# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (E	thics Commission Filers)		2 Total pages file	ed:		OFFICE	USE ONLY
3 CANDIDAT OFFICEHO NAME	110	SENA	IE	MI SUFFD	Date	DE G	E 1 V E 1
4 ORIGINAL TYPE	REPORT January 15 July 15 30th day before the day b	fore election	noff ceeded modified reportin it th day after treasurer pointment (officeholder or	Other (specify)	Rece	ipt #	Amount \$
5 ORIGINAL COVERED	_	Day Year .5 /2073 T	Month HROUGH ←	Day / 26 / 20	Year	Imaged	
6 EXPLANATOR SUSA	nadvertent nb. Isenhal	17, bint 11, 4/16	ted a po	Hical C	iontri 60,00	bution o, copy	of check
7 SIGNATUR	E   swear, or affirm,	under penalty o	f perjury, that th	is corrected re	eport is tru	e and corr	ect.
	Check ONLY if ap	plicable:					
	emiannual reports: I swe slead or to misrepre-ser				good faith a	and without	an intent to
X da da on	her reports: I swear, or te I learned that the repo ission in the report as o	affirm, that I am fi ort as originally file riginally filed was	ling this corrected ad is inaccurate of made in good fai	ith. $\bigwedge$	swear, or a	affirm, that a	ss day after the iny error or
				redacted for w			
				Signature of C	andidate/On	cerioidei	
		S ARRINGTON otary Public, State of Texa by Commission Expires October 24, 2024 NOTARY ID 559155-8	7. Senne			_ day of _ P	upril.
	for web posting	SA	upaton			Noto	uu
	cer administring oath	Printed nam	e of officer administer	ing oath		Title of officer	administering oath
		3	OR	WEST TE	1957		See Mary
(2) Unsworn	Declaration						
My nama is			а	nd my date of hir	th is		
				na my dato or on			27
100 <b>-</b> 0 (14400) (14900) (14900)		(street)		(city)		(zip code)	(country)
Executed in	Coun	y, State of	, on the	day of	nonth)	_, 20 (year)	
			-	Signature of Ca	andidate/Offic	eholder (Decl	arani)
Remembe	er To Attach Any Part C	of The Campaign	Finance Report	Form Needed	To Report	And Explai	n Corrections

#### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

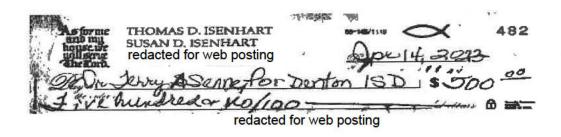
redacted for web posting

Frost

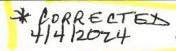
Dase 4/15/23
Name Dr. Terry furne for pention 15D
Cash
Check
Check
Total From
Other Side
Leea Cash

CR

redacted for web posting



# CANDIDATE / OFFICEHOLDER \* CORRECTES FORM COH CAMPAIGN FINANCE REPORT +14 12024 COVER SHEET PG 1



The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)  3 CANDIDATE / OFFICEHOLDER NAME FIRST MI  A .  NICKNAME LAST SUFFIX	2 Total pages OFFIC  Date Received	CE USE ONLY
OFFICEHOLDER DR. TERRY A. NICKNAME LAST SUFFIX SENNE		CE USE ONLY
NAME  NICKNAME  LAST  SUFFIX  SENNE	Date Received	
		1
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  redacted for web posting	I	
Change of Address		
OFFICEHOLDER PHONE NUMBER EXTENSION  (940) 600 - 0658		red or Date Postmarked
G CAMPAIGN MS/MRS/MR FIRST MI TREASURER MR. JEWELL F.	Receipt #	Amount \$
NAME LAST SUFFIX	Date Processed	
JOEL PLANGMAN III	Date Imaged	
TREASURER ADDRESS  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY:  redacted for web posting  DEVICEN	STATE;	76209
(Residence or Business)		
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER		
PHONE (940) 368-4372		
9 REPORT TYPE January 15 30th day before election Runoff	treasure	after campaign or appointment older Only)
July 15 8th day before election Exceeded Modified Reporting Limit	Final Re	port (Attach C/OH - FR)
10 PERIOD Month Day Year Month	Day Y	ear ear
03/25/2023 THROUGH 04/	/26/21	073
11 ELECTION ELECTION DATE ELECTION TYPE		
Month Day Year Primary Runoff Other Description	,	.
05/06/2003 & General Special DENTIC	ISDBC	ARDDF TRUE
12 OFFICE OFFICE HELD (Fany)  13 OFFICE SOUGHT (Fknown)  DF TR WST E-E-S	DENTON S- PLACE	J ISD BOARD E 6
4 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEH	HOLDER'S KNOWLEDGE OR
COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME		
Additional Pages		
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

