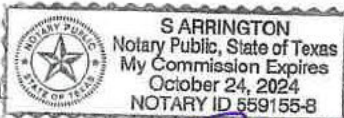


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>13</u>		OFFICE USE ONLY <div style="border: 2px solid blue; padding: 5px; text-align: center;">RECEIVED APR 4 2024</div>	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI <u>DR. TERRY A.</u> NICKNAME LAST SUFFIX <u>SENNE</u>					
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>04/27/2023</u> THROUGH <u>07/17/2023</u>		Date Received By <u>SA</u> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
6 EXPLANATION OF CORRECTION <u>Based on correction made in the 8th day before election Campaign Finance Report, corrections were needed in this report (4/27-7/17/2023).</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <div style="text-align: center;"><u>redacted for web posting</u> Signature of Candidate/Officeholder</div>					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP / SEAL 					
Sworn to and subscribed before me by <u>Terry A. Senne</u> this the <u>4th</u> day of <u>April</u> , 20 <u>24</u> , to certify which, witness my hand and seal of office. <u>redacted for web posting</u> Signature of officer administering oath <u>S Arrington</u> Printed name of officer administering oath <u>Notary</u> 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.

4/4/2024

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

CORRECTED

FORM C/OH-UC COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE /
OFFICEHOLDER
NAME

MS/MRS/MR

FIRST

MI

DR.

TERRY

A.

NICKNAME

LAST

SUFFIX

SENNE

OFFICE USE ONLY

Date Received

3 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

redacted for web posting

☐ change of address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT
TYPE☐ Annual☐ Final Disposition

Date Processed

5 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF
DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 661.39

*

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON
UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$

7 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.

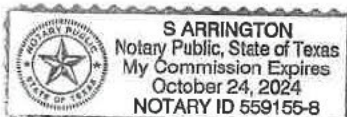
redacted for web posting

Signature of Candidate/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)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

*CORRECTED REPORT
4/14/2024

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: <u>5</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>DR.</u> FIRST <u>TERRY</u> MI <u>A.</u> <hr/> NICKNAME _____ LAST <u>SENNE</u> SUFFIX _____		OFFICE USE ONLY Date Received _____ Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">redacted for web posting</p>		
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <u>(940)</u> <u>600-0658</u>			
6 CAMPAIGN TREASURER NAME MS / MRS / MR <u>MR.</u> FIRST <u>JEWELL</u> MI <u>F.</u> <hr/> NICKNAME _____ LAST <u>PLANGMAN</u> SUFFIX <u>III</u>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">redacted for web posting <u>DENTON TX 76209</u></p>			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <u>(940)</u> <u>368-4372</u>			
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 checked="" type="checkbox"/> July 15 <input 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 Month Day Year <u>04 / 27 / 2023</u> THROUGH <u>07 / 17 / 2023</u>			
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 06 / 23</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>DENTON ISD BOARD OF TRUSTEES PLACE 6</u>			
12 OFFICE OFFICE HELD (if any) _____		13 OFFICE SOUGHT (if known) <u>DENTON ISD BOARD OF TRUSTEES - PL 6</u>	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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

16 C/OH NAME

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)

\$ 3914.11 bal +
23.70 = \$3937.81 (*)

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3276.42

CONTRIBUTION
BALANCE

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

\$ 661.39 (*)

OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

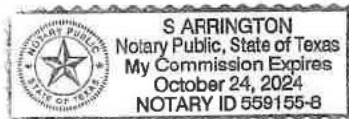
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

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

20 24, to certify which, witness my hand and seal of office.

redacted for web posting

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	\$ 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 CONTRIBUTIONS	\$ 3276.42
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: <u>1</u>
2 FILER NAME <u>DR. TERRY A. SENNE</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/30/23</u>	5 Full name of contributor <small>out-of-state PAC (ID# _____)</small> <u>EDWARD PERKINS</u> <hr/> 6 Contributor address; <small>City; State; Zip Code</small> redacted for web posting <u>FT. WORTH TX 76247</u>	7 Amount of contribution (\$) <u>\$23.70</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <hr/> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <hr/> Contributor address; <small>City; State; Zip Code</small>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small> <hr/> Contributor address; <small>City; State; Zip Code</small>	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 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1	DR. TERRY A. SENNE			
4 Date	5 Payee name			
5/3/23	GRASSROUTE PUBLIC RELATIONS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3171.42	2201 SPINKS RD. #302	FLOWER MOUND TX		75022
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	ADVERTISING		CAMPAIGN MAILERS	
<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	Payee name			
5/10/23	TEXT GURU, FLORIDA (NIFTY WALRUS LLC)			
Amount (\$)	Payee address;	City;	State;	Zip Code
	RECEIPTS + ACCT. 1 Mye51G1deji18y7r@stripe.com			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Advertising		Text msg to voters	
<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 <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	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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 <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>				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

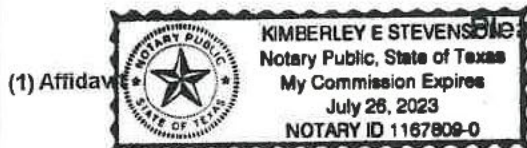
**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI <u>Dr. Terry A.</u> NICKNAME LAST SUFFIX <u>Jenne</u>	OFFICE USE ONLY Date Received RECEIVED JUN 06 2023 BY: <u>KS</u> Date Hand-delivered or Date Postmarked
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting	Receipt # Amount \$
4 REPORT TYPE <input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition		Date Processed
5 PERIOD COVERED Month Day Year Month Day Year <u>/ /</u> THROUGH <u>/ /</u>		Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <u>161.39</u>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$

7 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/Officeholder



Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Terry A. Senne this the 6 day of June.

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

redacted for web posting

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)

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:

6 6 3

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Dr.

Terry

A.

NICKNAME

LAST

SUFFIX

Senne

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

redacted for web posting

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

600-0658

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Jewell

F.

NICKNAME

LAST

SUFFIX

Joel

Plangman

III

7 CAMPAIGN
TREASURER
ADDRESS

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

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

Month

Day

Year

04 / 27 / 2023

THROUGH

07 / 17 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

Primary

Runoff

Other
Description

05 / 06 / 2023

General

Special

Denton ISD Board of Trustees

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>23.70</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,276.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>161.39</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—0—</u>

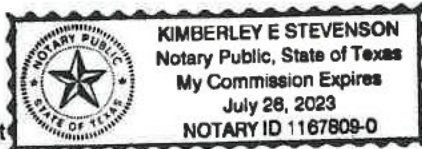
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 6 day of June, 2023, to certify which, witness my hand and seal of office.

redacted for web posting Kimberley E. STEVENSON 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)

SUBTOTAL
AMOUNT

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23.78
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	\$ 3,276.42
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: 1
2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/23	5 Full name of contributor Edward Perkins out-of-state PAC (ID#):	7 Amount of contribution (\$) 23.70
6 Contributor address: redacted for web posting City: Ft. Worth, TX State: Zip Code 76247		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
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)
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)
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)

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)
	Dr. Terry A. Senne		
4 Date	5 Payee name		
5/3/23	Grass Routes Public Relations		
6 Amount (\$)	7 Payee address: City: State: Zip Code		
\$3,711.42	2201 Spinks Rd. #302, Flowermound, Tx. 75022		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Campaign Mailers		Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
5/10/23	Text Guru, Florida (Nifty Walrus LLC)		
Amount (\$)	Payee address: City: State: Zip Code		
\$105.00	receipts + acct 1Mye5IGldeji8y7r@stripe.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	text msg to voters		Advertising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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 Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED