76000 and 100 00 00	188- or emergence	CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Gulde explains how	to complete this form.	1 Filer ID (Ellics Commission Files)	2 Total pages filed:
3 CANDIDATE! OFFICEHOLDER NAME	MS (MRS (MR. Dr. NICKNAME	FØRST Terry LAST Senne	M. A. SUFFIX	OPPICEUSEONLY OFFICEUSEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX		By 544	
OFFICEHOLDER PHONE 6 CAMPAIGN	(940)	600-0658	bal	Date Hand-delivered or Date Postmarked Receipt # Amount \$
TREASURER NAME	Mrs.	Colleen LAST Sallee	R. SUFFIX	Data Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	redacted fo		SUITE #: CITY; Denton	SYATE: ZP CODE TX 76205
8 CAMPAIGN TREASURER PHONE	(940)	PHONE NUMBER 300-9727	EXTENSION	
9 REPORT TYPE	July 15	30th day before et	5	15th day after campaign tressurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month 03	Dey Your / 26 / 2024	Month THROUGH 04	Dey Year / 24 / 2024
# ELECTION	Month Day 05 / 04 /	Year Primary / 2024 X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (Fasy)		13 OFFICE SOUGHT (# known Denton ISD Board	1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFS	CENOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAM	ADE BY POLITICAL COMMITTEES TO SUPPORT DEATE'S OR OFFICE-IOLDER'S PROMILEDER OR THEY NECESVE HOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGH TR	EASURER ADDRESS	
	1	60.70	PAGE 2	

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Dr. Terry A. Senne TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTALS TOTAL POLITICAL CONTRIBUTIONS 2. 4,385.34 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS TOTAL POLITICAL EXPENDITURES \$ 3,589.14 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1,375.13 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 1,000.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. redacted for web posting ure of Candidate or Officeholder Please complete either option below: S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2024 (1) Affidaytt NOTARY ID 559155-8 NOTARY STAMP/SEAL ____ this the ______thought of Sworn to and subscribed before me by _ to certify which, witness my hand and seal of office. redacted for web posting Printed name of officer administering outh Signature of officer administering cat (2) Unsworn Declaration , and my date of birth is My name is_ My address is (state) (zip code) (country) (city) (atreet) _day of ____(month) _ County, State of _ _, on the _ Executed in _

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Dr. Terry A. Senne 20 Filer ID (Ethics Con				mmission Filers)	
		ULE SUBTOTALS OF SCHEDULE		1	SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	X SCHEDULE E: LOANS				\$ 1,000.00	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				s 3,589.14	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.		SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FRO	M POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$	

SCHEDULE A1

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

	122				
The	instruction Guide explains how to	1 Total pages Schedule A1;			
2 FILER NAME Dr. Terry A				I	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Charles G. Gifford and Kan	out-of-state PAC en K. Gifford			7 Amount of contribution (\$)
03/26/2024	Contributor address; redacted for web	City; Savannah	State;	Zip Code 76227	\$250.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ctions}
Dela	Full name of contributor Steve Foehler	oul-of-state PAC	(ID#:		Amount of contribution (\$)
03/26/2024	Contributor address;	City;	State;	Zip Code	\$150.00
	redacted for web	Savannah	TX	76227	
Principal occup	sation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor Mitch Little	oul-of-state PAC	C (ID#:		Amount of contribution (\$)
03/27/2024	Contributor address;	City,	State;	Zip Code	\$479,70
	redacted for web posting	Lewisville	TX	75056	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Data	Full name of contributor Suzanne Gilbert	out-of-sinte PAC	C (10#:		Amount of contribution (\$)
03/27/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	redacted for web posting	Argyle	XT	76226	
Principal occupation / Job title (See Instructions) Employe			oyer (See Instruc	utions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

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

a the requested anomation is not applicable, by No r should this page in the report.								
The	The Instruction Guide explains how to complete this form.							
2 FILER NAME Dr. Terry A.					3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Lentry van Zyl	out-of-state PA			7 Amount of contribution (\$)			
04/07/2024	6 Contributor address: redacted for web	City: Denton	State;	Zip Code 76201	\$25.00			
8 Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)			
Date 04/08/2024	Full name of contributor Lewis V, Toland	ouroi-stata PA			Amount of contribution (\$)			
04100/2024	Contributor address; redacted for web	City;	State;	Zip Code 76207	\$75.00			
Principal occup	nocting pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)			
Date	Date Full name of contributor out-of-state PAC (IDII)			Amount of contribution (\$)				
04/07/2024	Contributor address; redacted for web	City;	State;	Zip Code 76210	\$100.00			
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)			
Date	Full name of contributor Angela Thomas				Amount of contribution (\$)			
04/07/2024	Contributor address; redacted for web	City;		Zip Code 76208	\$50.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.								

SCHEDULE A1

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

II die reducated litteritation to not approximate and research and research								
The	The Instruction Guide explains how to complete this form.							
2 FILER NAME Dr. Terry	A. Senne	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor	out-of-state PA	C (ED#:		7 Amount of contribution (\$)			
04/09/2024	Vicki Plangman and Joel Plangman			To Code	\$100.00			
	6 Contributor address; redacted for web	City; Denton	State;	76209				
8 Principal occu	petion / Job title (See Instructions)	V1-1-3/5/3-14-14	9 Empl	oyer (See Instruc	tions)			
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)			
04/09/2024	Colleen R. Sallee							
0110012021	Contributor address;	City;	State;	Zip Code	\$100.00			
	redacted for web	Denton	TX	76205				
Principal occupation / Job title (See Instructions) Employer (oyer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC (IDIT				Amount of contribution (\$)			
04/09/2024	Contributor address;	s; City; State; Zip Code		Zip Code	\$36.18			
	redacted for web	Frisco	TX	75034				
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)			
Date	Full name of contributor Teri Wilson	out-of-state PA	C (ID#:		Amount of contribution (\$)			
04/09/2024	Contributor addresss;	Clby;	State;	Zip Code	\$5.52			
	redacted for web	Sanger	TX	76266				
Principal occupation / Job title (See Instructions) Employee			loyer (See Instru	ctions)				
	ATTACH ADDIT	TONAL COPIES	OF THIS !	BCHEDULE AS I	NEEDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.								

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SCHEDULE A1

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

il die requested information is not applicable, bo not i nicitate uns page in the report.							
The	The instruction Guide explains how to complete this form.						
2 FILER NAME Dr. Terry A.	Senne	3. Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor Susan Isenhart	out-of-state PM			7 Amount of contribution (\$)		
04/10/2024	Contributor address; redacted for web	City; Denton		76210	\$300.00		
		Denion					
8 Principal occu	pation / Job title (See Instructions)		9 Emp	oyer (See Instruc	aons)		
Date	Full name of contributor Kimberly Sterenberg	out-of-stale PM	(100):		Amount of contribution (\$)		
04/10/2024	Contributor address;	City;	State,	Zip Code	\$50.00		
	redacted for web	Corinth	TX	76210			
Principal occup	action / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor Erika van Zyl	out-of-state PA	C (101k:		Amount of contribution (\$)		
04/12/2024	Contributor address;	City;	State;	Zip Code	\$47.70		
	redacted for web	Frisco	TX	75035			
Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruc	tions).		
Date	Full name of contributor Susan Passariello	out-of-state PA	C (NDA):		Amount of contribution (\$)		
04/12/2024		City;		Zip Code	\$100.00		
	redacted for web posting			76226	\$100.00		
Principel 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.							

SCHEDULE A1

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

`	/3.•• MAI 910.4				
The	Instruction Guide explains how to complete	1 Total pages Schedule A1:			
2 FILER NAME Dr. Terry A	. Senne		3. Filer ID (Ethics Commission Filers)		
4 Date 04/16/2024	5 Full name of contributor out-of-st Bridget Melson 6 Contributor address; City; redacted for web posting Barto	7 Amount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)		
Date 04/17/2024	Full name of contributor out-of-st Sandra Graviey Contributor address; City; redacted for web Frisco	State; Zip Code TX 75036	Amount of contribution (\$) \$25.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instru	ctions)		
Date 04/17/2024	Full name of contributor aut-of-s Richard D. Hayes Contributor address; City; redacted for web posting Hickory	State; Zip Code y Creek TX 75065	Amount of contribution (\$) \$500.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions}		
Date 04/17/2024	Full name of contributor out-of-s James Donald Beaver and Joyce Contributor address; City; redacted for web posting De	State; Zip Code	Amount of contribution (\$) \$25.00		
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.					

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Revised 1/1/2024

SCHEDULE A1

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

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3314	Instruction Guide explains how	to complete thi	is form,		1 Total pages Schedule A1:
2 FILER NAME Dr. Terry					3 Filer tD (Ethics Commission Filers)
4 Date	5 Full name of contributor Yolanda Gooch	out-of-state PA			7 Amount of contribution (\$)
04/23/2024	6 Contributor address; redacted for web	City;	State;	Zip Code 75068	\$200.00
8 Principal occu	pation / Job title (See Instructions)		,	loyer (See Instruc	l ctions)
Date	Full name of contributor Spencer Broisma	aut-of-state PA			Amount of contribution (\$)
04/23/2024	Contributor address;	City;	State;	Zip Code	\$50.00
	redacted for web	Corinth	TX	76210	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Date Full name of contributor out-of-state PAC (IDIt:				Amount of contribution (\$)
04/19/2024	Francis I, Chupp and Darla J. Chupp			8400.00	
0 11 1012021	Contributor address; redacted for web postii	City;	State;	Zip Code 76207	\$100.00
		19 Denton	TX		
Principal occus	pation / Job title (See Instructions)		Empl	ayer (See Instruc	tions)
Date	Full name of contributor Patrick Wamhoff	aut-of-state PA	IC (ID#:		Amount of contribution (\$)
04/24/2024	Contributor address;	City;	State;	Zip Code	\$36.54
	redacted for web	Frisco	XT	75034	
Principal occupation / Job title (See instructions) Employer (See instructions)					
34					
	ATTACH ADDITI			4	

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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)

Advertixing Expense
Accounting/Banking
Consulting Expense
Contributions/Donatons Made By
Candidate/Officeholder/Political Committee
Crudit Card Payment

Event Expense
Foas,
FoodBeverage Expense
Gitt/Awards/Memortals Expense
Logal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Retailed Expense Travel (but off District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

	t de lustrocritir aguse extrans non ro	Jumpiece mas rorm.		
1 Total pages Schedule F1: 3	2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/27/2024	Walmart			
6 Amount (\$)	7 Payee address;	City:	State;	Zip Code
\$41.05	1515 S. Loop 288	Denton	TX	76205
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Printer cartrid	ge	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, afficeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/29/2024	Signs on the Cheap			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$951.52	Signsonthecheap.com			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Yard signs		
	Check if frevel quiside of Taxes. Complete Schedule T.	Check If Aust	in, 7%, officeholder living	, expense
Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/15/2024	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$184.03	2300 San Jacinto Blvd.	Denton	TX	76205
	Castegory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Key take lette	rs	
	Check if travel outside of Tassae. Complete Schedule T.	Check if Aust	in, TX, officeholder living	екрепяе
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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
Accounting/Banking
Consulting/Banking
Constitutions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Severage Expense
Gitt/Awards/Memoriats Expense
Legal Services

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel for District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dr. Terry A. Senne 3 4 Date 5 Payee name 04/19/2024 Debi Scaggs 6 Amount (\$) 7 Payee address; City: State: Zip Code \$1604.37 redacted for web posting **Denton** TX 76208 (b) Description (iii) Cisitegory (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense VistaPrint Mailer - half cost EXPENDITURE Chack if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Office Depot 04/22/2024 Payee address; City; State: Zip Code Amount (\$) \$194.83 2300 San Jacinto Blvd. 76205 TX Denton Category (See Categories listed at the top of this schedule) Description PURPOSE Paper and Printer cartridges OF EXPENDITURE Other Check If Irevel outside of Tiores. Complete Schedule 7. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 04/23/2024 The Cross Timbers Gazette Amount (\$) Zip Code Payee address; City; State: \$110.00 75028 Flower Mound 6101 Long Prairie Rd., Ste 744-186 TX Category (See Categories listed at the top of this schedule) Description PURPOSE OF Advertising Expense Newspaper ad EXPENDITURE Check if travel cutside of Texas, Complete Schoolule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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
Accounting/Banking
Contacting Expense
Contacting Expense
Contacting Expense
Contacting Expense
Contacting Expense
Contacting Expenses
Contacting E

Event Expense Fees Food/Severage Expense Gitz/Awards/Memoriats Expense Leon Services LoenRepayment/Reimbursement Office Overtweet/Rentel Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Office (exists a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains bow to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Dr. Terry A. Senne 3 5 Payee name 04/23/2024 **VistaPrint** State; Zip Code City; 6 Amount (\$) 7 Payee address; \$503,34 VistaPrint.com (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense **Push Cards** EXPENDITURE Check Etravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Code City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check If travel outside of Taxes. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Amount (\$) Payee address; City: State: Description Category (See Categories listed at the top of this achedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.			
The	instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Dr. Terry A. Se	nne					
4 TOTAL OF UN	IITEMIZED LOANS		s			
5 Date of loan	7 Name of lender out-of-state	PAC (IDII:)	9 Loan Amount (\$)			
04/10/2024	Dr. Terry A. Senne		\$1000.00			
6 is lender a financial institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
TYKN	redacted for we	b posting	11 Maturity date			
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	ateral	15 X Check if personal fun account (See Instruc	eds were deposited into politicat tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code	Ì			
not applicable	The Control of Control of					
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	**************************************			
Date of loan	Name of lender out-of-state	PAC(IDI:)	Loan Amount (\$)			
la lender a financial	Lendor address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Coll	ateral	Check If personal fun	ds were deposited into political			
none		account (See Instruc	tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable		P P P P P P P P P P				
Principal Occupati	Principal Occupation (See Instructions) Employer (See Instructions)					
lf le	ATTACHADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re				