

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 18		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	RECEIVED APR 4 2024
	NICKNAME	LAST	SUFFIX	Date Hand-delivered / Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	Amount \$
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Date Processed	Date Imaged
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election				
Month Day Year		Month Day Year			
03 / 25 / 2023		THROUGH 4 / 26 / 2023			

6 EXPLANATION OF CORRECTION

- Inadvertently, omitted a political contribution from Susan D. Isenhardt, 4/15/2023, of \$500.00. copy of check attached.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

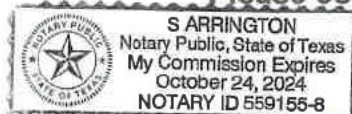
- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

redacted for web posting

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry A. Senne this the 4th 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain 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 before 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 on or after 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.

Images



redacted for web posting

Date 4/15/23

Name Dr. Terry Sinne for Denton ISD

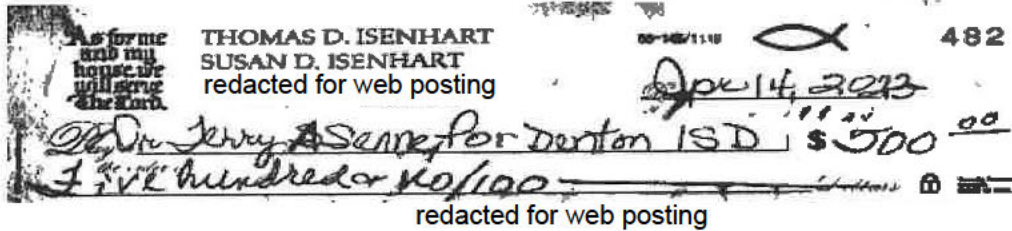
Address

Sign here for less cash

Cash	▶	
Check	▶	500.00
Check	▶	.
Total From Other Side	▶	.
Less Cash	▶	.
CR	\$	500.00

Deposit

redacted for web posting



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

* CORRECTED
4/4/2024

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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

DR.

TERRY

A.

NICKNAME

LAST

SUFFIX

SENNE

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

redacted for web posting

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

600 - 0658

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

JEWELL

F.

NICKNAME

LAST

SUFFIX

JOEL PLANGMAN

III

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

redacted for web posting

CITY;

DENTON

TX

STATE;

ZIP CODE

76209

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

368 - 4372

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

03 / 25 / 2023

THROUGH

Month

Day

Year

04 / 26 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2023

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

DENTON ISD BOARD OF TRUSTEES

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DENTON ISD BOARD
OF TRUSTEES - PLACE 6

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

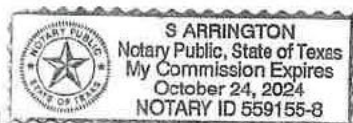
15 C/OH NAME <u>DR. TERRY A. SENNE</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,233.70*</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>975.38</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3914.11*</u> 3258.32
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 the 4th 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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4233.70 *
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	\$ 975.38
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	\$

