

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: 35	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Robert	MI E	OFFICE USE ONLY FILED FOR RECORD LAURA A. HUGHES COUNTY CLERK 2022 JAN 18 PM 4:18 HAUFMAN CO TEXA
	NICKNAME Rob	LAST Farguharson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
<input type="checkbox"/> Change of Address	[REDACTED]			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received
		[REDACTED]		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI	Receipt #
	NICKNAME	LAST Shulter	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed
	100 Kings Fort Parkway, #105-303, Kaufman, TX 75142			Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(903) 880-2168		
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"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month
	10	18	21	THROUGH 12 / 31 / 21
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	3	11	22	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	None	Criminal District Attorney, Kaufman County		
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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

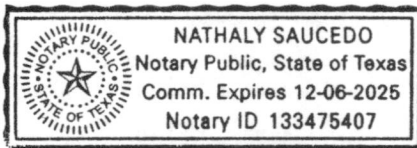
15 C/OH NAME Robert "Rob" Farquharsan		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$50,460.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,337.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35,122.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \emptyset

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.

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 18 day of Jan, 2022, to certify which, witness my hand and seal of office.

Nathaly Saucedo Signature of officer administering oath
Nathaly Saucedo Printed name of officer administering oath
Notary Public Title 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" Farquharson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50,110.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 350.00
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		\$ 14,657.15
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 680.54
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: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auston Chen	7 Amount of contribution (\$) \$3,300.00
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 10/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auston Chen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9020 Grateful Thomas Trl., #404, Tampa, FL 33626		
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) Self
Date 10/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auston Chen	Amount of contribution (\$) \$1,600.00
Contributor address; City; State; Zip Code 9020 Grateful Thomas Trl., #404, Tampa, FL 33626		
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) Self
Date 10/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ryan	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4140 N. 21st St., #7, Phoenix, AZ 85016		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Zwillinger Wulcan

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Each Hocker	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 2381 N. Winwood Dr., Fayetteville, AR 72703		
8 Principal occupation / Job title (See Instructions) Associate		9 Employer (See Instructions) Sage Partners
Date 10/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Brenda Bulin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2318 Sparrow Dr., Forney, TX 75126		
Principal occupation / Job title (See Instructions) Police Officers		Employer (See Instructions) City of Terrell
Date 10/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan Sanburn	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 5733 8th Ave S., Birmingham, AL 35212		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 10/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Hernandez	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 4600 Tour 18 Dr., Flower Mound, TX 75022		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Nunez	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 140 New Hope Rd, McKinney, TX 75071		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy & Connie Vrzalile	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 6769 FM 487, Terrell, TX 75160		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zach Hacker	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2381 N. Winwood Dr., Fayetteville, AR 72703		
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Sage Partners
Date 10/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Hernandez	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 4600 Tour 18 Dr., Flower Mound, TX 75022		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan Byrne	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 3215 Homer St., Dallas, TX 75206		
8 Principal occupation / Job title (See Instructions) Petroleum Engineer		9 Employer (See Instructions) DeGolyer & MacNaughtan
Date 10/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Spornich	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 10880 CR 671, Blue Ridge, TX 75424		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Heaven Hill
Date 10/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Vrzalik	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6937 FM 987, Terrell, TX 75160		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 10/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad Rodriguez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1208 Marilyn Jayne Dr., Rockwall, TX 75087		
Principal occupation / Job title (See Instructions) Special Agent		Employer (See Instructions) Texas DPS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Villareal	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 301 S. Park Blvd, #33, Mabank, TX 75147	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Farquharson	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 217 Cedar Tree Ln, Heath, TX 75032	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Andrews Distributing
Date 11/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Lucie	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 5045 E. Sheridan st, Phoenix, AZ 85008	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Footprint LLC
Date 11/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Byrne	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 710 Colorado, No. 6-5, Austin, TX 78701	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Lincoln Property Company

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2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Furgeson	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 3441 Westminister Ave, Dallas, TX 75205		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 11/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Chapa	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 9833 Crest Meadow Dr, Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions) Collin County
Date 11/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Olivas	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1777 Timber Creek Flower Mand, TX 75028		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Richardson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 810 S. Creekwood Dr, Fairview, TX 75069		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert "Rob" Farguharson		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Neporadny	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 1700 Cedar Springs Rd, Dallas, TX 75202	
8 Principal occupation / Job title (See Instructions) Executive Associate		9 Employer (See Instructions) Maxim Integrated
Date 11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Sparks	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 229 Promenade Cir, Russellville, AR 72801	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self
Date 11/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Attaway	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 10198 Vistadale Dr, Dallas, TX 75238	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Align Midstream Partners II
Date 11/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Spitzer	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2226 CR 4106, Kaufman, TX 75142	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Retired

