

**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: 14								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"><div>MS / MRS / MR <b>Dr.</b></div><div>FIRST <b>Terry</b></div><div>MI <b>A.</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>NICKNAME</div><div>LAST <b>Senne</b></div><div>SUFFIX</div></div>		<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">APR 4 2024</div> <div style="color: blue; font-weight: bold; font-size: 1.1em;">By <i>AM</i></div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="text-align: center; color: gray;">redacted for web posting</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"><div>AREA CODE <b>( 940 )</b></div><div>PHONE NUMBER <b>600-0658</b></div><div>EXTENSION</div></div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"><div>MS / MRS / MR <b>Mrs.</b></div><div>FIRST <b>Colleen</b></div><div>MI <b>R.</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>NICKNAME</div><div>LAST <b>Sallee</b></div><div>SUFFIX</div></div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"><div>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <div style="text-align: center; color: gray;">redacted for web posting</div></div><div>CITY: <b>Denton</b></div><div>STATE: <b>TX</b></div><div>ZIP CODE <b>76205</b></div></div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"><div>AREA CODE <b>( 940 )</b></div><div>PHONE NUMBER <b>300-9727</b></div><div>EXTENSION</div></div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> January 15</div><div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div><div style="width: 50%;"><input type="checkbox"/> Runoff</div><div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div><div style="width: 50%;"><input type="checkbox"/> July 15</div><div style="width: 50%;"><input type="checkbox"/> 8th day before election</div><div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div><div style="width: 50%;"><input type="checkbox"/> First Report (Attach C/OH - FR)</div></div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"><div>Month Day Year <b>1 / 25 / 24</b></div><div>THROUGH</div><div>Month Day Year <b>3 / 25 / 24</b></div></div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"><div>ELECTION DATE Month Day Year <b>5 / 4 / 24</b></div><div>ELECTION TYPE <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Primary</div><div><input type="checkbox"/> Runoff</div><div><input type="checkbox"/> Other Description</div></div><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> General</div><div><input type="checkbox"/> Special</div></div></div></div>										
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Denton ISD Board of Trustees-PI 2</b>								
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<div style="font-size: 0.8em; color: gray;">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.</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%; padding: 5px;">COMMITTEE TYPE</td><td style="padding: 5px;">COMMITTEE NAME</td></tr><tr><td style="padding: 5px;"><input type="checkbox"/> GENERAL</td><td style="padding: 5px;">COMMITTEE ADDRESS</td></tr><tr><td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td><td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr><tr><td></td><td style="padding: 5px;">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)
17 CONTRIBUTION TOTALS	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)	\$ 1,760.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,823.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (12.46)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

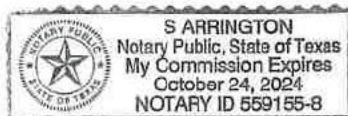
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 4th day of April, 2024, to certify which, witness my hand and seal of office.  
redacted for web posting Sarrington Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,760.80
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,823.26
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	\$ 50.00



**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: 5	
2 FILER NAME Dr. Terry A. Senne				3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2024	5 Full name of contributor Anne Jones out-of-state PAC (ID# _____)			7 Amount of contribution (\$) \$20.00	
6 Contributor address; redacted for web posting		City; Denton	State; TX	Zip Code 76205	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/20/2024	Full name of contributor H. Peyton & Jana Inge out-of-state PAC (ID# _____)			Amount of contribution (\$) \$250.00	
Contributor address; redacted for web posting		City; Argyle	State; TX	Zip Code 76236	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/01/2024	Full name of contributor Terry Gooch out-of-state PAC (ID# _____)			Amount of contribution (\$) \$100.00	
Contributor address; redacted for web posting		City; Little Elm	State; TX	Zip Code 75068	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/06/2024	Full name of contributor Colleen R. Sallee out-of-state PAC (ID# _____)			Amount of contribution (\$) \$100.00	
Contributor address; redacted for web posting		City; Denton	State; TX	Zip Code 76205	
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.					

