

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
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

4-28-2023
3:26pm

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX. APT / SUITE #. CITY. STATE ZIP CODE
3757 COUNTY RD TX 75069
325 MCKINNEY

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA COOF PHONE NUMBER EXTENSION
(972) 672-3413

Receipt # Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
ROBERT CLARK
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE ZIP CODE
913 SUMMER LA. MCKINNEY TX 75071

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 533-8913

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 THROUGH Month Day Year

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05/06/2023 General Special SCHOOL BOARD

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
TRUSTEE MCKINNEY ISD

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.

Additional Pages

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

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)	\$ 8350. ⁰⁰
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ _____
	4.	TOTAL POLITICAL EXPENDITURES	\$ 4856. ⁴⁴
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8350. ⁰⁰
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.

Lynn Sperry
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Lynn Sperry* and my date of birth is *09/28/1945*
My address is *3757 County Rd 325 McKinney Tx 75069 Collin*
(street) (city) (state) (zip code) (country)
Executed in *Collin* County State of *Texas* on the *28th* day of *April* 20*23*
(month) (year)
Lynn Sperry
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 4/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT TEMPLE	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 6800 ANTHEM CT TX 75071 MCKINNEY		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK RADKE	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2601 PROUINE RD TX 75072 MCKINNEY		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT CLARK	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 913 SUMMER LA TX 75071 MCKINNEY		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWNA HUBERT	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 400 SHILOH DR, LUCAS TX 75002		
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 FILER NAME <p style="text-align: center; font-size: 1.2em;">LYNN SPERRY</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">4/18/2023</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">WILL HODGES</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$1,000.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">4802 ARBOR GLEN DR, TX 75072 MCKINNEY</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">4/18/2023</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">GERE FELTUS</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$250</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">317 BACHMAN CREEK DR, TX 75072 MCKINNEY</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">4/18/2023</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">ROCIO GOSEWEHR</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2120 BRUGGE CT PLANO TX 75025</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">4/18/2023</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">PATTI CHURNER</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$250</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">6831 COTTAGE HILL LA TX 75009 CELINA</p>		
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>		

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 <p style="text-align: center; font-size: 1.2em;">LYNN SPERRY</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">4/18/2013</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; text-align: center;">BRIAN MANTLEY</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em; text-align: center;">\$125</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em; text-align: center;">6813 NORMAL ROCKWELL TX 75071 MCKINNEY LA</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>LYNN SPERRY</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/10/2023</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE STEVENS</u>	8 Amount of Contribution \$ <u>1975.⁰⁰</u>	9 In-kind contribution description
7 Contributor address; <u>LUBBOCK</u> State: <u>TX</u> Zip Code <u>79413</u> <u>6923 INDIANA AVE BOX 292</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME LYNN SPERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 300	
5 Date 2/7/2023	6 Payee name COMMUNITY IMPACT NEWSP	
7 Amount (\$) \$300.00	8 Payee address; 7460 WARREN PARKWAY FRISCO	City; State; Zip Code TX 75034
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)	(b) Description
	ADVERTISING	
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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officaholder 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

Posted transactions

COMMUNITY IMPACT NEWSP

Feb 7th, 2023

\$300.00
300 AAdvantage[®] miles 

TOTAL

02/17/23

\$300.00

Purchases

\$0.00

Credits

300

Rewards earned

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME <i>LYNN SPERRY</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>5,420.03</i>	
5 Date <i>4/10/2023</i>	6 Payee name <i>COMMUNITY IMPACT NEWSP</i>	
7 Amount (\$) <i>\$1,075.00</i>	8 Payee address; City; State; Zip Code <i>7460 WARREN PARKWAY FRISCO TX 75034</i>	
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) <i>ADVERTISING</i>	(b) Description
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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
	<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

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME LYNN SPERRY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5142.03	
5 Date 4/10/2023	6 Payee name COMMUNITY IMPACT NEWSP	
7 Amount (\$) \$2075.00	8 Payee address; City; State; Zip Code 7460 WARREN PARKWAY FRISCO TX 75034 STE. 160	
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) ADVERTISING	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/10/2023	Payee name COMMUNITY IMPACT NEWSP	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7460 WARREN PARKWAY FRISCO TX 75034 STE 160	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expenses
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 F4:	2 FILER NAME LYNN SPERRY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 5442.03
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5 Date 3/28/2023	6 Payee name PAYPAL VISTA PRINTC
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7 Amount (\$) 1,441.08	8 Payee address: 275 WYMAN ST. WAITHAM MA 02451	City: WAITHAM	State: MA	Zip Code 02451
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/2023	Payee name ALPHA MEDIA LLC.-NORT
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Amount (\$) 186.00	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:		2 FILER NAME LYNN SPERRY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 5,442.03	
5 Date 2/7/2023		6 Payee name COMUNITY IMPACT NEWSP			
7 Amount (\$) \$300		8 Payee address; 7460 WARREN PARKWAY STE 160		City; FRISCO	State; TX
				Zip Code 75034	
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) ADVERTISING		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date 3/22/2023		Payee name ISTOCK PHOTO.COM			
Amount (\$) \$64.95		Payee address;		City;	State; Zip Code
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description ARTWORK	
		<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Posted transactions

COMMUNITY IMPACT NEWSP
Apr 10th, 2023

Easy Pay eligible \$1,075.00 +
1,075 AAdvantage[®] miles

COMMUNITY IMPACT NEWSP
Apr 10th, 2023

Easy Pay eligible \$300.00 +
300 AAdvantage[®] miles

COMMUNITY IMPACT NEWSP
Apr 10th, 2023

Easy Pay eligible \$2,075.00 +
2,075 AAdvantage[®] miles

ARC Payment Received
Apr 9th, 2023

- \$4,856.44 +

Alpha Media LLC - Nort
Apr 6th, 2023

Easy Pay eligible \$186.00 +
186 AAdvantage[®] miles

PAYPAL *VISTAPRINTC
Mar 28th, 2023

Easy Pay eligible \$1,441.08 +
1,441 AAdvantage[®] miles

CKO*WWW.ISTOCKPHOTO.CO
Mar 22nd, 2023

\$64.95 +
65 AAdvantage[®] miles

TOTAL
04/17/23

\$5,142.03 Purchases - \$4,856.44 Credits 5,142 Rewards earned