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SCHEDULE A1

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2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 11/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marty Reid	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 100 Boles St., Forney, TX 75126		
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Trinity Family Church
Date 11/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Huffines	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3215 Homer St., Dallas, TX 75206		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Boom Bazaar
Date 11/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Byers	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3606 Hunters Bay, San Antonio, TX 78230		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Jason's Deli
Date 11/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Woods	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2808 Manner Ct., Heath, TX 75126		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Retired

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2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Sayers	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2004 Chessington Ln, McKinney, TX 75072		
8 Principal occupation / Job title (See Instructions) Detective		9 Employer (See Instructions) Dallas Police Department
Date 11/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Abbott	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 390 Nightshade Trl, New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) Hays County Sheriff's Office
Date 12/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Pender	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 14013 Saddlesoap Ct, Haslet, TX 76052		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Oak Ridge Police Department
Date 12/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Hartschuh	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7960 Fm 545, Blue Ridge, TX 75424		
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Collin County DA's Office

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2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micheala Abrams	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 50 Altamont, Mill Valley, CA 94941		
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Moca +
Date 12/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya McFarlin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 200 E Seventh, Kaufman, TX 75142		
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) N/A
Date 12/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Farquharson	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
Date 12/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Cannon	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 382 FM 1389, Combine, TX 75159		
Principal occupation / Job title (See Instructions) State Trooper		Employer (See Instructions) Texas DPS

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2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Peck	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 215 West Travis St, Howe, TX 75459		
8 Principal occupation / Job title (See Instructions) Police Officer		9 Employer (See Instructions) Celina Police Department
Date 12/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth & Judy Schoen	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 10250 East Ln., Terrell, TX 75161		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Hernandez	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4600 Tow 18 Dr., Flower Mound, TX 75022		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Malouf	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 5868 Elderwood Dr., Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbie Farquharson	7 Amount of contribution (\$) \$3,000.00
6 Contributor address; City; State; Zip Code 9805 E. Lake Highlands Dr, Dallas, TX 75218		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Constellation
Date 12/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Kaup	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1810 Roundtree Rd., Forney, TX 75126		
Principal occupation / Job title (See Instructions) Police officer		Employer (See Instructions) City of Garland
Date 12/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerome Chaney	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7951 Collin McKinney Pkwy, #3063, McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Legal		Employer (See Instructions) Hernandez Law Group
Date 12/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Danheim	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 127 West Statestone Cir, The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) Account Coordinator		Employer (See Instructions) Chevron Phillips

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: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landry Kemp	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 15903 Windy Meadow Dr., Dallas, TX 75248		
8 Principal occupation / Job title (See Instructions) Commercial Real Estate		9 Employer (See Instructions) Shop Cos
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Lundberg	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3922 Luke Ln., Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin & Jim Michalak	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2624 Walnut Ln, Plano, TX 75075		
Principal occupation / Job title (See Instructions) Teacher Assistant		Employer (See Instructions) Prince of Peace Catholic School
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Michalak	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 15250 Quorum Dr., Addison, TX 75001		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Tongo

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: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input checked="" type="checkbox"/> in-state <input type="checkbox"/> out-of-state PAC (ID#: _____) John Oldner	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1708 Watersedge Dr., McKinney, TX 75072		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Albin Oldner Law, PLLC
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew Michalak	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 9919 Larchbrook Dr., Dallas, TX 75238		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Andrews Distributing
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alec Hereford	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5328 Paradise Valley Dr., McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Lettwich	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6903 Westlake Ave, Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self

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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: 17
2 FILER NAME Robert "Rob" Farquharsan		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Ferrell	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 11822 Helms Tr., Forney, TX 75126		
8 Principal occupation / Job title (See Instructions) Retired USAF & VA		9 Employer (See Instructions) NA
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Allen	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4831 Monroe Ct., Midlothian, TX 76065		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of McKinney
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly Foehler	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 618 N. Boylan Ave, #622, Raleigh, NC 27603		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) NA
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Vidales	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3606 Delford Cir, Dallas, TX 75228		
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Encor Systems

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Todora	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1387 Dodgeton Ln., Frisco, TX 75033		
8 Principal occupation / Job title (See Instructions) Supply Chain		9 Employer (See Instructions) Brinter International
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley Cox	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2625 E Indian School Rd, #123, Phoenix, AZ 85016		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Clark Hill
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Hoxsie	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 510 W. Aire Libre Ave, Phoenix, AZ 85023		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Greenberg Traurig LLP
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Schlake	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9643 Millridge Dr, Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Collin County

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Robert "Rob" Farquharson		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input checked="" type="checkbox"/> in-state <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandy Rich	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 412 E. Kaufman St., Mabank, TX 75147		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Studio 5 Salons
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Farquharson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 3284, Forney, TX 75126		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Stinson LLP
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan D'Appollonio	Amount of contribution (\$) \$60.00 \$60.00
Contributor address; City; State; Zip Code 1661 W. Hotz Dr., Fayetteville, AZ 72701		
Principal occupation / Job title (See Instructions) Mortgage Loan Officer		Employer (See Instructions) Rocket Mortgage
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Robert "Rob" Farquharsan</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>350.00</u>	
5 Date <u>10/20/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Farquharsan</u>	8 Amount of Contribution \$ <u>\$350.00</u>	9 In-kind contribution description <u>Facebook Page</u>
7 Contributor address; City; State; Zip Code <u>P.O. Box 3284, Fomey, TX 75126</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Attorney</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Stinson LLP</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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: 13	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/21	5 Payee name AT&T	
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 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/3/21	Payee name Precision Outreach, LLC	
Amount (\$) \$895.00	Payee address; City; State; Zip Code 4057 Riley Fuzzell Rd, Ste. 500-313, Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description October 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

Date 11/3/21	Payee name Precision Outreach LLC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4057 Riley Fuzzell Rd, Ste 500-313, Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Web Development
	<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: 13	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 11/3/21	5 Payee name Precision Outreach LLC	
6 Amount (\$) \$591.42	7 Payee address; City; State; Zip Code 4057 Riley Fuzzel Rd, Ste 500-313, Spring, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Push Cards
	(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 11/3/21	Payee name Precision Outreach LLC	
Amount (\$) \$895.00	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) Consulting	Description November 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

Date 11/8/21	Payee name CustomInk.com	
Amount (\$) \$283.42	Payee address; City; State; Zip Code 2910 District Ave, Fairfax, VA 22031	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description xxL Campaign Shirts
	<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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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: 13	2 FILER NAME Robert "Rob" Farguharson	3 Filer ID (Ethics Commission Filers)
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4 Date 11/15/21	5 Payee name Vista Print
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6 Amount (\$) \$152.63	7 Payee address; City; State; Zip Code 275 Wyman St., Waltham, MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Business Cards
	(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
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Date 11/19/21	Payee name Campaign Sidekick
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Amount (\$) \$132.00	Payee address; City; State; Zip Code 1550 Old Anetta Rd., Aledo, TX 76008
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Voter Data
	<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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Date 11/22/21	Payee name ImPrint.com
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Amount (\$) \$58.46	Payee address; City; State; Zip Code 14550 Beechnut St, Houston, TX 77083
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Campaign Pins
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 13	2 FILER NAME Robert "Rob" Fargunharson	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/21	5 Payee name VistaPrint	
6 Amount (\$) \$110.67	7 Payee address; City; State; Zip Code 275 Wyman St, Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Car Magnets
	(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 11/28/21	Payee name AT&T
Amount (\$) \$33.08	Payee address; City; State; Zip Code P.O. Box 6416, Carol Stream, IL 60197
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other
	Description Campaign Phone Service
<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 11/29/21	Payee name Terrell Chamber of Commerce
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1314 W. Moore Ave, Terrell, TX 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event
	Description Christmas Parade
<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: 13	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/21	5 Payee name City of Crandall	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 110 S. Main St, Crandall, TX 75114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Events	(b) Description Christmas Parade
	(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 12/1/21	Payee name Ally Bank	
Amount (\$) \$45.00	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) Other	Description Expedited Delivery of Debit Card!
	<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 11/26/21	Payee name Keeper's Press	
Amount (\$) \$1,394.50	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 <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: 13	2 FILER NAME Robert "Rob" Farquharsan	3 Filer ID (Ethics Commission Filers)
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4 Date 12/2/21	5 Payee name Keeper's Press
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6 Amount (\$) \$6,324.23	7 Payee address; City; State; Zip Code 570 Loma Vista Dr., Heath, TX 75032
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Signs
	(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
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Date 12/10/21	Payee name Mail Chimp
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Amount (\$) \$15.98	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, Ste 5000, Atlanta, GA 30308
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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
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Date 12/12/21	Payee name Canva
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Amount (\$) \$12.99	Payee address; City; State; Zip Code 200 E. 6th St, Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Graphic Design
	<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: 13	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 12/7/21	5 Payee name Kaufman County Republican Party	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 2477 SH 34, Kaufman, TX 75142	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing 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 12/13/21	Payee name Precision Outreach LLC
Amount (\$) \$895.00	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) Consulting
	Description December 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

