





OUTSTANDING

[Handwritten signature]

Signature of Candidate or Officeholder

Complete either option below:

Please con



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sarah B McMurrough		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00

<input type="checkbox"/> SCHEDULE B: LOANS	
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