

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI LYNN SPERRY <hr/> NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 3757 C.R. 325 MCKINNEY TX 75069	Date Received <i>none</i> 4:04 pm 4-6-23	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 672-3413	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI ROBBIE CLARK MR. <hr/> NICKNAME LAST SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1800 REPBUd BLVD. MCKINNEY TX 75069		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 533-8913		
9 REPORT TYPE	<input checked="" 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 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 THROUGH Month Day Year 01 / 26 / 2023 THROUGH 03 / 31 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 2023	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) MCKINNEY ISD TRUSTEE	13 OFFICE SOUGHT (if known) MISD TRUSTEE	
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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

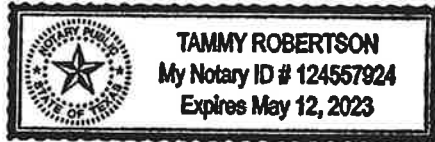
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4744.83
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4744.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4856.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 4856.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4744.83
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.

Lynn Sperry
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lynn Sperry this the 16th day of April 2023, to certify which, witness my hand and seal of office.

Tammy Robertson Tammy Robertson 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)

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 FILER NAME LYNN SPERRY		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERYL HARGROVE	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 1905 CANYON CREEK DR. MCKINNEY, TX 75072		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LO HOLMAN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1815 W. MIDWAY ST, MCKINNEY TX 75069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALISON PASCALE	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2610 CEDARWOOD CT, MCKINNEY TX 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL SHIRAR	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 5801 OLDHAM DR MCKINNEY TX 75070		
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

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2 FILER NAME LYNN SPERRY		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBIE CLARK	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 1800 REPBUD BLVD, TX 75069 MCKINNEY		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME LYNN SPERRY		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE N. CLEVELAND	7 Amount of contribution (\$) \$50.⁰⁰
6 Contributor address; City; State; Zip Code 14080 REDWOOD CIRCLE SOUTH MCKINNEY TX 75071		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABBEY CRAMER	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 4320 CR 463 PRINCETON TX 75407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATY BETTNER	Amount of contribution (\$) \$ 2000.⁰⁰
Contributor address; City; State; Zip Code 311 N. COLLEGE MCKINNEY TX 75069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRA DAHLMAN	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 6812 RAVENWOOD DR MCKINNEY TX 75072		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME LYNN SPERRY		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BARBARA LINXWILER	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 560 CACTUS LA, TX 75069 FAIRVIEW		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAM SEXTON	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2404 PROVINE RD, TX 75072 MCKINNEY		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOE OWNBEY	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4524 WHITEHALL & TX 75070 MCKINNEY		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TERESA SPRIESTER	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 8904 PAPA TRAIL TX 75070 MCKINNEY		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME LYNN SPERRY		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS RIPPEE	7 Amount of contribution (\$) \$ 500.⁰⁰
6 Contributor address; City; State; Zip Code 2012 CHESSINGTON LANE TX 75072 MCKINNEY		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA WALLACE	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 392 PARKVILLAGE DR. AVENUE FAIRVIEW TX 75069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE LUCAS	Amount of contribution (\$) \$ 25.⁰⁰
Contributor address; City; State; Zip Code 3501 CHERRY BLOSSOM LN MCKINNEY TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLIE PHILIPS	Amount of contribution (\$) \$ 500.⁰⁰
Contributor address; City; State; Zip Code 2301 VIRGINIA MCKINNEY TX 75071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		