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: 3
2 FILER NAME DR. TERRY A. SENNE		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/23	5 Full name of contributor out-of-state PAC (ID# _____) COLLEEN SALLEE 6 Contributor address; City; State; Zip Code redacted for web posting DENTON, TX 76205	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/23	Full name of contributor out-of-state PAC (ID# _____) LEWIS TOLANX Contributor address; City; State; Zip Code redacted for web posting DENTON TX 76207	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/23	Full name of contributor out-of-state PAC (ID# _____) VICKI OR JOEL PLANGMAN Contributor address; City; State; Zip Code redacted for web posting DENTON, TX 76209	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/23	Full name of contributor out-of-state PAC (ID# _____) SUSAN D. ISENHART Contributor address; City; State; Zip Code redacted for web posting DENTON, TX 76210	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>* Correction - previously omitted unintentionally</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 3
2 FILER NAME DR. TERRY A. SENNE		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/23	5 Full name of contributor out-of-state PAC (ID# _____) REP. RICHARD HAYES <hr/> 6 Contributor address; City: State: Zip Code redacted for web posting DENTON, TX 76201	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 4/19/23	Full name of contributor out-of-state PAC (ID# _____) SUSAN LENDER <hr/> Contributor address; City: State: Zip Code redacted for web posting DENTON TX 76209	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/23	Full name of contributor out-of-state PAC (ID# _____) TERESA STIENSTRAW <hr/> Contributor address; City: State: Zip Code redacted for web posting DENTON TX 76207	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/23	Full name of contributor out-of-state PAC (ID# _____) DALE FRIDLEY <hr/> Contributor address; City: State: Zip Code redacted for web posting DALLAS TX 75254	Amount of contribution (\$) \$ 23.70
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: 3
2 FILER NAME DR. TERRY A SENNE		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/23	5 Full name of contributor out-of-state PAC (ID# _____) MONTGOMERY J. BENNETT 6 Contributor address; redacted for web posting City: DALLAS, TX State: _____ Zip Code: 75254	7 Amount of contribution (\$) \$2500.00
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)

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
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: 2		2 FILER NAME DR. TERRY A. SENNE		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/2023		5 Payee name VISTA PRINT			
6 Amount (\$) \$417.82		7 Payee address; 275 WYMEN ST.		City; WALTHAM, MA	State; Zip Code 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description DOOR HANGERS + BUSINESS CARDS		
	(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 4/7/23		Payee name VISTA PRINT			
Amount (\$) \$362.61		Payee address; 275 WYMEN ST.		City; WALTHAM, MA	State; Zip Code 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description DOOR HANGERS		
	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 4/10/23		Payee name OFFICE DEPOT			
Amount (\$) \$108.18		Payee address; 2300 SAN JACINTO BLVD.		City; DENTON, TX	State; Zip Code 76205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description OFFICE SUPPLIES		
	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
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: <div style="text-align: center;">2</div>		2 FILER NAME <div style="text-align: center;">DR. TERRY A. SENNE</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">4/12/23</div>		5 Payee name <div style="text-align: center;">U. S. POST OFFICE</div>			
6 Amount (\$) <div style="text-align: center;">\$12.60</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">101 E. MCKINNEY ST. DENTON TX 76201</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">OFFICE OVERHEAD</div>		(b) Description <div style="text-align: center;">STAMPS</div>		
	<div style="display: flex; justify-content: space-between;"> (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense </div>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>					
Date <div style="text-align: center;">4/15/23</div>		Payee name <div style="text-align: center;">WALMART</div>			
Amount (\$) <div style="text-align: center;">\$73.57</div>		Payee address; City; State; Zip Code <div style="text-align: center;">1515 S. LOOP 288 DENTON TX 76205</div>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">OFFICE OVERHEAD</div>		(b) Description <div style="text-align: center;">OFFICE SUPPLIES</div>		
	<div style="display: flex; justify-content: space-between;"> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense </div>				
Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<div style="display: flex; justify-content: space-between;"> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense </div>				
Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

- copy of original

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: 7	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Dr. NICKNAME		FIRST Terry LAST Senne MI A SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting				
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (940)		PHONE NUMBER 600-0658 EXTENSION		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr. NICKNAME Joel		FIRST Jewell LAST Plangman MI F. SUFFIX III		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting Denton Tx. 76209				
8 CAMPAIGN TREASURER PHONE		AREA CODE (940)		PHONE NUMBER 368-4372 EXTENSION		
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED		Month Day Year 03 / 25 / 2023 THROUGH 04 / 26 / 2023				
11 ELECTION		ELECTION DATE Month Day Year 05 / 06 / 2023		ELECTION TYPE Primary Runoff Other Description General Special Denton ISD Board of Trustees		
12 OFFICE		OFFICE HELD (if any) —		13 OFFICE SOUGHT (if known) Board of Trustees, Pl. 6		
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		COMMITTEE TYPE GENERAL SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS 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)

