

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>		<b>2 Total pages filed:</b>  8													
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: small;">MS / MRS / MR</td> <td style="width:33%; font-size: small;">FIRST</td> <td style="width:33%; font-size: small;">MI</td> </tr> <tr> <td style="text-align: center;"><b>Mrs</b></td> <td style="text-align: center;"><b>Linda</b></td> <td style="text-align: center;"><b>C</b></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>McConnell</b></td> </tr> </table>			MS / MRS / MR	FIRST	MI	<b>Mrs</b>	<b>Linda</b>	<b>C</b>	NICKNAME	LAST	SUFFIX	<b>McConnell</b>			<b>OFFICE USE ONLY</b>	
	MS / MRS / MR	FIRST	MI														
<b>Mrs</b>	<b>Linda</b>	<b>C</b>															
NICKNAME	LAST	SUFFIX															
<b>McConnell</b>																	
Date Received																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:33%; font-size: small;">APT / SUITE #;</td> <td style="width:33%; font-size: small;">CITY;</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>3948 Legacy Drive</b></td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>STE 106-332</b></td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Plano, TX 75023</b></td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	<b>3948 Legacy Drive</b>			<b>STE 106-332</b>			<b>Plano, TX 75023</b>			STATE;    ZIP CODE	
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<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: small;">AREA CODE</td> <td style="width:33%; font-size: small;">PHONE NUMBER</td> <td style="width:33%; font-size: small;">EXTENSION</td> </tr> <tr> <td style="text-align: center;"><b>( 214 )</b></td> <td style="text-align: center;"><b>256-3845</b></td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	<b>( 214 )</b>	<b>256-3845</b>		Date Hand-delivered or Date Postmarked							
AREA CODE	PHONE NUMBER	EXTENSION															
<b>( 214 )</b>	<b>256-3845</b>																
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: small;">MS / MRS / MR</td> <td style="width:33%; font-size: small;">FIRST</td> <td style="width:33%; font-size: small;">MI</td> </tr> <tr> <td style="text-align: center;"><b>Mr</b></td> <td style="text-align: center;"><b>Christopher</b></td> <td style="text-align: center;"><b>A</b></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Chris Hill</b></td> </tr> </table>			MS / MRS / MR	FIRST	MI	<b>Mr</b>	<b>Christopher</b>	<b>A</b>	NICKNAME	LAST	SUFFIX	<b>Chris Hill</b>			Receipt #    Amount \$	
	MS / MRS / MR	FIRST	MI														
	<b>Mr</b>	<b>Christopher</b>	<b>A</b>														
NICKNAME	LAST	SUFFIX															
<b>Chris Hill</b>																	
Date Processed			Date Imaged														
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:33%; font-size: small;">APT / SUITE #;</td> <td style="width:33%; font-size: small;">CITY;</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>4672 Means Drive</b></td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Plano, TX 75024</b></td> </tr> </table>					STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	<b>4672 Means Drive</b>			<b>Plano, TX 75024</b>					
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<b>( 214 )</b>	<b>778-6386</b>																
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)				
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">                     Month    Day    Year  <b>4 / 6 / 2018</b> </td> <td style="width:33%; text-align: center;">                     THROUGH                 </td> <td style="width:33%; text-align: center;">                     Month    Day    Year  <b>4 / 26 / 2018</b> </td> </tr> </table>					Month    Day    Year <b>4 / 6 / 2018</b>	THROUGH	Month    Day    Year <b>4 / 26 / 2018</b>									
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<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">                     ELECTION DATE                      Month    Day    Year  <b>5 / 5 / 2018</b> </td> <td style="width:60%;">                     ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>					ELECTION DATE Month    Day    Year <b>5 / 5 / 2018</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
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<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>  <b>FISD - School Board Trustee , Place 7</b>														

