CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

_						
1	Filer ID (Ethics Comm	ission Filers)	2 Total pages file	_	OFFICE	USEONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST AR, TERRYT NICKNAME SEANE		MI SUFFIX	APR	4 2024 D
4	ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Other (specify)	Receipt #	Amount \$
5	ORIGINAL PERIOD COVERED	Month Day Year 0 4 27 / 2023™	Month	Day Year / 17 / 2023	Date Imaged	•••
6 ع	EXPLANATION OF CO Lection CAR in this ru	npaign Finance	Report, 11/2023	made in Correction	the 8TH 5 were n	day be for
7	SIGNATURE I SWE	ar, or affirm, under penalty of	perjury, that this	s corrected report	s true and com	ect.
	Chec	k ONLY if applicable:				
	Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information of	the original report contained in the re	was made in good feport.	aith and without	an intent to
	date I learne	s: I swear, or affirm, that I am fill d that the report as originally file he report as originally filed was i	d is inaccurate or	incomplete. I swea	r, or affirm, that a	ss day after the any error or
			-	Signature of Candida	te/Officeholder	
		Please co	mnlete eithe	r option below:		
Sw 20	Affidavit NOTARY STAMP/SEA forn to and subscribed 24 , to certify redacted for web productions of officer administers.	S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2024 NOTARY ID 559155-8 before me by which, witness my hand and seal of officosting	A. Senne	this the	day of	april,
	Left Tiglish		OR			+ 1
2)	Unsworn Declarati	on				
Иy	name is		, an	d my date of birth is		
Иy	address is			i		- 12
		(street)		10. 75	e) (zip code)	(country)
χę	ecuted in	County, State of	, on the	day of (month)	, 20 (year)	ē.
				Signature of Candidate	e/Officeholder (Decl	arant)
8	Remember To Atta	ch Any Part Of The Campaign	Finance Report	Form Needed To Re	port And Explai	in 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.
- 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.

4/4/2024

CANDIDATE / OFFICEHOLDER CORRECTED REPORT OF UNEXPENDED CONTRIBUTIONS

The C/OH-UC	Instruction Guide explains how to	complete this form.	1 Filler ID (Ethics Commission Filers)
2 CANDIDATE/	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	DR. TERM	-A .	Date Received
	NCKNAME LAST	SUFF	×
	SENNI	E	1
3 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP C	ODE
OFFICEHOLDER ADDRESS	redacted for v	web posting	Date Hand-delivered or Date Postmarked
change of address			Receipt # Amount \$
4 REPORT TYPE	Annual	Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year THROUG	/ /	Date Imaged
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED F DECEMBER 31 OF THE PREVIOUS YE		OF \$ 661.39 *
	2. TOTAL AMOUNT OF INTEREST AS UNEXPENDED POLITICAL CONTRIBUT		
	ear, or affirm, under penalty of perjuitmation required to be reported by me	under Title 15, Election Co	
	_	redacted for	
			ndidate/Officeholder
(1) Affidavit		ete either option belo	DW:
NOTARY STAMP/SEAL	S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2024 NOTARY ID 559155-8		115 A 11
Sworn to and subscribed be	efore me by Terry H-S	Senne this th	day of Hori
20 24, to certify wh	hich, witness my hand and seal of office.		
redacted for web po		nation	Dotary
Signature of officer administering	noath Printed name of office	er administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	1)		
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 (mo	nth) (year)
		Signature of Car	didate/Officeholder (Declarant)

CAMPAIGN FINANCE REPORT 4/4/2024 CO FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY JERRY **OFFICEHOLDER** 70 NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE OFFICEHOLDER redacted for web posting MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **5** CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER 600-0658 (940) PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER NEWELL Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, 7 CAMPAIGN STATE; ZIP CODE TREASURER redacted for web posting DENTION TX 76209 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER (940) 368-4372 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 2023 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION IS D BOARD OF TRUSTEES 13 OFFICE SOUGHT (IF KNOWN) DENTON ISD 12 OFFICE OFFICE HELD (if any) BOARD OF TRUSTEES-PL 14 NOTICE FROM 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 INTHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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

16 C/OH NAME			16 File	er ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI		HAN	\$	
	2. TOTAL POLITICAL CONTI (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOAK	NS)	\$ 3914.	11 bal + = #3937.8
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEN	DITURES		\$ 327	6.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE	LAST DAY	\$ 327	1,39 (
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE	\$	
18 SIGNATURE I S	vear, or affirm, under penalty of perjury,	that the accompanying report is	true and co	orrect and inclu	des all information
requ	uired to be reported by me under Title 15,	Election Code.		-	
		redacted	d for web	posting	
		-			
		Signature of	Candidate	or Officeholde	r
	Please com	plete either option belo	ow:		
(1) Affidavit	S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2024 NOTARY ID 559155-8				
NOTARY STAMP/SEAL Sworn to and subscribed it	Ton O	SINN, this th	44	day of A	ncil
- 4	hich, witness my hand and seal of office.	dio di		_ day or	has .
		nton	11	lotani	
redacted for web po	g path Printed name of o	flieer administering oath	0	Title of office	administering oath
	11. 12 (125)	OR			
(2) Unsworn Declaration	n	1,000			
My name is		, and my date of birth	is		340
My address is					
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the day of(mor	nth)	20 (year)	
		Signature of Can	didate/Office	eholder (Decla	rant)

SUBTOTALS - C/OH

19	DR. TERRYA. SENNE	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23.70
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 CON	TRIBUTIONS	\$ 3276,42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
. 10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction	on Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME DR. TE	ERRY A. SENNE		3 Filer ID (Ethics Commission Filers)
4 30 123 ED	WARD FERKINS City: ted for web posting FT, WOR	State: Zip Code TH TX 76247	7 Amount of contribution (\$) 4 23,70
8 Principal occupation / Jo	b title (See Instructions)	9 Employer (See Instruction	ons)
Date Full n	ame of contributor out of state	= PAC (IDIR)	Amount of contribution (\$)
I I I I I I I I I I I I I I I I I I I	ibutor address; City;	State; Zip Code	
Principal occupation / Job	title (See Instructions)	Employer (See Instruction	ons)
Date Full no	ame of contributor out-of-state	PAC (LDM:)	Amount of contribution (\$)
Contri	butor address; City;	State; Zip Code	
Principal occupation / Job	title (See Instructions)	Employer (See Instruction	ns)
Date Full na	ame of contributor out-of-state	PAC (ID#)	Amount of contribution (\$)
Contri	butor address; City;	State; Zip Code	
Principal occupation / Job	title (See Instructions)	Employer (See Instruction	nis)

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

Event Expense Food/Beverage Expense Gift/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)

Ciedit Cald Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	DR, TERRY A. SEN		!D (Ethics Commission Filers)
4 Date 5/3/23	6 Payee name 6 RASS ROUTE PUBLIC !	RELATIONS	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
带3171.42	2201 SPINKS RD, #302	FLOWER TO	X 75022
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING	CAMPAIGA	MAILERS
	(c) Check if traveloutside of Texas. Complete Schedule T.	Check if Austin, TX, office	sholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/10/23	TEXT GURU, FLORIDA	(NIFTY WALR	15 LLC)
Amount (\$)	Payee address;	City;	State; Zip Code
	RELEIPTS + ALET. 2 My	esi Glaeji	8y7restripe
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adresisac	TEX+ MSS-	to voters
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, YX, office	sholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Catle gory (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	halder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	



CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

		La Eliza ID (Eliza e calcula Eliza)
The C/OH-UC	Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	Dr. Terry A. NICKNAME LAST SUFFIX Semme	JUN 0 6 2023
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting	Date Hand-delivered or Date Postmarked Receipt # Amount \$
change of address 4 REPORT TYPE	Annual Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year Month Day Year THROUGH	Date Imaged
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 161.39
	TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$
7 SIGNATURE I sw info	rear, or affirm, under penalty of perjury, that the accompanying report rimation required to be reported by me under Title 15, Election Code. redacted for web	posting
	Signature of Candida	te/Officeholder
NOTARY STAMP/SEAL Sworn to and subscribed l	which, witness my hand and seal of office.	6 day of June.
		Title of officer administering oath
Signature of officer administer		7 - 100
(2) Unsworn Declaration		
1	, and my date of birth is	
My address is	(cit.)	ate) (zip code) (country)
	(Street)	,
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Go	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Dr. NICKNAME	Terry LAST Senne	MI A. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT ' SUITE #; redacted for we	city: STATE; ZIP CODE	JUN 0 6 2023
Change of Address	1120 11.116		EXTENSION	BY: No State
5 CANDIDATE/ OFFICEHOLDER PHONE	(940)	600-0658	3	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN : TREASURER NAME	MS/MRS/MR MY NICKNAME	Jewell LAST	MI F. SUFFIX	Date Processed Date Imaged
	Joel	Planam	1001	STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS		for web posting	SUITE #: CITY:	Tx 76209
(Residence or Business)	1 100		JUNDIL	10. (2-)
8 CAMPAIGN TREASURER PHONE	(940) 3	68-4372	EXTENSION	
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	11 Reporting Little	
10 PERIOD COVERED	OH /	Day Year / 27/2023		/17/2023
11 ELECTION	Month Day	Year Prima Gener	Descripto	on 150 Board of Trustee
12 OFFICE	OFFICE HELD (if any)		Board of T	rustees, Place 6
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITION FOR THE CANDIDATES AND DEFICEHOLDERS ARE RE		NS ACCEPTED OR POLITICAL EXPENDITURE	ES HADE BY POLITICAL COMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		3
, additional to ago	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
		COT	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		1	
Dr. Terry	V A. Senne	16 File	or ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALI	LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU.	ARANTEES OF LOANS)	\$ 23.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,276.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	ITAINED AS OF THE LAST DAY	\$ 761.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE	\$ -0-
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the acc	companying report is true and o	correct and includes all information
re	quired to be reported by me under Title 15, Election Cod	. ∩	
	-	redacted for	web posting
		Signature of Candidat	e or Officeholder
		•	
		to a continuo bolover	
	Please complete eit	ner option below.	
annum to the	KIMBERLEY E STEVENSON		
	Notary Public, State of Texas		
	My Commission Expires July 28, 2023		
(1) Affidavit	NOTARY ID 1167809-0		
NOTARY STAMP/SE	AL		
	T. 1 1 500	p this the	day of JUNE.
		ulis tic	
20 23 to certif	ywhich, witness my hand and seal of office.	F ST 1011	2/15/211
redacted to	or web posting / //www.cele	y E. STEVENSD.	Title of officer administering oath
Signature of officer administ	tering oath Printed name of officer admini-	stering oath	Title of officer admynistering dath
	OR		
(2) Unsworn Declarate	tion		
		\$4 8/05 = 96/05/8/8/8/06/96	
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	e day of (month)	, 20 (year)
	-	Signature of Candidate/C	Officeholder (Declarant)

SUBTOTALS - C/OH

		Filer ID (Ethics Commi	ission Filers)
9 FILER	A C		
/ ('	Terry A. Senne		SUBTOTAL AMOUNT
21 SCHEI NAME	OULE SUBTOTALS OF SCHEDULE		\$ 23,78
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ ~ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s - 0 -
4.	SCHEDULE E: LOANS		\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 3,2744
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	s -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s -0 -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ -0 ~
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	The second secon	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO		s -00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER		\$ - 0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	If the requested information is not applicable, 25 to 1 molecular page	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	Dr. Terry A. Senne	3 Filer ID (Ethics Commission Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	4/31/23 Edward Perkins 6 Contributor address: City: State; Zip Code	23.70
	redacted for web posting Ft. Worth, TX. 7624	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
-	Pancipal occupation / Job title (See Instructions) Employer (See Instru	ctions)
	Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
_	Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
	Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	*
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)

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 FILER NAME		3 Filer ID (Ethics	Commission Filers)
lotal pages schedule i is	Dr. Terry A. Senne			
4 Date 5/3 /23	grass Rowtes Public Relation	ons		
6 Amount (\$)	YPayee address:	City;	State;	Zip Code
13171.42	2201 Spinks Rd. #302,	FlowerMen	nd, Tx.	75022
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Compaign Mailers	Adver		
	(c) Check if travel outside of Texas. Complete Schedule T.		tin, TX, afficeholder living	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
5/10/23	Text Guru, Florida	(NIFH WO	alrus LL	Zip Code
Amount (\$)	Payee address;	City	Siate,	219 0000
\$105.01	receipts + acct 1Myes Category (See Categories listed at the top of this schedula)	Gldeji 8	17rastri	pe, com
	Category (See Categories listed at the top of this schedula)	Description		
PURPOSE OF EXPENDITURE	text msa to voters	Adver	tising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASN	EEDED	10