# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete thi |   |   | 1 Filer ID (Ethics Com | mission Filers)          | 2 Total pages filed: |                      |  |
|---|---|---|------------------------|--------------------------|----------------------|----------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                           | MS/MRS/MR<br>Mrs  | FIRST<br>Sarah  |                        | мI<br>В.                 | OFFICE               | USE ONLY             |  |
| NAME  | NICKNAME  | LAST  |                        | SUFFIX                   | Date Received        | ELLED                |  |
|   |   | McMurrough  |                        |                          |                      | 1 = 2025             |  |
| 4 CANDIDATE /<br>OFFICEHOLDER                           | ADDRESS / PO BOX  |   | CITY; STATE;           | ZIP CODE                 |                      | 1 5 2025             |  |
| MAILING   | 4602 Willow   | Park Ct A   | Arlington TX           | 76017                    | BYSC                 | 0                    |  |
| ADDRESS Change of Address                               |   |   |                        |                          | BYSO                 | 186V                 |  |
| 5 CANDIDATE/  | AREA CODE   | PHONE NUMBER  | EXTENSION              |                          |                      |                      |  |
| OFFICEHOLDER<br>PHONE                                   | (817)   | 975-0893  |                        |                          | Date Hand-delivered  |                      |  |
| 6 CAMPAIGN  | MS / MRS / MR   | FIRST   |                        | МІ                       | Receipt #            | Amount \$            |  |
| TREASURER<br>NAME                                       | Dr  | Christopher   |                        | D                        | Date Processed       |                      |  |
|   | NICKNAME  | LAST<br>McMurrough  |                        | SUFFIX                   | Date Imaged          |                      |  |
| 7 0445464   | CTREET ADDRESS  | (NO PO BOX PLEASE): APT / S   | UITE #: CITY:          |                          | CTATE                | ZIP CODE             |  |
| 7 CAMPAIGN<br>TREASURER                                 | 4602 Willow   |   | Arlin                  | gton                     | STATE;<br>TX         | 76017                |  |
| ADDRESS (Residence or Business)                         | .II   |   |                        |                          |                      |                      |  |
| 8 CAMPAIGN  | AREA CODE   | PHONE NUMBER  | EXTENSION              |                          |                      |                      |  |
| TREASURER   | 727, 0022   | THE HOMBER  | EXTENSION              |                          |                      |                      |  |
| PHONE   | (817 )  | 909-1165  |                        |                          |                      |                      |  |
| 9 REPORT TYPE   | X January 15  | January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only) |                        |                          |                      |                      |  |
|   | July 15   | 8th day before ele  | Clion                  | led Modified<br>ng Limit | Final Repor          | t (Attach C/OH - FR) |  |
| 10 PERIOD<br>COVERED                                    | Month   | Day Year  |                        | Month                    | Day Year             |                      |  |
|   | 07  | 01 / 2024   | THROUGH                | 12                       | 31 / 2024            | 1                    |  |
| 11 ELECTION   | ELECTION D  | ATE   | EL                     | ECTION TYPE              |                      |                      |  |
|   | Month Day   | Month Day Year Primary Runoff Other Description   |                        |                          |                      |                      |  |
|   | 05 / 04   |   | Special                | 2 <del></del>            |                      |                      |  |
| 12 OFFICE   | OFFICE HELD (if any   | )   | 13 OFFICE SOL          | JGHT (if known           | )                    |                      |  |
|   | AISD School   | Board - Place 1   |                        |                          |                      |                      |  |
| 14 NOTICE FROM POLITICAL                                | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |   |                        |                          |                      |                      |  |
| COMMITTEE(S)  | COMMITTEE TYPE   COMMITTEE NAME   |   |                        |                          |                      |                      |  |
|   | COMMITTEE ADDRESS   |   |                        |                          |                      |                      |  |
| Additional Pages  | GENERAL   |   |                        |                          |                      |                      |  |
| SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME              |   |   |                        |                          |                      |                      |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                        |                          |                      |                      |  |
|   |   |   |                        |                          |                      |                      |  |
| GO TO PAGE 2  |   |   |                        |                          |                      |                      |  |

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

|   |   | <u></u>  |                   |                    |                    |  |  |
|---|---|--|-------------------|--------------------|--------------------|--|--|
| 15 C/OH NAME Sarah B McMurrough   |   |  |                   |                    | nmission Filers)   |  |  |
| 17 CONTRIBUTION<br>TOTALS   | TOTAL UNITEMIZED POLITICAL     PLEDGES, LOANS, OR GUARA | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) |                   |                    | \$0.00             |  |  |
|   | 2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN    | UTIONS<br>S, OR GUARANTEES OF LOANS)   |                   | \$0.00             |                    |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL                           | EXPENDITURE.   |                   | \$0.00             |                    |  |  |
|   | 4. TOTAL POLITICAL EXPENDI                              | TURES  |                   | \$0.00             |                    |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTI<br>OF REPORTING PERIOD    | ST DAY   | \$7,122.36        |                    |                    |  |  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING  | ALL OUTSTANDING LOANS AS OF  | F THE             | \$0.00             |                    |  |  |
| 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. |   |  |                   |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
|   |   | $\sim$ 0 $M_{\odot}$   | 110-              |                    |                    |  |  |
|   |   | Signature of Ca  | indidate or       | Officeholde        |                    |  |  |
|   |   | Olg. lataro er ea  | indicate of       |                    | •                  |  |  |
|   |   |  |                   |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
|   | Please comple   | ete either option below  | v:                |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
| (4) Afficianti  |   |  |                   |                    |                    |  |  |
| (1) Affidavit   |   |  |                   |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
| NOTARY STAMP/SEA  | L   |  |                   |                    |                    |  |  |
|   |   |  |                   |                    |                    |  |  |
| Sworn to and subscribed before me by this the day of,   |   |  |                   |                    |                    |  |  |
| 20, to certify  | which, witness my hand and seal of office.              |  |                   |                    |                    |  |  |
| Signature of officer administe  | ring oath Printed name of offic                         | er administering oath  | 1                 | Fitle of officer   | administering oath |  |  |
|   |   | OR   |                   |                    |                    |  |  |
| (2) Unsworn Declarati   | on  |  |                   |                    |                    |  |  |
| My name is Sarah B Mc   | Murrough  | , and my date of birth is  | 2/12/19           | 85                 | •                  |  |  |
| My address is 4602 Will   | -   |  |                   |                    | SA                 |  |  |
|   | (street)  | (city) (s  | state) (z         | ip code)           | (country)          |  |  |
| Executed in Tarrant   | · · · · · · · · · · · · · · · · · · ·                   | , on the 15th day of Januar  | , ,               | , 20 <sup>25</sup> | •                  |  |  |
|   |   | SO (month  |                   | (year)             |                    |  |  |
|   |   | Signature of Candid  | ر<br>date/Officel | holder (Decla      | rant)              |  |  |

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME  Sarah B McMurrough  20 Filer ID (Ethics Continue)         |   | mmission Filers) |  |
|-----|---|---|------------------|--|
| 21  | SUBTOTAL<br>AMOUNT  |   |                  |  |
| 1.  | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                          | \$0.00  |                  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           | \$0.00  |                  |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                     | \$0.00  |                  |  |
| 4.  | SCHEDULE E: LOANS   | \$0.00  |                  |  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS       |                  |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                    |                  |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL              | \$0.00  |                  |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         | \$0.00  |                  |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN             | IDS   | \$0.00           |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH |                  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS   | \$0.00           |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | \$0.00  |                  |  |