**GO TO PAGE 2**

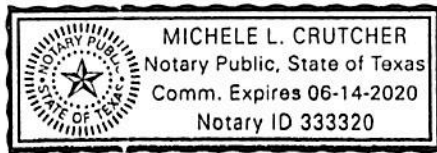
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b>	<b>Linda McConnell</b>		<b>15 Filer ID</b> (Ethics Commission Filers)
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	<b>None</b>	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE ADDRESS		
COMMITTEE CAMPAIGN TREASURER NAME			
COMMITTEE CAMPAIGN TREASURER ADDRESS			
<input type="checkbox"/> Additional Pages			

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,950.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 210.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,759.10
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,879.91
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

**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.

*Linda McConnell*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LINDA MCCONNELL, this the 27<sup>TH</sup> day of APRIL, 2018, to certify which, witness my hand and seal of office.

*Michele L. Crutcher*

Signature of officer administering oath

MICHELE CRUTCHER

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

**Linda McConnell**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,700.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 4,548.32
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:  
1 of 2

2 FILER NAME

**Linda McConnell**

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Zaal

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

8670 Turnberry Dr., Frisco, TX 75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Milholland

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

6050 Chamerlyne Dr., Frisco, TX 74034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Milholland

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

6050 Chamerlyne Dr., Frisco, TX 74034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christian Royer

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5159 Stillwater Trl, Frisco, TX 75034

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:  
2 of 3

2 FILER NAME

**Linda McConnell**

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/2018

5 Full name of contributor

Thomas Fabry

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

4992 Iroquois Dr., Frisco, TX 75034

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2018

Full name of contributor

Mr. Aiden Gray

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

6579 Mountain Sky Rd., Frisco, TX 75034

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2018

Linda and Ruston McConnell

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

3948 Legacy Drive STE 106-332 Plano, TX 75023

Amount of contribution (\$)

4000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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.

<b>1</b> Total pages Schedule F1: 1 of 3		<b>2</b> FILER NAME <b>Linda McConnell</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/11/2018		<b>5</b> Payee name Jane Keuss			
<b>6</b> Amount (\$) 144.97		<b>7</b> Payee address; City; State; Zip Code 5526 Aberdour Lane, St Louis, MO 63129			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense Reimbursement for Costco Purchases		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/2018		Payee name Lucky Shoe Repair			
Amount (\$) 270.00		Payee address; City; State; Zip Code 8612 Preston Rd #118, Plano, TX 75024			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Other Expense		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 4/23/2018		Payee name First Graphics			
Amount (\$) 904.75		Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040			
<b>PURPOSE OF EXPENDITURE</b>		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	
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.

<b>1</b> Total pages Schedule F1: 2 of 3		<b>2</b> FILER NAME <b>Linda McConnell</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/23/2018		<b>5</b> Payee name My Print Choice			
<b>6</b> Amount (\$) 866.00		<b>7</b> Payee address; City; State; Zip Code 109 W Main St Suite A, Allen, TX 75013			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/23/2018		Payee name Hometown Direct Mailing Lists			
Amount (\$) 202.44		Payee address; City; State; Zip Code 903 N. Bowser Road, Suite #124 Richardson, Texas 75081			
<b>PURPOSE OF EXPENDITURE</b>		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/24/2018		Payee name USPS			
Amount (\$) 1,104.72		Payee address; City; State; Zip Code 903 N. Bowser Road, Suite #124, Richardson, TX 75081			
<b>PURPOSE OF EXPENDITURE</b>		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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  
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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.

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME <b>Linda McConnell</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/5/2018	<b>5</b> Payee name First Graphics	
<b>6</b> Amount (\$)  1,055.44	<b>7</b> Payee address; City; State; Zip Code  229 Garvon St, Garland, TX 75040	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<div style="display: flex; justify-content: space-between;"> <span>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</span> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	<div style="display: flex; justify-content: space-between;"> <span>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</span> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	<div style="display: flex; justify-content: space-between;"> <span>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</span> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED