00			
5 Date 5/1/2021	6 Full name of contributor oul-of-state PAC (ID#	Zip Code 76016		9 In-kind contribution description Urban Alchemy party res		
	supation / 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 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	Zip Code	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	1=	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	ise (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	JI FAS NEEDED			
	If contributor is out-of-state PAC, please see Instruct			g requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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 Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense		Travel In District Travel Out Of District Other (enter a category not listed above)					
Cledit Card Payment		The Instruction Guide explain	s how to com	nplete ti	nis form.				
1 Total pages Schedule F1: 2	1	AME 3. McMurrough				3 Filer	ID (Ethic	s Commission Filers))
4 Date	5 Payee na	ame							
4/28/2021	Patrio	t Print Fulfillment							
6 Amount (\$)	7 Payee ad	ddress:			City;		State:	Zip Code	
378.00	1 -	. Lamar Blvd., Suite 840			Arlington		TX	76006	
370.00				•			•••	.000	
8	(a) Categor	ry (See Categories listed at the top of this	schedule) ((b) Des	cription				
PURPOSE	Printi	ing Expense		Car	mpaign sign	ıs			
OF									
EXPENDITURE									
	(c)	Check if travel outside of Texas. Complete So	chedule T.		Check if Austin	, TX, office	eholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O								Office held	
Date	Payee na	ame							
4/22/2021	Anedot								
Amount (\$)	Payee address;				City;		State;	Zip Code	
4.30	1340 Pc	oydras St.		1	New Orleans	3	LA	70112	
	Category	y (See Categories listed at the top of this s	chedule)	Des	cription				
PURPOSE	Fees			Online donation platform					
OF EXPENDITURE									
EXI ENDITORE									
		Check if travel outside of Texas. Complete So	chedule T.		Check if Austin	. TX, office	eholder livin	· ·	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Offic	e sought	Office held			
expenditure to benefit C/OI	•								
Date	Payee n	ame							
4/29/2021	Chaoti	c Designs							
		-							
Amount (\$)	Payee a	ddress;			City;		State;	Zip Code	
180.00	4001 W.	. Green Oaks Blvd. #101			Arlington		TX	76016	
	Category	(See Categories listed at the top of this se	chedule)	Des	cription				
PURPOSE	Advert	ising Expense		T-8	hirts				
OF EXPENDITURE									
EX ENDITORE									
		Check if travel outside of Texas. Complete So	chedule T.		Check if Austin,	, TX, office	aholder livin	• '	
Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Offic	ce sought			Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS SO	CHEDL	JLE AS NEE	DED			
		- · · · · · · · · · · · · · · ·				-			

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

Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)			
Credit Card Payment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1: 2	2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
5/1/2021	Formsite					
6 Amount (S)	7 Payee address;	City:	State; Zip Code			
29.95	5202 Washington St	rove IL 60515				
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE	Advertising Expense	Campaign web	site form hosting			
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF						
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc	hedule) Description				
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Aust	in, 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			
	Category (See Categories listed at the top of this sci	nedule) Description				
PURPOSE						
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH	I	3				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			

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 Fees

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	vards/Memorials Expense Printing Expense		Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	s how to comp	lete this form.		- *		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID	(Ethics C	ommission Filers)	
3	Sarah B.	McMurrough				•	,	
4 Date	5 Payee nan	ne		I				
4/22/2021	Facebool	S						
6 Amount (\$)	7 Payee add	lress;		City;	5	itate;	Zip Code	
125 . 00 Reimbursement from political contributions intended	1 Hacker	· Way		Menlo Pa	rk (CA .	94025	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			Description				
OF EXPENDITURE	Faceboo	k ads		Facebook ads				
	(c) 🔲 (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder	living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Offic	e sought		O	office held	
Date	Payee nan	ne						
4/22/2021	Facebook							
Amount (\$)	Payee add	lress;		City;	8	itate;	Zip Code	
35.00 Reimbursement from political contributions intended	1 Hacker	Way		Menlo Pa	rk (CA	94025	
BUDBOS	Category	(See Categories listed at the top of this se	chedule)	Description				
PURPOSE OF EXPENDITURE	Facebook ads			Facebook ads				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			, TX, officeholde	r living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name	Offic	Office sought Offi			Office held	
Date	Payee nan	ne						
4/26/2021	Facebook	:						
Amount (\$)	Payee add	Iress;		City;	Sta	te;	Zip Code	
175.00 Reimbursement from political contributions intended	1 Hacker	Way		Menlo Park	CA	. !	94025	
DUBBOSE	Category	(See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Faceboo	k ads		Facebook ads				
		Check if travel outside of Texas. Complete Scr	nedule T.	Check if Austin	TX, officeholder	living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Offic	e sought		C	Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS SCHE	DULE AS NEED	ED			

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 Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense 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) Sarah B. McMurrough 3 4 Date 5 Payee name 4/28/2021 Facebook 6 Amount (\$) 7 Payee address; Zip Code City: State: 50.00 1 Hacker Way Menlo Park 94025 CA Reimbursement from X political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Facebook ads Facebook ads OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T (c) 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 4/30/2021 Facebook Amount (\$) Pavee address: City; State; Zip Code 75.00 1 Hacker Way Menlo Park CA 94025 Reimbursement from X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Facebook ads Facebook ads 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 Date Payee name 5/1/2021 Facebook Amount (\$) Payee address; City; State: Zip Code 250.00 1 Hacker Way Menlo Park CA 94025 Reimbursement from X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Facebook ads 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

Solicitation/Fundraising Expense

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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor		rpense Expense	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to	complete this form.			•
1 Total pages Schedule G:	1				3 File	r ID (Ethics	Commission Filers)
3		McMurrough					
4 Date	5 Payee nar						
5/5/2021	Facebool	C					
6 Amount (\$)	7 Payee add	dress;		City;		State:	Zip Code
42.60	1 Hacker	: Way		Menlo Pa	ark	CA	94025
Reimbursement from political contributions intended							
8	(a) Category	(See Categories listed at the top of this s	ichedule)	(b) Description			
PURPOSE OF	Faceboo	k ads	Facebook ads				
EXPENDITURE							
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aus				, TX, office	eholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held
Date	Рауее паг	ne					
5/14/2021	Facebool	c			_		
Amount (\$)	Payee add	tress;		City;		State;	Zip Code
Reimbursement from political contributions intended	1 Hacker	· Way		Menlo Pa	ark	CA	94025
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Facebook ads Facebo			Facebook ads			
		Check if travel outside of Texas, Complete Sc	chedule T.	Check if Austin	n, TX, offic	eholder living ex	pense
Complete ONLY if direct	Candid	ate / Officeholder name Office sought			Office held		
expenditure to benefit C/	ОН						
Date	Payee nar	ne					
Amount (\$)	Payee add	lress;		City;		State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF							
EXPENDITURE						,	
	<u> </u>	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	Candid	ate / Officeholder name		Office sought			Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		