


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: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Elizabeth	MI A	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST McFarland	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1616 Williams Dr, Ste 101 Georgetown TX 78628			
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 931-9243	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Margaret	MI	
	NICKNAME	LAST Fowles	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1616 Williams Dr, Ste 101 Georgetown TX 78628			
	8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 635-3573	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 1 / 19 / 19			THROUGH Month Day Year 3 / 25 / 19
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE	OFFICE HELD (if any)		
		13 OFFICE SOUGHT (if known) GISD School Trustee Place 2		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Elizabeth McFarland 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

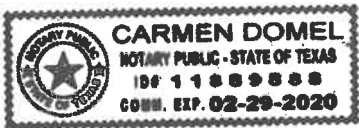
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 730
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,233.53
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,954.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,395.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.



Elizabeth McFarland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth McFarland this the 1 day of April, 2019, to certify which, witness my hand and seal of office.

Carmen Domel Signature of officer administering oath
Carmen Domel Printed name of officer administering oath
Sec to Board of Trustees Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Elizabeth McFarland

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,349.53</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>884</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,934.43</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/19

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

Josh + Ashley Schroeder

6 Contributor address; City; State; Zip Code

356 Westbury Ln, Georgetown TX 78633

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

1/23/19

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

Adaire + James David Wolf

Contributor address; City; State; Zip Code

414 Indigo Lane, Georgetown TX 78628

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

1/25/19

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

J. Randall Grimes

Contributor address; City; State; Zip Code

310 S Austin Ave, Georgetown TX 78626

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Attorney At Law

Employer (See Instructions)

Date

1/29/19

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

George + Barbara Brightwell

Contributor address; City; State; Zip Code

PO Box 977, Georgetown TX 78627

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/19

5 Full name of contributor

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

Steve + Monica Madray

6 Contributor address; City; State; Zip Code

244 Gabriel Woods Dr, Georgetown TX 78633

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

2/8/19

Full name of contributor

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

Joseph + Hilary Marcee

Contributor address; City; State; Zip Code

409 Champions Dr, Georgetown TX 78628

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/19

Full name of contributor

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

Tony Pitts

Contributor address; City; State; Zip Code

1901 E. Palm Valley Blvd, Round Rock TX 78664

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

2/11/19

Full name of contributor

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

Patricia Spencer

Contributor address; City; State; Zip Code

3023 SW 98th Dr, Gainesville FL 32606

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME
Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date
2/13/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Douglas + Janice Whitlow

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
212 Shady Elm Dr, Georgetown TX 78633

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Jensen R. + Hilary A. Young

Amount of contribution (\$)

Contributor address; City; State; Zip Code
109 Candlelite Circle, Georgetown TX 78628

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/21/19

Full name of contributor out-of-state PAC (ID#: _____)
John M. + Thoma Hesser

Amount of contribution (\$)

Contributor address; City; State; Zip Code
250 Red Poppy Trail, Georgetown TX 78633

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Andrew K. Webb

Amount of contribution (\$)

Contributor address; City; State; Zip Code
110 Chestnut Ct, Georgetown TX 78633

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME
Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date
2/21/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Robert D. & Paula S. Brent

7 Amount of contribution (\$)
400

6 Contributor address; City; State; Zip Code
31105 Kingway Rd, Georgetown TX 78628

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Ronald & Barbara Garland

Amount of contribution (\$)
100

Contributor address; City; State; Zip Code
105 Runningwater St., Georgetown TX 78633

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/21/19

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

Amount of contribution (\$)
100

Contributor address; City; State; Zip Code
PO Box 1501, Georgetown TX 78627

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/23/19

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

Amount of contribution (\$)
200

Contributor address; City; State; Zip Code
105 Riverwood, Georgetown TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/19

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

William B. Sneed

7 Amount of contribution (\$)

300

6 Contributor address; City; State; Zip Code
PO Box 1000, Georgetown TX 78627-1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/19

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

Barbara Baldwin Pearce

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code
612 San Gabriel Overlook, Georgetown TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

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

Dr. Gonzalo Garza

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code
4121 Sequoia Trail East, Georgetown TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/19

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

Michael + Joanne Douglas

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code
200 Ridge Run Ct, Georgetown TX 78628

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

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

Darryl & Joan Stevens (LTC Ret)

6 Contributor address; City; State; Zip Code

529 County Rd 148, Georgetown TX 78628

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

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

Joe & Carol Birdwell

Contributor address; City; State; Zip Code

PO Box 342528, Austin TX 78734

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/19

Full name of contributor

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

Danny & Linda Meigs

Contributor address; City; State; Zip Code

PO Box 2702, Georgetown TX 78627

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

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

F. Todd Woods

Contributor address; City; State; Zip Code

412 Southcross Rd, Georgetown TX 78628

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/19

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

Thomas + Martha Crawford

6 Contributor address; City; State; Zip Code

103 Egret Cove, Georgetown TX 78633

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/19

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

Georgetown Commercial Properties

Contributor address; City; State; Zip Code

3201 S Austin Ave, Georgetown TX 78626

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/19

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

San Gabriel Project Management

Contributor address; City; State; Zip Code

3201 S Austin Ave, Georgetown TX 78626

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/19

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

Jason + Carrie Bradshaw

Contributor address; City; State; Zip Code

4006 Fountainwood Circle, Georgetown TX 78633

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/19

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

Ben + Kim Daniel

6 Contributor address; City; State; Zip Code

802 Parkway St., Georgetown TX 78628

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/19/19

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

Dr. Stephen Benold

Contributor address; City; State; Zip Code

116 W 8th St #106, Georgetown TX 78626

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/19

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

William + Rhonda Farney

Contributor address; City; State; Zip Code

111 Berry Cove, Georgetown TX 78628

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/19

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

Greg + Betty Epperson

Contributor address; City; State; Zip Code

234 Landons Way, Georgetown TX 78633

Amount of contribution (\$)

400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

Elizabeth McFarland

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/19

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

Scott Alarcon

6 Contributor address; City; State; Zip Code

4609 Castle Pines Cove, Georgetown TX 78628

7 Amount of contribution (\$)

119.53

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Elizabeth McFarland</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>2/23/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles Carter</u>	8 Amount of Contribution \$ <u>\$ 884</u>	9 In-kind contribution description <u>Political Sign Installation</u>
7 Contributor address; City; State; Zip Code <u>234 Olde Oak Dr, Gtown, TX 78633</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 |
| Candidates/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: 2	2 FILER NAME Elizabeth McFarland	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/19	5 Payee name Vistaprint	
6 Amount (\$) 345.29	7 Payee address; City; State; Zip Code 275 Wyman Street, Waltham MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 1/28/19	Payee name Super Cheap Signs	
Amount (\$) 1765.88	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, Suite 100, Austin TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/25/19	Payee name Daryl Guess	
Amount (\$) 150	Payee address; City; State; Zip Code 417 Southcross, Georgetown TX 78628	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Elizabeth McFarland	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 2/27/19	5 Payee name Sun Rays Magazine
--------------------------	--

6 Amount (\$) 1395	7 Payee address; City; State; Zip Code 2 Texas Drive, Bldg A, Georgetown TX 78633
------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/24/19	Payee name Thomas Graphics Inc
------------------------	--

Amount (\$) 298.26	Payee address; City; State; Zip Code 9501 N IH35, Austin TX 78753
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - postage	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED