

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-weight: bold;">13</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR. FIRST MI. Dr. Terry A. <hr/> NICKNAME LAST SUFFIX Senne	<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <b>OFFICE USE ONLY</b>  <div style="font-size: 2em; color: blue; opacity: 0.5;">RECEIVED</div>  <div style="color: red; font-weight: bold; font-size: 1.2em;">APR 26 2024</div>  By <u>SMA</u> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; padding: 5px;">redacted for web posting</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 940 ) 600-0658										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR. FIRST MI. Mrs. Colleen R. <hr/> NICKNAME LAST SUFFIX Sallee										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; padding: 5px;">redacted for web posting      Denton TX 76205</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 940 ) 300-9727										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff           </div> <div> <input type="checkbox"/> July 15    <input checked="" type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded Modified Reporting Limit           </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> Final Report (Attach C/OH - FR)           </div> </div>										
10 PERIOD COVERED	Month Day Year      Month Day Year <div style="text-align: center;">03 / 26 / 2024      THROUGH      04 / 24 / 2024</div>										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year            05 / 04 / 2024         </div> <div style="flex: 1;">           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-weight: bold;">Denton ISD Board of Trustees-PI 2</div>									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

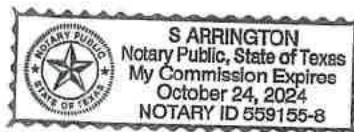
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME**  
Dr. Terry A. Senne**16 Filer ID** (Ethics Commission Filers)

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,385.34
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,589.14
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,375.13
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

**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.

redacted for web posting

Signature of Candidate or Officeholder

**Please complete either option below:****(1) Affidavit****NOTARY STAMP/SEAL**Sworn to and subscribed before me by Terry A. Senne this the 26<sup>th</sup> day of April, 2024, to certify which, witness my hand and seal of office.redacted for web posting S. Arrington Notary  
Signature of officer administering oath Printed name of officer administering oath 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**

Dr. Terry A. Senne

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,385.34
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 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: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**  
**Dr. Terry A. Senne**

4 Date  
03/26/2024

7 Amount of contribution (\$)

**\$250.00**

9 Employer (See Instructions)

Date  
03/26/2024

Amount of contribution (\$)

Contributor address;	City;	State;	Zip Code
redacted for web ti	Savannah	TX	76227

**\$150.00**

Employer (See Instructions)

Date  
03/27/2024

Amount of contribution (\$)

Contributor address;	City;	State;	Zip Code
redacted for web posting	Lewisville	TX	75056

**\$479.70**

Employer (See Instructions)

Data  
3/27/2024

Amount of contribution (\$)

Contributor address;	City;	State;	Zip Code
redacted for web posting	Argyle	TX	76226

**\$100.00**

Employer (See Instructions)

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: <b>6</b>	
2 FILER NAME <b>Dr. Terry A. Senne</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/07/2024</b>	5 Full name of contributor <b>Lenny van Zyl</b>	out-of-state PAC (ID# _____)	7 Amount of contribution (\$)  <b>\$25.00</b>		
	6 Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76201</b>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>04/08/2024</b>	Full name of contributor <b>Lewis V. Toland</b>	out-of-state PAC (ID# _____)	Amount of contribution (\$)  <b>\$75.00</b>		
	Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76207</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/07/2024</b>	Full name of contributor <b>Susan Isenhardt</b>	out-of-state PAC (ID# _____)	Amount of contribution (\$)  <b>\$100.00</b>		
	Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76210</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/07/2024</b>	Full name of contributor <b>Angela Thomas</b>	out-of-state PAC (ID# _____)	Amount of contribution (\$)  <b>\$50.00</b>		
	Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76208</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>6</b>	
2 FILER NAME <b>Dr. Terry A. Senne</b>				3 Filer ID (Ethics Commission Filer)	
4 Date  <b>04/09/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Vicki Plangman and Joel Plangman</b>			7 Amount of contribution (\$)  <b>\$100.00</b>	
	6 Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76209</b>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date  <b>04/09/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Colleen R. Sallee</b>			Amount of contribution (\$)  <b>\$100.00</b>	
	Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76205</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  <b>04/09/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Patrick Warnhoff</b>			Amount of contribution (\$)  <b>\$36.18</b>	
	Contributor address; City; State; Zip Code <b>redacted for web      Frisco      TX      75034</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  <b>04/09/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Teri Wilson</b>			Amount of contribution (\$)  <b>\$5.52</b>	
	Contributor address; City; State; Zip Code <b>redacted for web      Sanger      TX      76266</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>6</b>	
2 FILER NAME <b>Dr. Terry A. Senne</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/10/2024</b>	5 Full name of contributor <b>Susan Isenhardt</b> <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$)  <b>\$300.00</b>			
	6 Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76210</b>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>04/10/2024</b>	Full name of contributor <b>Kimberly Sterenberg</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)  <b>\$50.00</b>			
	Contributor address; City; State; Zip Code <b>redacted for web      Corinth      TX      76210</b> <small>posting</small>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/12/2024</b>	Full name of contributor <b>Erika van Zyl</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)  <b>\$47.70</b>			
	Contributor address; City; State; Zip Code <b>redacted for web      Frisco      TX      75035</b> <small>posting</small>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/12/2024</b>	Full name of contributor <b>Susan Passariello</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)  <b>\$100.00</b>			
	Contributor address; City; State; Zip Code <b>redacted for web posting      Argyle      TX      76226</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>6</b>	
2 FILER NAME <b>Dr. Terry A. Senne</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/16/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Bridget Melson</b>			7 Amount of contribution (\$)  <b>\$479.70</b>	
6 Contributor address; City; State; Zip Code <b>redacted for web posting Bartonville TX 76226</b>					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>04/17/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sandra Gravelley</b>			Amount of contribution (\$)  <b>\$25.00</b>	
Contributor address; City; State; Zip Code <b>redacted for web posting Frisco TX 75036</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/17/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Richard D. Hayes</b>			Amount of contribution (\$)  <b>\$500.00</b>	
Contributor address; City; State; Zip Code <b>redacted for web posting Hickory Creek TX 75065</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>04/17/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>James Donald Beaver and Joyce B. Beaver</b>			Amount of contribution (\$)  <b>\$25.00</b>	
Contributor address; City; State; Zip Code <b>redacted for web posting Denton TX 76210</b>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>6</b>	
2 FILER NAME <b>Dr. Terry A. Senne</b>				3 Filer ID (Ethics Commission Filers)	
4 Date  <b>04/23/2024</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Yolanda Gooch</b>			7 Amount of contribution (\$)  <b>\$200.00</b>	
	6 Contributor address; City; State; Zip Code <b>redacted for web Little Elm TX 75068</b>				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date  <b>04/23/2024</b>	Full name of contributor out-of-state PAC (ID#: <b>Spencer Brotsma</b>			Amount of contribution (\$)  <b>\$50.00</b>	
	Contributor address; City; State; Zip Code <b>redacted for web Corinth TX 76210</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  <b>04/19/2024</b>	Full name of contributor out-of-state PAC (ID#: <b>Francis I. Chupp and Darla J. Chupp</b>			Amount of contribution (\$)  <b>\$100.00</b>	
	Contributor address; City; State; Zip Code <b>redacted for web posting Denton TX 76207</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  <b>04/24/2024</b>	Full name of contributor out-of-state PAC (ID#: <b>Patrick Wamhoff</b>			Amount of contribution (\$)  <b>\$36.54</b>	
	Contributor address; City; State; Zip Code <b>redacted for web Frisco TX 75034</b>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expenses  
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.

