

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: <div style="text-align: center; font-size: 1.2em;">20</div>																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%;">Mr.</td> <td style="width:20%; font-size: 0.8em;">FIRST</td> <td style="width:20%;">Robert</td> <td style="width:10%; font-size: 0.8em;">MI</td> <td style="width:10%;">E</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td>Rob</td> <td style="font-size: 0.8em;">LAST</td> <td>Farquharson</td> <td style="font-size: 0.8em;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Robert	MI	E	NICKNAME	Rob	LAST	Farquharson	SUFFIX		OFFICE USE ONLY								
MS / MRS / MR	Mr.	FIRST	Robert	MI	E																	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">ADDRESS / PO BOX</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #</td> <td style="width:15%; font-size: 0.8em;">CITY</td> <td style="width:15%; font-size: 0.8em;">STATE</td> <td style="width:25%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="height: 20px;"> </td> </tr> </table>	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE						Date Received Date Hand Delivered Date Postmarked Receipt # Date Processed Date Imaged										
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:15%; font-size: 0.8em;">APT / SUITE #</td> <td style="width:15%; font-size: 0.8em;">CITY</td> <td style="width:15%; font-size: 0.8em;">STATE</td> <td style="width:10%; font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="height: 20px;"> </td> </tr> <tr> <td colspan="5" style="font-size: 1.1em;">100 Kings Fort Pkwy, #105-303, Kaufman, TX 75142</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE						100 Kings Fort Pkwy, #105-303, Kaufman, TX 75142								
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3	/ 1	/ 22	<input type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">None</div>			13 OFFICE SOUGHT (if known)	<div style="font-size: 1.2em;">Kaufman Criminal District Attorney, County</div>																	
14 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"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS																				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Robert "Rob" Farquharsan</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>Ø</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>13,345.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>Ø</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>40,417.22</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>7,450.14</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>700.00</i>

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

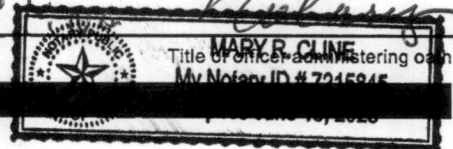
(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Robert Farquharsan* this the *22* day of *February*, 20*22*, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Mary Rene Cline
Printed name of officer administering oath



OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Robert "Rob" Farquharsan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,345.00
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	\$ 700.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40,417.22
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/6
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/22	5 Full name of contributor <input checked="" type="checkbox"/> in-state PAC (ID#: _____) Julie Josi	7 Amount of contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 3208 FM 2578, Kautman, TX 75142		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 1/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis Wentworth	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12463 S. Hallet st., Olathe, KS 66062		
Principal occupation / Job title (See Instructions) Surgical Instrument Repair Sales		Employer (See Instructions) Self
Date 1/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Whittle	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. Box 369, Rockwall, TX 75087		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Whittle Development
Date 1/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Chapman	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code P.O. Box 8, Elmo, TX 75118		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

216

2 FILER NAME

Robert "Rob" Farquharson

3 Filer ID (Ethics Commission Filers)

4 Date

1/28/22

5 Full name of contributor

Kenneth Schoen

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

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City;

State;

Zip Code

10250 East Lane, Terrell, TX 75161

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date

1/29/22

Full name of contributor

Cole Luna

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

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

411 Capistrano Dr., San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Veterans Affairs

Date

1/30/22

Full name of contributor

Miguel Gomez

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

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

16036 University, Forney, TX 75126

Principal occupation / Job title (See Instructions)

Civil Engineering

Employer (See Instructions)

LTRA

Date

1/30/22

Full name of contributor

Judy Schoen

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

Amount of contribution (\$)

\$2,000.00

Contributor address;

City;

State;

Zip Code

10250 East Lane, Terrell, TX 75161

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages (Schedule A1):

3/6

2 FILER NAME

Robert "Rob" Farquharson

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/22

5 Full name of contributor

Peter Malouf

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

P.O. Box 12745 Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

2/5/22

Full name of contributor

Jacob Kennimer

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

Amount of contribution (\$)

