

# 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: <b>4</b>																											
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:30%;">Mrs.</td> <td style="width:10%; font-size: small;">FIRST</td> <td style="width:20%;">Anne</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td></td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center; padding-top: 5px;"><b>McCausland</b></td> </tr> </table>	MS / MRS / MR	Mrs.	FIRST	Anne	MI		NICKNAME		LAST		SUFFIX		<b>McCausland</b>						<b>OFFICE USE ONLY</b>										
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NICKNAME		LAST		SUFFIX																										
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX, APT / SUITE #</td> <td style="width:20%;">2209 Crowbridge Dr.</td> <td style="width:10%; font-size: small;">CITY</td> <td style="width:10%;">Frisco</td> <td style="width:10%; font-size: small;">STATE</td> <td style="width:10%;">Texas</td> <td style="width:10%; font-size: small;">ZIP CODE</td> <td style="width:10%;">75033</td> </tr> </table>		ADDRESS / PO BOX, APT / SUITE #	2209 Crowbridge Dr.	CITY	Frisco	STATE	Texas	ZIP CODE	75033	Date Received <b>JAN 15 2019</b> <i>JMC</i>																		
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9 REPORT TYPE																														
<input checked="" type="checkbox"/> January 15 <input 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"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)																														
10 PERIOD COVERED																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Day</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Year</td> </tr> <tr> <td></td> <td style="text-align: center;">07</td> <td style="text-align: center;">/</td> <td style="text-align: center;">01</td> <td style="text-align: center;">/</td> <td style="text-align: center;">2018</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">12</td> <td style="text-align: center;">/</td> <td style="text-align: center;">31</td> <td style="text-align: center;">/</td> <td style="text-align: center;">2018</td> </tr> </table>								Month		Day		Year		Month		Day		Year		07	/	01	/	2018	THROUGH	12	/	31	/	2018
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11 ELECTION																														
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/	/		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																										
12 OFFICE				13 OFFICE SOUGHT (if known)																										
OFFICE HELD (if any) Frisco ISD Board of Trustees, Place 4				Same																										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Anne McCausland

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

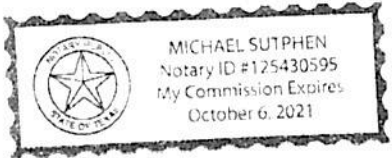
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 117.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.



Anne McCausland  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne McCausland, this the 15<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath

Michael Sutphen Printed name of officer administering oath

Notary Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Anne McCausland		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Anne McCausland</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>11/1/2016</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Anne McCausland</b>	9 Loan Amount (\$) <b>5,000.00</b>
6 Is lender a financial institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address: City: State: Zip Code <b>2209 Crowbridge Dr. Frisco Texas 75033</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address: City: State: Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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