

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Terry	MI A.
	NICKNAME	LAST Senne	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	redacted for web posting		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 600-0658	EXTENSION
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jewell
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	NICKNAME Joel	LAST Plangman	SUFFIX III
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 368-4372	EXTENSION
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 02 / 14 / 2023	THROUGH	Month Day Year 03 / 24 / 2023
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Denton ISD Board of Trustees
	12 OFFICE OFFICE HELD (if any) -	13 OFFICE SOUGHT (if known) Board of Trustees Pl. 6	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	

OFFICE USE ONLY

Date Received
2023 MAR 27 PM 1:34

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

DENTON ISD
 ADMIN SERVICES

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

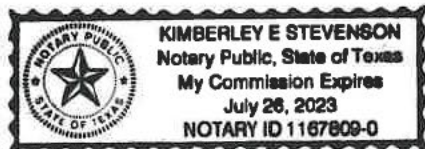
15 C/OH NAME <i>Dr. Terry A. Senne</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>- 0 -</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,700.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>- 0 -</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,244.21</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>455.79</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>200.00</i>

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 Signature]
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 *27* day of *MARCH*, 20*23*, to certify which, witness my hand and seal of office.

[Redacted Signature] Signature of officer administering oath
Kimberley E. Stevenson Printed name of officer administering oath
Notary 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____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Dr. Terry A. Senne</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,700.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	SCHEDULE E: LOANS	\$ <i>200.00</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,244.21</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-0-</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>-0-</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-0-</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-0-</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/23	5 Full name of contributor out-of-state PAC (ID#: _____) Vicki or Joel Plangman	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code redacted for web posting, Denton, Tx. 76209	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Ronnie or Anne Jones	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code redacted for web posting, Denton Tx 76205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Mary A. or John L. Kuhfeldt	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code redacted for web posting, Denton Tx 76201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor out-of-state PAC (ID#: _____) Jimmy & Jean Bassinger	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code redacted for web posting, Highland Vlg., Tx. 75077	
Principal occupation / Job title (See Instructions) Retired		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
2 FILER NAME Dr. Terry A. Senne		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor out-of-state PAC (ID#: _____) H. Peyton & Jana Inge	7 Amount of contribution (\$) \$350.00
	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 3/14/23	Full name of contributor out-of-state PAC (ID#: _____) Deborah Avellano	Amount of contribution (\$) \$350.00
	Contributor address; City; State; Zip Code redacted for web posting Corinth, TX. 76208	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/23	Full name of contributor out-of-state PAC (ID#: _____) Terry D. Goach	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code redacted for web posting Little Elm, Tx. 75068	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/23	Full name of contributor out-of-state PAC (ID#: _____) Mary Ann John L. Kuhfeldt	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code redacted for web posting Denton TX. 76201	
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.

LOANS

SCHEDULE E

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 E: <u>1</u>
2 FILER NAME <u>Dr. Terry A. Senne</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>\$ 200.00</u>
5 Date of loan <u>2/17/23</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terry A. Senne</u>	9 Loan Amount (\$) <u>\$ 200.00</u>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <u>redacted for web posting</u> <u>Denton, TX. 76205</u>	10 Interest rate <u>—</u>
		11 Maturity date <u>—</u>
12 Principal occupation / Job title (See Instructions) <u>Retired</u>		13 Employer (See Instructions)
14 Description of Collateral <u>none</u>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <u>N/A</u> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <u>none</u>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender 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: <u>3</u>	2 FILER NAME <u>Dr. Terry A. Senne</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/27/23</u>	5 Payee name <u>Namebadges.com</u>	
6 Amount (\$) <u>\$60.48</u>	7 Payee address; City; State; Zip Code <u>1544 North Eighth St., Manitowoc, WI. 54220</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>name badges</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>2/27/23</u>	Payee name <u>VistaPrint</u>	
Amount (\$) <u>\$56.65</u>	Payee address; City; State; Zip Code <u>275 Wymen St. Waltham, MA. 02451</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>business cards</u>
	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
Date <u>2/27/23</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>\$92.85</u>	Payee address; City; State; Zip Code <u>2300 San Jacinto Blvd. Denton, Tx. 76205</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	Description <u>office supplies</u>
	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

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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: <u>3</u>	2 FILER NAME <u>Dr. Terry A. Senne</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/09/23</u>	5 Payee name <u>U.S. Post office</u>	
6 Amount (\$) <u>\$9.60</u>	7 Payee address; <u>101 E. McKinney</u>	City; State; Zip Code <u>Denton TX. 76201</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	(b) Description <u>stamps</u>
	(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 <u>3/10/23</u>	Payee name <u>Tad Preston</u>	
Amount (\$) <u>\$219.68</u>	Payee address; <u>13379 Bayfield Dr.</u>	City; State; Zip Code <u>Frisco Tx. 75033</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Solicitation</u>	Description <u>WIX + hosting website</u>
	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 <u>3/10/23</u>	Payee name <u>VistaPrint</u>	
Amount (\$) <u>\$227.95</u>	Payee address; <u>275 Wymen St.</u>	City; State; Zip Code <u>Waltham, MA. 02451</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>door hangers</u>
	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Dr. Terry A. Senne	3 Filer ID (Ethics Commission Filers)
4 Date 3/20/23	5 Payee name Frost Bank	
6 Amount (\$) \$30.-	7 Payee address: 1330 S. Loop 288	City; State; Zip Code Denton, Tx. 76205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description wire transfer fee - Polibot
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/23	Payee name Polibot, LLC		
Amount (\$) \$1547.00	Payee address: 2714 Halsey Dr.	City; State; Zip Code Flower Mound, Tx. 75028	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard signs	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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