**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: 5	
2 FILER NAME Dr. Terry A. Senne				3 Filer ID (Ethics Commission Filers)	
4 Date  03/07/2024	5 Full name of contributor Lewis V. Toland		out-of-state PAC (ID#)		7 Amount of contribution (\$)  \$50.00
	6 Contributor address; redacted for web posting		City: Denton	State; Zip Code TX 76207	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date  03/15/2024	Full name of contributor H. Peyton and Jana Inge		out-of-state PAC (ID#)		Amount of contribution (\$)  \$250.00
	Contributor address; redacted for web posting		City: Argyle	State; Zip Code TX 76236	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  03/15/2024	Full name of contributor Mary Kuhfeldt		out-of-state PAC (ID#)		Amount of contribution (\$)  \$143.70
	Contributor address; redacted for web posting		City: Denton	State; Zip Code TX 76201	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  03/19/2024	Full name of contributor Susan Isenhardt		out-of-state PAC (ID#)		Amount of contribution (\$)  \$100.00
	Contributor address; redacted for web posting		City: Denton	State; Zip Code TX 76210	
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>5</b>
2 FILER NAME <b>Dr. Terry A. Senne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/20/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Joseph Farris</b> 6 Contributor address; City; State; Zip Code <b>redacted for web posting Little Elm TX 75068</b>	7 Amount of contribution (\$) <b>\$10.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/21/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Teresa Lansberry</b> Contributor address; City; State; Zip Code <b>redacted for web posting Lantana TX 76226</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/21/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jacqueline Adams</b> Contributor address; City; State; Zip Code <b>redacted for web posting Lantana TX 76226</b>	Amount of contribution (\$) <b>\$23.70</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/21/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Melinda Preston</b> Contributor address; City; State; Zip Code <b>redacted for web posting Frisco TX 75034</b>	Amount of contribution (\$) <b>\$47.70</b>
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.		



**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>5</b>
2 FILER NAME <b>Dr. Terry A. Senne</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/22/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Mark Richard and Kellie J. Goolsby</b>	7 Amount of contribution (\$)  <b>\$200.00</b>
	6 Contributor address; City; State; Zip Code <b>redacted for web posting      Denton      TX      76206</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/22/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Terry D. and Yolanda P. R. Gooch</b>	Amount of contribution (\$)  <b>\$200.00</b>
	Contributor address; City; State; Zip Code <b>redacted for web posting      Little Elm      TX      75068</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Anne Jones</b>	Amount of contribution (\$)  <b>\$20.00</b>
	Contributor address; City; State; Zip Code <b>redacted for web posting      Denton      TX      76205</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Ronnie I. and Ashley H. Jones</b>	Amount of contribution (\$)  <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>redacted for web posting      Flower Mound      TX</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>5</b>
2 FILER NAME <b>Dr. Terry A. Senne</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>03/25/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Aaron Bunch</b>	7 Amount of contribution (\$)  <b>\$95.70</b>
	6 Contributor address; City; State; Zip Code <b>redacted for web      Denton      TX      76205</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 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.

