		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Sulde explains how	to complete this form.	1 Filer ID (Shios Countsion Files)	2 Total pages filed: 14
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Dr. NICKNAME	Terry LAST Senne	A.	PECE VE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	redacted for w	conv: state: zer coole eb posting	By APR 4 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	(940)	PHONE NUMBER 600-0658	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICHHAME	Colleen LAST Sallee	R. Suffix	Receipt # Amount 5 Date Processed Todas 'snageti
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	redacted f		sume e; cmy; Denton	STATE: ZP CODE TX 76205
8 CAMPAIGN TREASURER PHONE	(940)	910NE NUMBER 300-9727	EXTENSION	
9 REPORT TYPE	January 15	30th day before a		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 25 / 24	THROUGH 3) 25 / 24
11 ELECTION	Month Day	Year Primary 24 Succession	Runoff Other Descriptor	
12 OFFICE	OFFICE HELD (Fany)		13 OFFICE SOUGHT (Fizzone Denton ISD Board of	Non-
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEMOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAM	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATES OR OFFICEHOLDINGS INVOKEOUS OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	P. 1965 - P. 1965 - 1965 - 1965
		COTO	PAGE 2	Contract position of the contract of the contr

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Dr Terry A Senne 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ TOTALS TOTAL POLITICAL CONTRIBUTIONS 2. 1,760,80 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS **TOTAL POLITICAL EXPENDITURES** 4. \$ 1,823,26 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ (12.46)BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of pegjury, 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 Signature of Candidate or Officeholder Please complete either option below: S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2024 (1) Affidavit NOTARY ID 559155-8 NOTARY STAMP/SEAL Ferry A. Senne mix ton 4th day of Apri Sworn to and subscribed before me by

to certify which, wi	tness my hand and seal of offici	hrinati	20		Ne	taru
Signature of officer administering with		of officer administrati	N. Committee of the com		Tide of office	er administering oath
	redening to the Vicinia Sir	CH		and the state of the		
(2) Unsworn Declaration						
My name is	·	, a	nd my date of	birth ts		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20	-
		7	Signature o	f Candidate/Of	ficeholder (Dec	darant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

R NAME BITY A. Senne	28 Filer ID (Ethics Con	nmission Filers)	
EDULE SUBTOTALS TE OF SCHEDULE		SUBTOTAL	
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,760.80	
SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS	\$	
SCHEDULE 8: PLEDGED CONTRIBUTIONS	\$		
SCHEDULE E: LOANS	\$		
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$		
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CYCH			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			
	EDULE SUBTOTALS E OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	EDULE SUBTOTALS E OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CYCH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 5	
FILER NAME	FILER NAME				3 Filer ID (Ethics Commission Filers)
Dr. Terry A.	Senne				
Date	5 Full name of contributor Anne Jones	out-of-state PA	C (ID#:		7 Amount of contribution (\$)
02/20/2024	redacted for web	City. Denton	State; TX	76205	\$20.00
Principal occi	upation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ctions)
Date	Full name of contributor	out-af-state PA	C (80#:		Amount of contribution (\$)
02/20/2024	H. Peyton & Jana Inge Contributor address;	City;	State;	Zip Code	\$250.00
	redacted for web	Argyle	TX	76236	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC (ID#)			Amount of contribution (\$)
03/01/2024			Zip Code	\$100.00	
	redacted for web	City; Little Elm	State;	75068	
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Date	Full name of contributor Collegen R, Sallee	out-of-state PA	C (10#:		Amount of contribution (\$)
03/06/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	redacted for web	Denton	TX	76205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		tions)	
	TOTAL TRANSPORT				<u> </u>

SCHEDULE A1

The	Instruction Guide explains how t	o complete th	la form.	1 Total pages Schedule A1: 5
2 FILER NAME Dr. Terry A.				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Lewis V. Toland	out-of-state P	AC (ID#:	7 Amount of contribution (\$)
03/07/2024	6 Contributor address; redacted for web	City: Denton	State, Zip Code TX 76207	\$50,00
B Principal occu	pation / Job title (See Instructions)		9 Employer (See In	structions)
Date	Full name of contributor H. Peyton and Jana Inge	out-of-state Pi	AC (IDI):	Amount of contribution (\$)
03/15/2024	Contributor address:	CRy;	State; Zip Code	\$250.00
Principal occup	posting pation / Job title (See Instructions)	Argyle	Employer (See Int	structions)
Date	Full name of contributor Mary Kuhfeldt	out-of-state P	AC (IDI):	Amount of contribution (\$)
03/15/2024	Contributor address; redacted for web	City;	State; Zip Code TX 76201	\$143.70
Genelad com	pation / Job title (See Instructions)		Employer (See In:	structions)
Data	Full name of contributor Susan Isenhart	out-of-state P	AC (IDR:	Amount of contribution (\$)
03/19/2024	Contributor address; redacted for web	City; Denton	State; Zip Code TX 76210	\$100.00
Principal occu	petion / Job title (See Instructions)		Employer (See In	structions)
	No. 5th Asia and Asia Bay	charconal	OF THIS SCHEDULE	AS NEEDED onal reporting requirements.