<b>1</b> Total pages Schedule F1: <b>3</b>		<b>2</b> FILER NAME <b>Dr. Terry A. Senne</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>03/27/2024</b>		<b>5</b> Payee name <b>Walmart</b>			
<b>6</b> Amount (\$) <b>\$41.05</b>		<b>7</b> Payee address; <b>1515 S. Loop 288</b>		<b>City:</b> <b>Denton</b>	<b>State:</b> <b>TX</b>
				<b>Zip Code</b> <b>76205</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>		<b>(b)</b> Description <b>Printer cartridge</b>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>				
<b>Date</b> <b>03/29/2024</b>		<b>Payee name</b> <b>Signs on the Cheap</b>			
<b>Amount (\$)</b> <b>\$951.52</b>		<b>Payee address;</b> <b>Signsonthecheap.com</b>		<b>City:</b>	<b>State:</b> <b>Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising expense</b>		<b>Description</b> <b>Yard signs</b>		
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b> <input type="checkbox"/>				
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>				
<b>Date</b> <b>04/15/2024</b>		<b>Payee name</b> <b>Office Depot</b>			
<b>Amount (\$)</b> <b>\$184.03</b>		<b>Payee address;</b> <b>2300 San Jacinto Blvd.</b>		<b>City:</b> <b>Denton</b>	<b>State:</b> <b>TX</b> <b>Zip Code</b> <b>76205</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising expense</b>		<b>Description</b> <b>Key take letters</b>		
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b> <input type="checkbox"/>				
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>				

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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

<b>1</b> Total pages Schedule F1: <b>3</b>		<b>2</b> FILER NAME <b>Dr. Terry A. Senne</b>		<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>04/19/2024</b>		<b>5</b> Payee name <b>Debi Scaggs</b>				
<b>6</b> Amount (\$) <b>\$1604.37</b>		<b>7</b> Payee address; <b>redacted for web posting</b>		<b>City:</b> <b>Denton</b>	<b>State:</b> <b>TX</b>	<b>Zip Code</b> <b>76208</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>VistaPrint Mailer - half cost</b>			
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>					
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b>		<b>Office held</b>
<b>Date</b> <b>04/22/2024</b>		<b>Payee name</b> <b>Office Depot</b>				
<b>Amount (\$)</b> <b>\$194.83</b>		<b>Payee address;</b> <b>2300 San Jacinto Blvd.</b>		<b>City:</b> <b>Denton</b>	<b>State:</b> <b>TX</b>	<b>Zip Code</b> <b>76205</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Other</b>		<b>Description</b> <b>Paper and Printer cartridges</b>			
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b> <input type="checkbox"/>					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		<b>Candidate / Officeholder name</b>		<b>Office sought</b>		<b>Office held</b>
<b>Date</b> <b>04/23/2024</b>		<b>Payee name</b> <b>The Cross Timbers Gazette</b>				
<b>Amount (\$)</b> <b>\$110.00</b>		<b>Payee address;</b> <b>6101 Long Prairie Rd., Ste 744-186</b>		<b>City:</b> <b>Flower Mound</b>	<b>State:</b> <b>TX</b>	<b>Zip Code</b> <b>75028</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>Description</b> <b>Newspaper ad</b>			
	<b>Check if travel outside of Texas. Complete Schedule T.</b> <input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b> <input type="checkbox"/>					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		<b>Candidate / Officeholder name</b>		<b>Office sought</b>		<b>Office held</b>

**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  
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 F1: 3	2 FILER NAME Dr. Terry A. Senne	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2024	5 Payee name VistaPrint	
6 Amount (\$) \$503.34	7 Payee address; City; State; Zip Code VistaPrint.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Dr. Terry A. Senne</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>04/10/2024</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dr. Terry A. Senne</b>	9 Loan Amount (\$) <b>\$1000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code  <b>redacted for web posting</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <b>none</b>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
<hr/>		
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		