16 C/OH NAME	ERRY A. SENNE		16 Filer	ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF ICONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR	N	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS		\$ 4,2	33,70*
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	URE.		\$	
	4. TOTAL POLITICAL EXPENDITURES			\$ 97	5.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	AINED AS OF THE LA	ST DAY	\$ 311	¥.1132*
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	FANDING LOANS AS C	F THE	\$	
40 01011571107	wear, or affirm, under penalty of perjury, that the acco	mnanving report is to	e and co	prect and inclu	ides all information
	swear, or amm, under penalty of perjury, that the acco- quired to be reported by me under Title 15, Election Code		3 MINE W		erouskii voisulutti taja al Ilota al Ilot
160	pared to the reported by the areas. The tel alleger		^		
	8		cted for	web postin	g -
		Signature of	ondidata	or Officebolds	
		Signature of V	andidate	Of Officeriold	21
Please complete either option below:					
	r rease complete out	or option boile			
(1) Affidavit	S ARRINGTON Notary Public, State of Texas				
	My Commission Expires October 24, 2024				
NOTARY STAMP/SEA	NOTATIVE PROPERTY				
	To N Carrie		14	1	O.anil
Sworn to and subscribed	before me by Terry A. Senn	this the		day of	Her.
20 24 to certify	which, witness my hand and seal of office.				
redacted for wel	posting SATTINATO	D		Noto	Ury
Signature of officer administr		oring oath		Title of office	radministering oath
	OR	TWE TO THE			
(2) Unsworn Declarati	ion				
(2) Olisworn Deciarati					
My name is		and my date of birth i	s		
	<u> </u>				
m) dad 555 to	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of, on the _			, 20	
LAGUILLA III		(mon	th)	(year)	570
		Signature of Cano	lidate/Offi	iceholder (Dec	larant)

## SUBTOTALS - C/OH

FILER NAME  20 Filer ID (Ethics Commission Filers)			
DR. TERRY A. SENNE			
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$4233.70	
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	11	\$	
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
SCHEDULE E: LOANS		\$	
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 975.38	
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 FU	\$		
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTORILER	\$		
	DR. TERRY A. SENNE CHEDULE SUBTOTALS IAME OF SCHEDULE  SCHEDULE A2: MON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI  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 FUL  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	DR. TERRY A. SENNE  CHEDULE SUBTOTALS IAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KINO) 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 C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	

## 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:			
2 FILER NAME.	DR. TERRY A. SENNE	3 Filer ID (Ethics Commission Filers)			
4 Date 3/31/23	Full name of contributor     OUTEEN SALLEE      Contributor address; City; State; Zip Code redacted for web posting  Pation / Job title (See Instructions)      Employer (See Instructions)	7 Amount of contribution (\$)  \$\frac{1}{4}500.00\$  tions)			
	Full name of contributor  Out-of-state PAC (ID#)  LEWIS TOLANS  Contributor address; City; State; Zip Code  redacted for web posting SENTON TX 76207	Amount of contribution (\$)			
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date 4/10/23	Full name of contributor  VIEKI OR TOEL PLANGMAN  Contributor address:  City: State: Zip Code  redacted for web posting  DENTON, TX 76209	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date 4115/23	Full name of contributor  SUSAN D, TSENHART  Contributor address;  City;  State; Zip Code redacted for web posting	Amount of contribution (\$)  500,00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Decrection-previously omitted unintentimally					

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.