SCHEDULE A1

					•
The	lestruction Guide explains how to	complete this	s form.		1 Total pages Schedule A1: 5
2 FILER NAME Dr. Terry A,	Senne				3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2024	5 Full name of contributor Joseph Farris 6 Contributor address; redacted for web pos	city;	State,	Zp Code TX 75068	7 Amount of contribution (\$) \$10.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date 03/21/2024	Teresa Lansberry			Amount of contribution (\$) \$50.00	
	Contributor address; redacted for web	City: Lantana	State;	Zip Code 76226	4
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (IDI:		C (ID#:			
03/21/2024	contributor address; redacted for web posting	city; Lantana	State;	Zip Code 76226	\$23,70
Principal occu	pation / Job title (See instructions)		Empl	oyer (See Instruc	(enoit
Dete	Full name of contributor Melinda Preston	out-of-state PA	C (IDP		Amount of contribution (\$)
03/21/2024	redacted for web	City: Frisco	State;	Zip Code 75034	\$47.70
Principal occu	petion / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	M contributor is out-of-state PAC,				

SCHEDULE A1

ii dio roque	sted information is not applica	DIG, DO NOT II	restude time pege ni tire	Toport.
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 5
2 FILER NAME Dr. Terry A				3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2024	Mark Richard and Kellie J. Goolsby			7 Amount of contribution (\$)
	6 Contributor address; redacted for web posting	City: Denton	State: Zip Code TX 76206	\$200.00
8 Principal occ.	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 03/22/2024	Full name of contributor Terry D. and Yolanda P. F		C (10#:	Amount of contribution (\$)
03/22/2024	Contributor address; redacted for Web	City; Little Elm	State: Zip Code TX 75068	\$200.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	dions)
Date	Full name of contributor out-of-state PAC (IDR) Anne Jones		Amount of contribution (\$)	
03/22/2024	Contributor address; redacted for web posting	City: Denton	State; Zip Code TX 76205	\$20.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	dions)
Date	Full name of contributor Ronnie I, and Ashley H. J			Amount of contribution (\$)
03/22/2024	Contributor address; redacted for web posting	City; Flower Mou	State; Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	lions)
			1	
	ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional r	

SCHEDULE A1

The	Instruction Guide explains how	to complete t	his form.	1 Total pages Schedule A1: 5
2 FILER NAME Dr. Terry A.				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Aaron Bunch	out-of-state 1	PAC (IIDR:)	7 Amount of contribution (\$)
03/25/2024	6 Contributor address; redacted for web	City: Denton	State: Zip Code TX 76205	\$95.70
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state i	PAC (IDR	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state f	PAG (IDIR)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state P	AC (IDI):	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	petion / Job title (See Instructions)		Employer (See Instruction	ions)
	ATTACH ADDITION OF CONTRIBUTION OF CONTRIBUTIO		S OF THIS SCHEDULE AS NE	

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 Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees. Food/Beverage Expense Gift/Awards/Memorisis Expense Legal Services

LoanRepayment/Reimbursement Office Overheed/Rental Expures Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District Other (enter 2 category not listed above)

The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Dr. Terry A. Senne 5 5 Payee name

4 Date Frost Bank 01/31/2024 Zip Code State: 7 Payee address; City: 6 Amount (\$) 1330 S. Loop 288 Denton TX 76205 \$10,00 (b) Description (a) Category (See Categories fixted at the top of this achedule) Bank Service Charge PURPOSE Fees OF EXPENDITURE Check if Austin, TX, officeholder fiving expense. Check if towel outside of Years. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Frost Bank 02/29/2024 State; Zip Code City; Payee address; Amount (\$) Denton 76205 \$10.00 TX 1330 S. Loop 288 Description Category (See Categories fieled at the top of this schedule) PURPOSE Bank Service Charge Fees OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name VistaPrint 03/06/2024 State: Zip Code Payee address; City; Amount (\$) \$10.83 VistaPrint.com Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Graphic Design for business cards EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

Revised 1/1/2024

expenditure to benefit C/OH

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
Contitutions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees FoodBeverage Expense (5tt/Awards/Memortals Expense Legal Services Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Priviling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transel to District
Transel Out Of District
Other (enter a category not listed above)

Total pages Schedule F1: 5	2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee name			
03/06/2024	VistaPrint			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$52.69	VistaPrint.com	Denton	TX	76201
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Business card	8	
	(G) Check if travel outside of Terror, Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/07/2024	United States Postal Service			
Amount (\$)	Payce address;	City;	State;	Zip Code
\$9.20	101 E. McKinney St.	Denton	TX	76201
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Postage Stamp	98	
	Check if travel outside of Resse, Comptele Schedule T.	Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payes name			
03/07/2024	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$9.20	2300 San Jacinto Blvd.	Denton	TX	76205
	Catagory (See Categories listed at the top of this actedule)	Description		
PURPOSE OF EXPENDITURE	Printing expenses	Black and Wh	ite copies	
	Check If travel outside of Texas. Complete Schedula T.	Check If Austin,	TX, officeholder living	g experise
	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advantising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Buverage Expense Gitt/Awards/Memorials Expense Lagel Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarian/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transel In District
Transel Out Of District
Other (enter a callagory 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 4 Date 5 Payee name 03/11/2024 Office Depot 6 Amount (\$) 7 Payee address; City; State: Zip Code \$31.92 2300 San Jacinto Blvd. Denton TX 76205 8 (a) Category (See Categories listed at the top of this achedule) (b) Description **PURPOSE** Hanging files OF Other EXPENDITURE (c) Check if knyel outside of Years, Corentate Schedule T. Check if Austin, TX, officeholder thing expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 03/14/2024 Names Badges, Inc. Amount (\$) Payee address; City; State: Zip Code \$66,76 NamesBadges.com Category (See Categories listed at the top of this echedule) Description **PURPOSE** Magnetic name badges Event expense OF EXPENDITURE Check If travel outside of Texas, Cornalete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 03/18/2024 Walmart Amount (\$) Payee address; Cltv: State: Zip Code Denton \$21.56 1515 S. Loop 288 TX 76205 Category (See Categories listed at the top of this actedule) Description **PURPOSE** Other OF EXPENDITURE Printer cartridge Check if travel outside of Taxas, Complete Schedule T. Check If Austin, TX, officeholder fiving expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
AccountingBanking
Consulting Expense
Consulting Expense
Contributions/Donations Made By
Candidate/OfficeholdsenPolitical Committee
Legal Services

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memoriels Expense

Losn Repsyment/Relimbursement Office Overhead/Rental Expense Polling Expense Philting Expense Salaries/Wagos/Contract Labor Solicitation/Fundraising Expense Transportation Equipment 8, Related Expense Transel In Dilatrict Transel Out Of Dilatrict Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form,			
1 Total pages Schedule F1: 5	2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/19/2024	Office Depot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$92.01	2300 San Jacinto Blvd.			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	Letter copies	5	
	(c) Check if travel outside of Renas. Correlate Schedule T.	Check if Aust	in, TX, officeholder Sving	expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/19/2024	VistaPrint		180	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$983.23	VistaPrint.com			
	Category (See Categories listed at the top of this achedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Push cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Anni	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/19/2024	Signs on the Cheap	47-75-7-1-1		
Amount (\$)	Payee address;	City;	State;	Zlp Code
\$35.00	SignsontheCheap.com			
	Castegory (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Yard signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	expense
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	

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
AccountingBanking
Consulting Expense
Contributions/Donations Made By
Candidata/Officeholdon/Political Committee
Contributions/Donations/

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memortals Expense Legal Services

Loan Repsyment/Rein/butternent Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Transel to District Transel Out of District Other (enters category not listed above)

Croun Card Payment	The Instruction Guida explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
5	Dr. Terry A. Senne			
4 Date	5 Payee name			
03/19/2024	Frost Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$35.00	1300 S. Loop 288	Denton	TX	76205
8	(a) Cathegory (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(C) Check if Iravel outside of Teres. Complete Schedule T.	Check if Aust	in, TX, officeholder living s	quenes
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	0	ffice held
Date	Payee name			
=				
Amount (\$)	Payee address;	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Catagory (See Categories listed at the top of this schedule)	Description		
	Check #fravel cutside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder fiving ex	pense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	O	fice 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 Rome. Complete Schedule T.	Check If Austin	ı, TX, olijosholder living est	pense
Complete ONLY if direct expenditure to benefit C/Oi-	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEF	DED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
2 FILER NAME Dr. Terry A.	Senne	3 Filer ID (Ethics Commission Filers)	
4 Date 03/15/2024	5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received; City; State 1300 S. Loop 288 Denton TX		
	7 Purpose for which amount is received Check if p Waiver of Service Charge Fees for November 2023 thre	political contribution returned to filer	
Dete	Name of person from whom amount is received	Amount (\$)	
	2 .0.	te; ZIp Code	
	Purpose for which amount is received Check if p	collitical contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State	e; ZIp Code	
	Purpose for which amount is received Check if p	colitical contribution returned to filer	
Date	Name of person from whom amount is raceived	Amount (\$)	
	Address of person from whom emount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			