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,733.70

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 975.38

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 3414.11 + 500.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 SIGNATURE

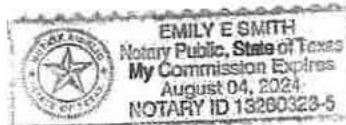
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

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 29 day of April

20 23 to certify which, witness my hand and seal of office.

redacted for web posting

Emily E. Smith

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 Filer)

SUBTOTAL
AMOUNT

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,733.70
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
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 CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: <u>2</u>
2 FILER NAME <u>Dr. Terry A. Senne</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/31/23</u>	5 Full name of contributor <u>Colleen Sallee</u> out-of-state PAC (ID#): 6 Contributor address: <u>redacted for web posting</u> City: <u>Denton, Tx 76205</u> State: Zip Code	7 Amount of contribution (\$) <u>\$ 500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/10/23</u>	Full name of contributor <u>Lewis Toland</u> out-of-state PAC (ID#): Contributor address: <u>redacted for web posting</u> City: <u>Denton, Tx 76205</u> State: Zip Code	Amount of contribution (\$) <u>\$ 100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/10/23</u>	Full name of contributor <u>Vick or Joel Plangman</u> out-of-state PAC (ID#): Contributor address: <u>redacted for web posting</u> City: <u>Denton, Tx 76209</u> State: Zip Code	Amount of contribution (\$) <u>\$ 350.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/17/23</u>	Full name of contributor <u>Rep. Richard Hayes</u> out-of-state PAC (ID#): Contributor address: <u>redacted for web posting</u> City: <u>Denton, Tx 76201</u> State: Zip Code	Amount of contribution (\$) <u>\$ 250.00</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>SELF</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 2
2 FILER NAME Dr. Terry A. Senn		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/23	5 Full name of contributor Susan Lender out-of-state PAC (ID#): Contributor address: City: State: Zip Code redacted for web posting Denton, Tx 76201	7 Amount of contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/23	Full name of contributor Teresa Stienstra out-of-state PAC (ID#): Contributor address: City: State: Zip Code redacted for web posting Denton Tx 76210	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/23	Full name of contributor Dale Fridley out-of-state PAC (ID#): Contributor address: City: State: Zip Code redacted for web posting Denton, Tx 76207	Amount of contribution (\$) 25 - 130 (fee) \$23.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/23	Full name of contributor Montgomery J. Bennett out-of-state PAC (ID#): Contributor address: City: State: Zip Code redacted for web posting Dallas Tx 75254	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 2		2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/2023		5 Payee name Vista Print			
6 Amount (\$) \$417.82		7 Payee address: City: State: Zip Code 275 Wymen St. Waltham, MA. 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description door hangers, business cards	
		(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 4/7/2023		Payee name Vista Print			
Amount (\$) \$362.61		Payee address: City: State: Zip Code 275 Wymen St. Waltham, MA. 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description door hangers	
		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 4/10/2023		Payee name Office Depot			
Amount (\$) \$108.79		Payee address: City: State: Zip Code 2300 San Jacinto Blvd. Denton, TX. 76205			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description office Supplies	
		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
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: 2		2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics Commission Filers)	
4 Date 4/12/2023		5 Payee name U.S. Post Office			
6 Amount (\$) \$12.60		7 Payee address; 101 E. McKinney St.		City; Denton	State; Tx.
				Zip Code 76201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead		(b) Description Stamps		
	(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					
Date 4/15/2023		Payee name Walmart			
Amount (\$) \$73.52		Payee address; 1515 S. Loop 288		City; Denton	State; Tx.
				Zip Code 76205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead		Description office supplies		
	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					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
PURPOSE OF EXPENDITURE		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
PURPOSE OF EXPENDITURE		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
PURPOSE OF EXPENDITURE		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED