

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Elizabeth</i> LAST <i>McGill</i> MI <i>A.</i> SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		Date Received JAN 17 2017	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand-delivered or Postmarked	
6 CAMPAIGN TREASURER NAME		Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (residence or business)		Date Processed	
8 CAMPAIGN TREASURER PHONE		Date Imaged	
9 REPORT TYPE			
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICESOUGHT (if known)	
GOTO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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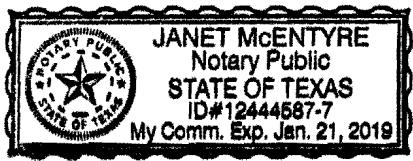
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <i>Personal Funds</i>	\$ 1,885.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED <i>Bank Fees Loan Payments</i>	\$ 95.00 2,164.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,259.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <343.23>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 323.23

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Elizabeth McGill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth McGill, this the 17th day of January 2017 to certify which, witness my hand and seal of office.

JM Signature of officer administering oath
 Janet McEntyre Printed name of officer administering oath
 Notary Public Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1-4	2 FILER NAME Elizabeth Mc Bell Campaign	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-05-16	5 Payee name Cass Loan Repayment	
6 Amount (\$) 360.73	7 Payee address; City; State; Zip Code P.O. Box 182797 Columbus, OH	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Payment	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-20-16	Payee name First State Bank of Paint Rock	
Amount (\$) 7.50	Payee address; City; State; Zip Code 402 Smith Blvd. San Angelo, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank chq - monthly fee	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-02-16	Payee name Cass Loan	
Amount (\$) 360.73	Payee address; City; State; Zip Code See Above	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank Charge	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-22-16	Payee name First State Bank of Paint Rock	
Amount (\$) 7.50	Payee address; City; State; Zip Code See Above	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank chq	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: <i>2 of 4</i>		2 FILER NAME <i>Elizabeth Mc Bell Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-02-16</i>		5 Payee name <i>Cass Loan Repayment</i>			
6 Amount (\$) <i>360.73</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 182797 Columbus, OH</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Loan Payment</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10-4-16</i>		Payee name <i>First State Bank of Paint Rock (FSB - Paint Rock)</i>			
Amount (\$) <i>25.00</i>		Payee address; City; State; Zip Code <i>402 Smith Blvd. San Angelo, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Bank chq - overdraft fee</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9-20-16</i>		Payee name <i>FSB - Paint Rock</i>			
Amount (\$) <i>\$7.50</i>		Payee address; City; State; Zip Code <i>See Above</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Bank Serv monthly fee</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10-20-16</i>		Payee name <i>FSB - Paint Rock</i>			
Amount (\$) <i>7.50</i>		Payee address; City; State; Zip Code <i>See Above</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Bank Service</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total page schedule F: 3 of 4		2 FILER NAME Elizabeth Mc Bell Campaign		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/04/16		5 Payee name Cass Loan Repayment			
6 Amount (\$) 360.73		7 Payee address; City; State; Zip Code P.O. Box 182797 Columbus, OH			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Loan Payment		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/2-16		Payee name Cass Loan Repayment			
Amount (\$) 360.73		Payee address; City; State; Zip Code See Above			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Loan Payment		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-21-16		Payee name FSB - Paint Rock			
Amount (\$) 7.50		Payee address; City; State; Zip Code 402 Smith Blvd San Angelo, TX 76905			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Bank chq-		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-2-16		Payee name Cass Loan			
Amount (\$) 360.73		Payee address; City; State; Zip Code See Above			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Loan Payment		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>4 of 4</i>	2 FILER NAME <i>Elizabeth Mc Gill Campaign</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12-20-16</i>	5 Payee name <i>First State Bank of Point Rock (FSB)</i>		
6 Amount (\$) <i>7.50</i>	7 Payee address; City; State; Zip Code <i>402 Smith Blvd San Angelo, TX 76905</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Bank charge</i>	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>1-4-17</i>	Payee name <i>FSB Point Rock</i>		
Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code <i>See Above</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Bank chg</i>	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>1-4-17</i>	Payee name <i>Cass Loan</i>		
Amount (\$)	Payee address; City; State; Zip Code <i>Previous Page</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 2</i>	2 FILER NAME <i>Elizabeth McGill Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7-25-16</i>	5 Payee name <i>Elizabeth McGill</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>100.00</i>	7 Payee address: City: State: Zip Code <i>117 Laura Drive San Angelo, TX 76905</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Personal Checking</i>
Date <i>7-25-16</i>	Payee name ELIZABETH A. MC GILL	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>300.00</i>	Payee address: City: State: Zip Code 117 LAURA DR. SAN ANGELO, TX 76905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T) <i>Personal Savings</i>
Date <i>9-2-16</i>	Payee name ELIZABETH A. MC GILL	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>335.00</i>	Payee address: City: State: Zip Code 117 LAURA DR. SAN ANGELO, TX 76905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T) <i>Personal Savings</i>
Date <i>10-17-16</i>	Payee name ELIZABETH A. MC GILL	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>400.00</i>	Payee address: City: State: Zip Code 117 LAURA DR. SAN ANGELO, TX 76905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment/Reimb</i>	Description (If travel outside of Texas, complete Schedule T) <i>Personal Savings</i>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2092</i>	2 FILER NAME <i>Elizabeth Mc Gill Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-28-16</i>	5 Payee name ELIZABETH A. MC GILL
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6 Amount (\$) <i>350.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Payment/Reimburse</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Personal Savings</i>
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Date <i>11-28-16</i>	Payee name ELIZABETH A. MC GILL
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Amount (\$) <i>400.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 LAURA DR. SAN ANGELO, TX 76905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Reimb Payment</i>	Description (If travel outside of Texas, complete Schedule T) <i>Personal Savings</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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