

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: <div style="text-align: center; font-size: 24pt;">10</div>														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24pt;">TERRY</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt;">LYNNE</div>	OFFICE USE ONLY Date Received <div style="font-size: 36pt; color: blue; font-weight: bold;">SCANNED</div> <div style="color: red; font-size: 18pt;">APR 12 2019</div> <div style="color: red; font-size: 18pt;">4/2/19</div> <div style="color: red; font-size: 18pt;">Rcvd At 3:19pm</div> <div style="color: blue; font-weight: bold; font-size: 18pt;">CITY MANAGER'S OFFICE</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged									
Receipt #	Amount \$																
Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24pt;">13215 GEORGE ST., FARMERS BRANCH, TX 75234</div>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24pt;">(214) 244-1615</div>																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24pt;">DEBORAH</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt;">BOWE</div>																
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24pt;">3464 CHAPARRAL, FARMERS BRANCH, TX 75234</div>																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24pt;">(972) 741-9685</div>																
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">1</td> <td style="text-align: center; font-size: 24pt;">/ 16</td> <td style="text-align: center; font-size: 24pt;">/ 19</td> <td></td> <td style="text-align: center; font-size: 24pt;">4</td> <td style="text-align: center; font-size: 24pt;">/ 4</td> <td style="text-align: center; font-size: 24pt;">/ 19</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	/ 16	/ 19		4	/ 4	/ 19
Month	Day	Year	THROUGH	Month	Day	Year											
1	/ 16	/ 19		4	/ 4	/ 19											
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24pt;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special															
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 24pt;">CITY COUNCIL, DISTRICT 4</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 24pt;">SAME</div>															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME TERRY LYNNE **15 Filer ID** (Ethics Commission Filers)

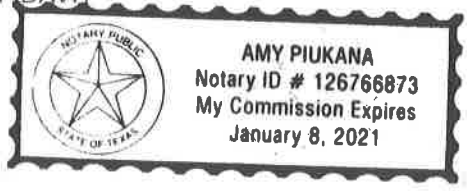
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4836.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,526.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

18 AFFIDAVIT



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 16, Election Code.

Terry Lynne
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Terry Lynne, this the 3 day of April, 2019, to certify which, witness my hand and seal of office.

Amy Piukana Signature of officer administering oath
Amy Piukana Printed name of officer administering oath
City Secretary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>TERRY LYNNE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8050.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>15,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4836.02</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME TERRY LYNNE		3 Filer ID (Ethics Commission Filers)
4 Date 2-21-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTY SUPINSKI	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 13232 KERR TRAIL, FARMERS BRANCH, TX 75234		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-22-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT DAVIS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2028 SELMA LN., FARMERS BRANCH, TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERNEST TILLER	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 13570 CRESTMOORE DR., FARMERS BRANCH, TX 75234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE REYNOLDS	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 12117 BRISBANE AVE., FARMERS BRANCH, TX 75234		
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME TERRY LYNNE		3 Filer ID (Ethics Commission Filers)
4 Date 1-17-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE BENOIT 6 Contributor address; City; State; Zip Code 3412 GATWICK PLACE FARMERS BRANCH TX 75234	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-19-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL MENDIAS Contributor address; City; State; Zip Code 3105 BROOKHOLLOW DR., FARMERS BRANCH 75234	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-21-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN VICKERS Contributor address; City; State; Zip Code 2965 RANDY LANE, FARMERS BRANCH 75234	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-22-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY HARDIE Contributor address; City; State; Zip Code 2731 BAY MEADOWS CIR, FARMERS BRANCH 75234	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME TERRY LYNNE		3 Filer ID (Ethics Commission Filers)
4 Date 3-5-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOJALD HUFFINES 6 Contributor address; City; State; Zip Code 8200 DOUGLAS AVE #300 DALLAS, TX 75225	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTOR LISSIAK Contributor address; City; State; Zip Code 4205 BELTWAY DR, ADDISON, TX 75001	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-18-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG ROEMER Contributor address; City; State; Zip Code 1519 MEETING STREET, SOUTHLAKE, TX 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-27-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM GLANCY Contributor address; City; State; Zip Code 3808 WOODED CREEK DR., FARMERS BRANCH, TX 75244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

TERRY LYNNE

3 Filer ID (Ethics Commission Filers)

4 Date

3-13-19

5 Full name of contributor out-of-state PAC (ID#: _____)

KIRK WILSON

7 Amount of contribution (\$)

5000.00

6 Contributor address; City; State; Zip Code

4418 BROOKVIEW DR., DALLAS, TX 75220

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-27-19

Full name of contributor out-of-state PAC (ID#: _____)

MICHELLE HOLMES

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

14621 CHERRY HILLS DR., FARMERS BRANCH, TX 75234

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME TERRY LYNNÉ	3 Filer ID (Ethics Commission Filers)
4 Date 2-13-19	5 Payee name THE FIREHOUSE THEATER	
6 Amount (\$) 316.00	7 Payee address; City; State; Zip Code 2535 VALLEY VIEW LN., FARMERS BRANCH, TX 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MARKETING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 2-22-19	Payee name MURPHY NASICA		
Amount (\$) 500.00	Payee address; City; State; Zip Code 815-A BRAZOS STREET, SUITE 304, AUSTIN, TX 78701		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense MONTHLY CONSULTING EXPENSE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-22-19	Payee name THREE NATIONS BREWING Co.		
Amount (\$) 250.00	Payee address; City; State; Zip Code 2405 SQUIRE PLACE, FARMERS BRANCH, TX 75234		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME TERRY LYNNE	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-19	5 Payee name CAMPISI'S RESTAURANTS	
6 Amount (\$) 518.27	7 Payee address; City; State; Zip Code 5520 LBJ FWY., SUITE 370, DALLAS, TX 75240	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3-1-19	Payee name COMMERCIAL PRINTING, INC	
Amount (\$) 188.16	Payee address; City; State; Zip Code POBox 29672, DALLAS, TX 75229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check If travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3-14-19	Payee name THE BRANCH CONNECTION	
Amount (\$) 500.00	Payee address; City; State; Zip Code 14055 DENNIS ROAD, FARMERS BRANCH, TX 75234	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SENIOR BREAKFAST
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME TERRY LYNNE	3 Filer ID (Ethics Commission Filers)
4 Date 3-18-19	5 Payee name THE KOCH COMPANY	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 12254 BRISBANE, FARMERS BRANCH, TX 75234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTION SIGNS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4-4-19	Payee name ANEDOT	
Amount (\$) 220.60	Payee address; City; State; Zip Code 5555 HILTON AVE., SUITE 106, BATON ROUGE, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION ONLINE PROCESSING 3/4/19 - 4/4/19
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4-2-19	Payee name MURPHY NASICA	
Amount (\$) 1942.99	Payee address; City; State; Zip Code 815-A BRAZOS STREET, SUITE 304, AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIRECT MAIL
	9 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