Date 12/18/21	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
<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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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: 13	2 FILER NAME Robert "Rob" Farquharsan	3 Filer ID (Ethics Commission Filers)
4 Date 12/27/21	5 Payee name Tractor Supply Co.	
6 Amount (\$) \$155.56	7 Payee address; City; State; Zip Code 100 SH 205, Ste 100, Terrell, TX 75160	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description T-Posts
	(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 12/27/21	Payee name Lowes	
Amount (\$) \$27.59	Payee address; City; State; Zip Code 902 E. US Hwy 80, Forney, TX 75126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Zip Ties
	<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 12/28/21	Payee name AT&T	
Amount (\$) \$33.08	Payee address; City; State; Zip Code P.O. Box 6416, Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Phone Service
	<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: 13	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
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4 Date 12/30/21	5 Payee name Mail Chimp
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6 Amount (\$) \$15.98	7 Payee address; 1675 Ponce de Leon Ave NE, Ste 5000, Atlanta, GA 30308	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	(b) Description Email Management
	(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
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Date 12/31/21	Payee name FundHero
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Amount (\$) \$1.53	Payee address; 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	Description CC Processing 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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Date 12/30/21	Payee name FundHero
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Amount (\$) \$2.75	Payee address; 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	Description CC Processing 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

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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: 13	2 FILER NAME Robert "Rob" Farguharsan	3 Filer ID (Ethics Commission Filers)
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4 Date 12/31/21	5 Payee name FundHero
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6 Amount (\$) \$12.55	7 Payee address; 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	(b) Description CC Processing 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
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Date 12/30/21	Payee name FundHero
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Amount (\$) \$5.20	Payee address; 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description CC Processing 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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Date 12/31/21	Payee name FundHero
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Amount (\$) \$24.80	Payee address; 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description CC Processing 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: <i>13</i>	2 FILER NAME <i>Robert "Rob" Farquharsan</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/21</i>	5 Payee name <i>FundHero</i>	
6 Amount (\$) <i>\$2.75</i>	7 Payee address; City; State; Zip Code <i>243 E 400 S, Ste B-100, Salt Lake City, UT 84101</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising</i>	(b) Description <i>CC Processing Fee</i>
	(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 <i>12/5/21</i>	Payee name <i>FundHero</i>	
Amount (\$) <i>\$5.20</i>	Payee address; City; State; Zip Code <i>243 E 400 S, Ste B-100, Salt Lake City, UT 84101</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising</i>	Description <i>CC Processing Fee</i>
	<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 <i>12/31/21</i>	Payee name <i>FundHero</i>	
Amount (\$) <i>\$10.10</i>	Payee address; City; State; Zip Code <i>243 E 400 S, Ste B-100, Salt Lake City, UT 84101</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising</i>	Description <i>CC Processing Fee</i>
	<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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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: 13	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
--------------------------------------	---	---------------------------------------

4 Date 12/31/21	5 Payee name FundHero
---------------------------	---------------------------------

6 Amount (\$) \$5.20	7 Payee address; City; State; Zip Code 243 E 400 S, Ste B-100, Salt Lake City, UT 84101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	(b) Description CC Processing 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
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Date 12/30/21	Payee name FundHero
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Amount (\$) \$5.20	Payee address; City; State; Zip Code 243 E 400 S., Ste B-100, Salt Lake City, UT 84101
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	Description CC Processing Fee
	<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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Date 12/31/21	Payee name FundHero
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Amount (\$) \$24.80	Payee address; City; State; Zip Code 243 E 400 S, Ste B-100, Salt Lake City, UT 84101
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	Description CC Processing Fee
	<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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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 | 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: 13	2 FILER NAME Robert "Rob" Farquharsson	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/21	5 Payee name FundHero	
6 Amount (\$) \$5.20	7 Payee address; City; State; Zip Code 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	(b) Description CC Processing Fee
	<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 12/31/21	Payee name FundHero	
Amount (\$) \$5.20	Payee address; City; State; Zip Code 243 E 400 S, Ste B-100, Salt Lake City, UT 84101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising	Description CC Processing 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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.

1 Total pages Schedule G: 1	2 FILER NAME Robert "Rob" Farquharson	3 Filer ID (Ethics Commission Filers)
4 Date 11/5/21	5 Payee name CustomInk.com	
6 Amount (\$) \$555.54 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2910 District Ave, Fairfax, VA 22031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Shirts
	<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 10/26/21	Payee name Target	
Amount (\$) \$32.46 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2417 W Haskell Ave, Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Cell Phone
	<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 10/27/21	Payee name CustomInk.com	
Amount (\$) \$92.54 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2910 District Ave, Fairfax, VA 22031	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Shirts
	<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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