

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:

12

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Mrs	Loretta	G		
	NICKNAME	LAST	SUFFIX	Date Received	
	Lori	Tays			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	redacted for web posting				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(817)	805-1515			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
	Mr	David		Receipt #	
	NICKNAME	LAST	SUFFIX	Amount \$	
		Olivas		Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:
	201 Northwood Drive, Apt 400				ZIP CODE
	Flower Mound, TX 75022				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(817)	454-8209			
9 REPORT TYPE	<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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	Month	Day
	02	15	23	THROUGH	03
					27
					23
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	Primary	Runoff
	05	06	23	General	Special
				Other Description	
				School Board	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	N/A		Denton ISD School Board, 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			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Lori Tays

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)	\$	2581.72
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2581.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	781.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1800.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

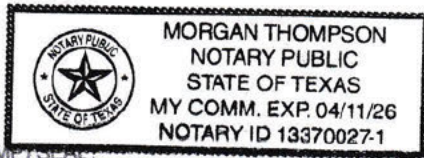
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
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 Lorella Tays this the 06 day of April

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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Lori Tays

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2581.72
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	\$ 100.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 481.00
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	\$ 200.00
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 of 6
2 FILER NAME Lori Tays		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/23	5 Full name of contributor out-of-state PAC (ID# _____) Gina Daly	7 Amount of contribution (\$) 50.00
6 Contributor address; redacted for web posting City: Lantana, TX State: Zip Code 76226		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/21/23	Full name of contributor out-of-state PAC (ID# _____) Cathy J Snyder	Amount of contribution (\$) 104.42
Contributor address; redacted for web posting City: Denton, TX State: Zip Code 76205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor out-of-state PAC (ID# _____) Martha Andrews	Amount of contribution (\$) 25.00
Contributor address; redacted for web posting City: Denton, TX State: Zip Code 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor out-of-state PAC (ID# _____) Marjorie Bose	Amount of contribution (\$) 26.34
Contributor address; redacted for web posting City: Lantana, TX State: Zip Code 76226		
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: 2 of 6
2 FILER NAME Lori Tays		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/23	5 Full name of contributor out-of-state PAC (ID# _____) Mona Hunt	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code redacted for web posting Argyle, TX 76226	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/23	Full name of contributor out-of-state PAC (ID# _____) Donna Featherstone	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code redacted for web posting Argyle, TX 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor out-of-state PAC (ID# _____) Rebecca Hobgood	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code redacted for web posting Lantana, TX 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor out-of-state PAC (ID# _____) Marian Levinstein	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code redacted for web posting Concord, MA 01742	
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 of 6
2 FILER NAME Lori Tays		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor Heather Botelho out-of-state PAC (ID#: _____) 6 Contributor address; redacted for web posting City: Lantana, TX 6226 State: Zip Code	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/1/23	Full name of contributor David R Moreno out-of-state PAC (ID#: _____) Contributor address; redacted for web posting City: Bartonville, TX 6226 State: Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/23	Full name of contributor Rebecca Bertoni out-of-state PAC (ID#: _____) Contributor address; redacted for web posting City: Argyle, TX 6226 State: Zip Code	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/23	Full name of contributor Grace Olivas out-of-state PAC (ID#: _____) Contributor address; redacted for web posting City: Flower Mound, TX 75022 State: Zip Code	Amount of contribution (\$) 104.42
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: 4 of 6
2 FILER NAME Lori Tays		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor out-of-state PAC (ID#: _____) Lindsey Smith	7 Amount of contribution (\$) 52.37
6 Contributor address; City; State; Zip Code redacted for web posting Lantana, TX 76226		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/23	Full name of contributor out-of-state PAC (ID#: _____) Amy Davidson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code redacted for web posting Seattle, WA 98121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/23	Full name of contributor out-of-state PAC (ID#: _____) Brian Beck	Amount of contribution (\$) 208.54
Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/23	Full name of contributor out-of-state PAC (ID#: _____) Ivy Eugene Kirkpatrick	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76209		
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: 5 of 6
2 FILER NAME Lori Tays		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Full name of contributor out-of-state PAC (ID# _____) MyChaka Young	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code redacted for web posting Farmers Branch, TX 75234		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID# _____) Elaine Fannin	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/23	Full name of contributor out-of-state PAC (ID# _____) Linda Wallace	Amount of contribution (\$) 104.42
Contributor address; City; State; Zip Code redacted for web posting Denton, TX 76205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/23	Full name of contributor out-of-state PAC (ID# _____) Justin Chapa	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code redacted for web posting Arlington, TX 76017		
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: 6 of 6
2 FILER NAME Lori Tays		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/23	5 Full name of contributor out-of-state PAC (ID# _____) Dalton R Gregory	7 Amount of contribution (\$) 100.00
6 Contributor address; redacted for web posting City: Denton, TX State: Zip Code 76209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/26/23	Full name of contributor out-of-state PAC (ID# _____) Anna Lam	Amount of contribution (\$) 52.37
Contributor address; redacted for web posting City: Denton, TX State: Zip Code 76205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/23	Full name of contributor out-of-state PAC (ID# _____) Phyllis P Minton	Amount of contribution (\$) 200.00
Contributor address; redacted for web posting City: Denton, TX State: Zip Code 76209		
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	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: 1	2 FILER NAME Lori Tays	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Payee name Denton County Grassroots Consulting	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting/Voter Data
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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	
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	
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	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Lori Tays	3 Filer ID (Ethics Commission Filers)
-----------------------------------	----------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 481.00
--	-----------

5 Date 3/21/23	6 Payee name Duotone
--------------------------	--------------------------------

7 Amount (\$) 481.00	8 Payee address; 381 Casa Linda Plaza, Dallas TX 75218	City;	State;	Zip Code
--------------------------------	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Reset Form

Reset Page

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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	
Amount (\$) Reimbursement from political contributions intended	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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	
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