

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Elizabeth A.</i>	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX <i>Liz McGill</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>117 Laura Dr San Angelo, Tx 76905</i>			Date Received JUL "7 2015
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 234-4932</i>			Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Gregg</i>	Receipt #	Amount	
	NICKNAME LAST SUFFIX <i>Gossett</i>	Date Processed	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2 S. Koerigheim, San Angelo, Tx 76903</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 653-3291</i>			
9 REPORT TYPE	<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 checked="" 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 THROUGH Month Day Year <i>01/16/2015 07/15/2015</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>Tom Green Co. County Clerk</i>	13 OFFICE SOUGHT (if known) <i>Tom Green County Clerk</i>		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Elizabeth McGill Campaign

15 ACCOUNT # (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

\$

2. TOTAL POLITICAL CONTRIBUTIONS *Persona Funds*
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2235.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

*Bank Fees
Loan Payments*

75.00

2164.38

4. TOTAL POLITICAL EXPENDITURES

\$

2239.38

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

6.71

OUTSTANDING
LOAN TOTALS

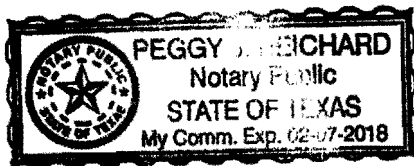
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

6,489.80

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 McGill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ELIZABETH MCGILL, this the 7th day of JULY, 20 15, to certify which, witness my hand and seal of office.

Peggy Reichard
Signature of officer administering oath

PEGGY J. REICHARD
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F-1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Elizabeth Mc Bell Campaign	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/03/2015	5 Payee Name Cass Loan Repayment
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6 Amount (\$) 360.73	7 Payee address; City; State; Zip Code P.O. Box 182797 Columbus, OH
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Payment	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-3-15	Payee name First State Bank of Paint Rock (FSB - Paint Rock)
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Amount (\$) 25.00	Payee address; City; State; Zip Code 402 Smith Blvd. San Angelo, TX
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank chq - overdraft fee	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-3-15	Payee name Cass Loan
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Amount (\$) 360.73	Payee address; City; State; Zip Code See Above
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Payment	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-3-15	Payee name FSB - Paint Rock
-----------------------	---------------------------------------

Amount (\$) 25.00	Payee address; City; State; Zip Code See Above
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank chq - overdraft	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F - 2

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Elizabeth Mc Bell Campaign	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 4-3-15	5 Payee Name Cass Loan Repayment
-------------------------	--

6 Amount (\$) 360.73	7 Payee address; City; State; Zip Code P.O. Box 182797 Columbus, OH
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Payment	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-3-15	Payee name First State Bank of Paint Rock
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Amount (\$) 25.00	Payee address; City; State; Zip Code 402 Smith Blvd. San Angelo, TX
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank chq - overdraft fee	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-4-15	Payee name Cass Loan Payment
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Amount (\$) #360.73	Payee address; City; State; Zip Code See Above
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Payment	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-2-15	Payee name Cass Loan Payment
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Amount (\$) 360.73	Payee address; City; State; Zip Code See Above
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Payment	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE E-3

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME <i>E. Elizabeth Mc Bell Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-2-15	5 Payee name <i>Cass Loan Repayment</i>	
6 Amount (\$) 360.73	7 Payee address; City; State; Zip Code <i>P.O. Box 182797 Columbus, OH</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Payment</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <i>First State Bank of Saint Rock</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>402 Smith Blvd San Angelo, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Bank chq - overdraft fee</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G - 1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME <i>Elizabeth McGill Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-10-15	5 Payee name <i>Elizabeth McGill Checking</i>
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6 Amount (\$) \$75.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>117 Laura Drive San Angelo, TX 76905</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 2-18-15	Payee name ELIZABETH A. MC GILL <i>Savings</i>
------------------------	--

Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T)
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Date 4-6-15	Payee name ELIZABETH A. MC GILL <i>checking</i>
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Amount (\$) 200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimburs</i>	Description (If travel outside of Texas, complete Schedule T)
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Date 4-6-15	Payee name ELIZABETH A. MC GILL <i>Savings</i>
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Amount (\$) 600.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G-2

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME <i>Elizabeth McGill Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-24-15	5 Payee name <i>Elizabeth McGill Savings</i>
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6 Amount (\$) 350.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>117 Laura Drive San Angelo, TX 76905</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 6-2-15	Payee name ELIZABETH A. MC GILL <i>Savings</i>
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Amount (\$) 350.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T)
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Date 7-2-15	Payee name ELIZABETH A. MC GILL <i>Savings</i>
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Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T)
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Date 7-2-15	Payee name ELIZABETH A. MC GILL <i>Checking</i>
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Amount (\$) 400.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T)
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