		T	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	TERRY A. SENNE	3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor  REP, RICHARD HAVES  6 Contributor address;  redacted for web posting  DENTON, TX 7678		
	pation / Job title (See Instructions)  9 Employer (See In SELF	istructions)	
Date 4/19/23	Full name of contributor  SUSAN LENDER  Contributor address: City: State: Zip Code redacted for web posting  LENTONTX 7670	Amount of contribution (\$)  ## 5,00	
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)	
Date 41,9/23	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  45,00	
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)	
Date 4/zo/z3	Full name of contributor  DALE FRIDLEY  Contributor address; City: State; Zip Code redacted for web posting  DALLAS TX 5254	Amount of contribution (\$)  ###################################	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			

#### 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 fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME	TERRY A SENNE		3 Filer ID (Ethics Commission Filers)	
	redacted for web posting		7 Amount of contribution (\$)  #J500.00	
			,	
Date	Full name of contributor out-of-state PAC (M	Dift:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (III	*	Amount of contribution (\$)	
	Contributor address; City;	Starte; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (III	*	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				

## 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

Everit Expense Fees Food/Beverage Expense Gitl/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 (erder a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	DR. TERRY A. SEN	3 Filer ID (Ethics Commission Filers)		
4 Date 3 30 2023	5 Payee name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
#417,82	275 WYMEN ST.	WALTHAM, MA 02451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description  DEOR HANGERS+		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	BUSINESS CARDS		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
4/7/23	Payee name VISTA PRINT			
Amount (\$)	Payee address;	City; State; Zip Code		
#362,61	275 WYMEN ST.	WAITHAM, MA 02451		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Abulb is, NG Expense	Description DOOR HANGERS		
Į.	Check if travel outside of Texas, Complete Schedule T	Check is hustin, TX, officeholdes living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/10/23	OFFICE DEPOT			
Amount (\$)	Payee address;	City; State; Zip Code		
母108,78	2300 SAN JACINTO BL	1. DENTON, TX 76205		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD	OFFICE SUPPLES		
	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		
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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

LoanRepayment/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)

Ciodicardiagness	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	DR. TERRY A. SENN	E	3 Filer ID (Ethic	s Commission Filers)	
4 Date 4/12/23	6 Payee name POST OFFICE				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
节12,60	101 E. MCKINNEYS	T. DENTO	NTX	76201	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD	STAY	nPs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/5/23	WALMART				
Amount (\$)	Payee address;	City;	State;	Zīp Code	
\$73,57	15155, LOOP 288 ]	DENTON -	TX762	05	
	Category (See Categories listed at the top of this schedule)	Description		96	
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD	OFFICE	Suppl	LIES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address:	City <del>,</del>	State;	Zîp Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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

- copy of original

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE! OFFICE USE ONLY **OFFICEHOLDER** lerr NAME Date Received SUFFIX NECKNAME RINE 4 CANDIDATE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE OFFICEHOLDER MAILING **ADDRESS** redacted for web posting Change of Address PHONE NUMBER EXTENSION 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 940) 600-0658 PHONE Receipt # Amount \$ MS / MRS / MR М 6 CAMPAIGN Jewell TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged TII STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN TREASURER **ADDRESS** redacted for web posting (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE (940) 368-4372 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Day Year 10 PERIOD Month Day COVERED THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Lother Primary Runoff Day Denton 150 Bound of Trusters General 06 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Dourd THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE OFFICEHOLDERS HAVE SEEN HADE WITHOUT THE CANDIDATES OF OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

0, 1111111111			
15 C/OH NAME Dr. Tery	V A. Senne		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		CONTRIBUTIONS (OTHER THAN NTEES OF LOANS, OR RONICALLY)	s _o-
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS)	\$ 3,733,70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ _ 0 -
	4. TOTAL POLITICAL EXPENDIT	TURES	\$ 975.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	\$ 3414.11 +5
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL GUTSTANDING LOANS AS OF PERIOD	* - 0 -
	vear, or affirm, under penalty of perjury, the uired to be reported by me under Title 15, Ele		e and correct and includes all information
req	ones to be reported by the areas that is,		
	Υ.	redacted for	web posting
		Signature of Ca	indidate or Officeholder
	Please compl	ete either option below	v:
(1) Affidavít  NOTARY STAMP/SEAL	EMILY E SMITH Normy Public, State of My Commission Ex- August 04, 202 NOTARY ID 13280	pires 4:	
Sworn to and subscribed I	- 15	mn C this the	24 day of April
redacted for web	which witness my hand and seal of office.	Smith	Alaba
- Land Land Land Land Land Land Land	Control of the Contro	er administering oath	Title of officer administering oath
Signature of officer administer			
		OR	
(2) Unsworn Declaration	n		
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(month	, 20
		Signature of Candi	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