<b>1</b> Total pages Schedule F1: <b>5</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>01/31/2024</b>		<b>5</b> Payee name <b>Frost Bank</b>			
<b>6</b> Amount (\$) <b>\$10.00</b>		<b>7</b> Payee address; <b>1330 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>Fees</b>		<b>(b)</b> Description <b>Bank Service Charge</b>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b>	<b>Office held</b>
<b>Date</b> <b>02/29/2024</b>		<b>Payee name</b> <b>Frost Bank</b>			
<b>Amount (\$)</b> <b>\$10.00</b>		<b>Payee address;</b> <b>1330 S. Loop 288</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>Fees</b>		<b>Description</b> <b>Bank Service Charge</b>		
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<b>Candidate / Officeholder name</b>		<b>Office sought</b>	<b>Office held</b>
<b>Date</b> <b>03/06/2024</b>		<b>Payee name</b> <b>VistaPrint</b>			
<b>Amount (\$)</b> <b>\$10.83</b>		<b>Payee address;</b> <b>VistaPrint.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>Graphic Design for business cards</b>		
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<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 5(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>5</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>03/06/2024</b>	<b>5</b> Payee name <b>VistaPrint</b>		
<b>6</b> Amount (\$) <b>\$52.69</b>	<b>7</b> Payee address; <b>VistaPrint.com</b>	City; <b>Denton</b>	State; <b>TX</b> Zip Code <b>76201</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Business cards</b>	
	(c) 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	Candidate / Officeholder name	Office sought	Office held
Date <b>03/07/2024</b>	Payee name <b>United States Postal Service</b>		
Amount (\$) <b>\$9.20</b>	Payee address; <b>101 E. McKinney St.</b>	City; <b>Denton</b>	State; <b>TX</b> Zip Code <b>76201</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Postage Stamps</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>03/07/2024</b>	Payee name <b>Office Depot</b>		
Amount (\$) <b>\$9.20</b>	Payee address; <b>2300 San Jacinto Blvd.</b>	City; <b>Denton</b>	State; <b>TX</b> Zip Code <b>76205</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing expenses</b>	Description <b>Black and White copies</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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: <b>5</b>	2 FILER NAME <b>Dr. Terry A. Senne</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/11/2024</b>	5 Payee name <b>Office Depot</b>
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6 Amount (\$) <b>\$31.92</b>	7 Payee address; <b>2300 San Jacinto Blvd.</b>	City; <b>Denton</b>	State; <b>TX</b>	Zip Code <b>76205</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Hanging files</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/14/2024</b>	Payee name <b>Names Badges, Inc.</b>
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Amount (\$) <b>\$66.76</b>	Payee address; <b>NamesBadges.com</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>	Description <b>Magnetic name badges</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/18/2024</b>	Payee name <b>Walmart</b>
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Amount (\$) <b>\$21.56</b>	Payee address; <b>1515 S. Loop 288</b>	City; <b>Denton</b>	State; <b>TX</b>	Zip Code <b>76205</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Printer cartridge</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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  
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.

<b>1</b> Total pages Schedule F1: <b>5</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>03/19/2024</b>		<b>5</b> Payee name <b>Office Depot</b>			
<b>6</b> Amount (\$) <b>\$92.01</b>		<b>7</b> Payee address; City: State: Zip Code <b>2300 San Jacinto Blvd.</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>Letter copies</b>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>03/19/2024</b>		Payee name <b>VistaPrint</b>			
Amount (\$) <b>\$983.23</b>		Payee address; City: State: Zip Code <b>VistaPrint.com</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>Push cards</b>		
	Check if travel outside of Texas. Complete Schedule T. 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 <b>03/19/2024</b>		Payee name <b>Signs on the Cheap</b>			
Amount (\$) <b>\$35.00</b>		Payee address; City: State: Zip Code <b>SignsontheCheap.com</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>Yard signs</b>		
	Check if travel outside of Texas. Complete Schedule T. 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  
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 Expenses  
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: <b>5</b>	2 FILER NAME <b>Dr. Terry A. Senne</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/19/2024</b>	5 Payee name <b>Frost Bank</b>	
6 Amount (\$) <b>\$35.00</b>	7 Payee address; <b>1300 S. Loop 288</b>	City; State; Zip Code <b>Denton TX 76205</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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 <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
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**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 K: <b>1</b>
2 FILER NAME <b>Dr. Terry A. Senne</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>03/15/2024</b>	5 Name of person from whom amount is received  <b>Frost Bank</b>	
	6 Address of person from whom amount is received; City; State; Zip Code  <b>1300 S. Loop 288                      Denton   TX   76205</b>	
	8 Amount (\$)  <b>\$50.00</b>	
7 Purpose for which amount is received  <b>Waiver of Service Charge Fees for November 2023 through March 2024</b>		
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		