\$5.00

Contributor address; City; State; Zip Code

400 Dallas Plaza St, Apt 428, Kemp, TX 75143

Principal occupation / Job title (See Instructions)

Freemason

Employer (See Instructions)

None

Date

2/7/22

Full name of contributor

Larry Vrezalik

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

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

6937 FM 987, Terrell, TX 75160

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

2/8/22

Full name of contributor

Valerie Villareal

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

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

301 S Park Blvd, #33, Mabank, TX 75147

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/6
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Blackstone	7 Amount of contribution (\$) \$50.00
2/12/22	6 Contributor address; City; State; Zip Code P.O. Box 35, Scurry, TX 75158	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri Moreno	Amount of contribution (\$) \$100.00
2/12/22	Contributor address; City; State; Zip Code 112 E. Brooks St., Forney, TX 75126	
Principal occupation / Job title (See Instructions) Cleaning		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Reid	Amount of contribution (\$) \$200.00
2/8/22	Contributor address; City; State; Zip Code 1158 Citabria St., Forney, TX 75126	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Kennimer	Amount of contribution (\$) \$5.00
2/13/22	Contributor address; City; State; Zip Code 400 Dallas Plaza St., Apt 428, Kemp, TX 75143	
Principal occupation / Job title (See Instructions) Freemason		Employer (See Instructions) None
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/6

2 FILER NAME

Robert "Rob" Farquharson

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/22

5 Full name of contributor

Judy Schoen

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

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City;

State;

Zip Code

10250 East Lane, Terrell, TX 75161

8 Principal occupation / Job title (See Instructions)

Retiree

9 Employer (See Instructions)

N/A

Date

2/19/22

Full name of contributor

Shawn Vidales

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

Amount of contribution (\$)

\$1,200.00

Contributor address;

City;

State;

Zip Code

3606 DeFord Cir., Dallas, TX 75228

Principal occupation / Job title (See Instructions)

General Manager

Employer (See Instructions)

Encan Systems

Date

2/15/22

Full name of contributor

Becki Farquharson

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

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

217 Cedar Tree Ln., Heath, TX 75032

Principal occupation / Job title (See Instructions)

Tutor

Employer (See Instructions)