9 FILERI	NAME	ics Commission Filers)	
21 SCHED	Terry A. Seine	SUBTOTAL AMOUNT	
NAME	OFSCHEDULE	\$ 3733.70	
1.	SCHEDULEAT: MONETARY POLITICAL CONTRIBUTIONS	\$ 0-	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5 - 0	
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS	\$ -0-	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 975.38	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s 5 -0 -	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s -0-	
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 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s - C-	
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,

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Dr. Terry A. Senne	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-slate PAC (ID#:	7 Amount of contribution (S) \$ 500, 00
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/6/23 Full name of contributor out-of-state PAC (ID=	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Full name of contributor  4/11/23 Rep. Richard Hayes  Contributor address:  redacted for web posting  Full name of contributor  out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) SCF	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.

	All terms programmed hypers are				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
Dr. Terry A. Senne	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (IDA:	7 Amount of contribution (\$)				
Date Full name of contributor out-of-state PAC (IDs:	Amount of contribution (\$)				
4/19/23 Contributor address; City: State: Zip Code redacted for web posting Denton Tx. 76210	\$59				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)				
Date Full name of contributor out-of-state PAC (10#:)  4/20/23 Date Friciley  Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76207	Amount of contribution (5) 25 - 132(fee) \$23.70				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (IDN:)  4/21/23 Montgomery J. Bennett	Amount of contribution (\$)				
4/21/23 Montgomery C. Dennell State, Zip Code redacted for web posting Dallas TX 75254	\$2,500,00				
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**EventExpense** Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Patting 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)

Cledit Card Payment	The Instruction Guide explains how to co	emplete this form.				
1 Total pages Schedule F1:	Dr. Terry A Senne		3 Filer ID (Ethics	Commission Filers)		
4 Date 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Payee name		<u> </u>			
3 30 2023 6 Amount (\$)	7 Payee address:	City;	State;	Zip Code		
\$417.82	275 Wymen St.	Wattha	m, MA.	02451		
8	(a) Category (See Categories Indeed at the Logist Pole activities),	(b), Description.				
PURPOSE OF	Advertising Expense	door ham	iers busin	ess cards		
EXPENDITURE		-	in, TX, afficeholder fiving			
	(c) Check if travel outside of Texas. Complete Schedule T.			Office held		
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought		Office fletc		
Date	Payee name					
4/7/2013	Vista Print					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$362.61	275 Wymen St.	Waltha	m, MA.	02451		
	Category (See Categories listed at the lop of this schadule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	door he	angers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, afficeholder living	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OI	H					
Date	Payee name					
4/10/2023	Office Depot		and the second s			
Amount (\$)	Payee address;	Gibş,	State:	Zip Code		
\$ 108,78	2300 Jan Jecinto Blud.	Dentar	I, TX.	76205		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Overhead	office	Suppli	e5		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, afficeholder living	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH						
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/Officaholder/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	The Instruction Guide explains now to	complete ons form.		
1 Total pages Schedule F1:	Dr. Terry A. Senne	3 Filer ID (Ethics Commission Filers)		
4 Date / 1	5 Payee name			
4/12/2023	U.S. Post Office			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$12,60	101 E. Mc Kinney St.	Denton	Tx.	76201
8	(a), Category (See Cetegories listed at the Impolibic arbedula),	(b) Description		
PURPOSE OF EXPENDITURE	Office overhead	Stam	ps	
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			-Villa
4/15/2013	Walmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$73.57	1515 S. LOOD 288	Denton	Tx.	76205
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				x :
OF EXPENDITURE	office overhead	01510	ce supp	1105
	Check if travel outside of Yesus. Complete Schedule T.	Check if Austi	in, TX, officeholder living	esneque
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(	Office heid
Date	Payee name			
Date				2
Amount (\$)	Payee address,	City;	State:	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
EXPENDITURE		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living o	
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	
T .				