Self

Date

2/15/22

Full name of contributor

Pat Farquharson

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

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

2653 CR 3210, Campbell, TX 75422

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Kirby-Smith Machinery

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/6
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auston Chen	7 Amount of contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code 9020 Grateful Thomas Trl., #404, Tampa, FL 33626		
8 Principal occupation / Job title (See Instructions) Logistics		9 Employer (See Instructions) Self
Date 2/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Farquharson	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 9805 E. Lake Highlands Dr., Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Lawyers Title
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 11
2 FILER NAME Robert "Rob" Farquharsan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ Ø
5 Date of loan 2/18/22	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Farquharsan	9 Loan Amount (\$) \$700.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. Box 3284, Forney, TX 75126	10 Interest rate Ø
		11 Maturity date 3/18/22
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Stinson LLP
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" 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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 |
| Candidate/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: 1/10	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Payee name Precision Outreach LLC	
6 Amount (\$) \$1,195.00	7 Payee address; City; State; Zip Code 4057 Riley Fuzzel Rd., Ste 500-313, Spring, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description February Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/24/22	Payee name Precision Outreach LLC	
Amount (\$) \$3,721.25	Payee address; City; State; Zip Code 4057 Riley Fuzzel Rd., Ste 500-313, Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/20/22	Payee name Kimberlee Christensen	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 526 Forestwood Dr., Forney, TX 75126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Field Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2110	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 1/27/22	5 Payee name Kaufman FFA Booster Club	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 554, Kaufman, TX 75142	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Events	(b) Description FFA Event
	(c) <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 1/27/22	Payee name Precision Outreach LLC	
Amount (\$) \$3,721.25	Payee address; City; State; Zip Code 4057 Riley Fuzzel Rd, Ste 500-313, Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Mail
	<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 1/25/22	Payee name Kimberlee Christensen	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 526 Forestwood Dr., Forney, TX 75126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Field Consulting
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/10		2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)	
4 Date 1/27/22		5 Payee name AT&T Prepaid			
6 Amount (\$) \$33.08		7 Payee address; City; State; Zip Code P.O. Box 6416, Carol Stream, IL 60197			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Campaign Cell Phone Service		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 1/30/22		Candidate / Officeholder name Payee name Mail Chimp			
Amount (\$) \$15.98		Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Ste. 5000, Atlanta, GA 30308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising		Description Email Management		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 1/31/22		Candidate / Officeholder name Payee name Accurate Die Cutting, Inc.			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 413 Interchange St., McKinney, TX 75071			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Push Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
Candidate/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: 4/10	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Payee name Facebook	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Online Advertising
	(c) <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 2/1/22	Payee name Facebook	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Online Advertising
	<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 2/2/22	Payee name Google LLC	
Amount (\$) \$1.64	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy, Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Email
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 |
| Candidate/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: 5/10	2 FILER NAME Robert "Rob" Farquharsan	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/22	5 Payee name Facebook	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Online Advertising
	(c) <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 2/6/22	Payee name Facebook	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Online Advertising
	<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 2/7/22	Payee name Ally Bank	
Amount (\$) \$20.00	Payee address; City; State; Zip Code P.O. Box 951, Horsham, PA 19044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Wire Fee
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 |
| Candidate/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: 6/10	2 FILER NAME Robert "Rob" Farguharsan	3 Filer ID (Ethics Commission Filers)
4 Date 2/7/22	5 Payee name Precision Outreach, LLC	
6 Amount (\$) \$7,692.00	7 Payee address; City; State; Zip Code 4057 Riley Fuzzel Rd, Ste 500-313, Spring, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Mail
	(c) <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 2/10/22	Payee name Mail Chimp	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Ste 5000, Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	Description Email Management
	<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 2/10/22	Payee name Facebook	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Online Advertising
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 710	2 FILER NAME Robert "Bob" Farquherson	3 Filer ID (Ethics Commission Filers)
4 Date: 2/14/22	5 Payee name UPS Store	
6 Amount (\$) \$6.00	7 Payee address; City; State; Zip Code 100 Kings Fort Pkwy, Ste 105, Kaufman, TX 75142	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees / Other	(b) Description Notary
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/15/22	Payee name The Kaufman Herald	
Amount (\$) \$485.00	Payee address; City; State; Zip Code P.O. Box 460, Kaufman, TX 75142	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/15/22	Payee name Keepers Press	
Amount (\$) \$562.90	Payee address; City; State; Zip Code 520 Loma Vista Dr., Heath, TX 75032	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8/10	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/22	5 Payee name Scurry - Rosser Parents and Friends	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code Scurry, TX 75158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Events	(b) Description FFA Event
	(c) <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 2/15/22	Payee name Facebook	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Online Advertising
	<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 2/17/22	Payee name Precision Outreach, LLC	
Amount (\$) \$7,541.00	Payee address; City; State; Zip Code 4057 Riley Fuzzel Rd, Ste. 500-313, Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Mail
	<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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9/10	2 FILER NAME Robert "Rob" Farquharsan	3 Filer ID (Ethics Commission Filers)
4 Date 2/17/22	5 Payee name Ally Bank	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. Box 951, Horsham, PA 19044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Wire Fee
	(c) <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 2/18/22	Payee name Campaign Sidekick		
Amount (\$) \$132.00	Payee address; City; State; Zip Code 1550 Old Anetta Rd., Aledo, TX 76008		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Voter Data Access	
	<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 2/18/22	Payee name Precision Outreach, LLC		
Amount (\$) \$13,082.00	Payee address; City; State; Zip Code 4057 Riley Furrer Rd, Ste 500-313, Spring, TX 77386		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Ads	
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 |
| Candidate/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: 10/10	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/22	5 Payee name Ally Bank	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. Box 951, Horsham, PA 19044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Wire Fee
	(c) <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	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	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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