

# 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 <b>Lynette</b>	MI <b>S</b>	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.5em; font-family: cursive;">4/9/24 RE</div>	
	NICKNAME	LAST <b>Daniels</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <div style="text-align: center;">1312 Panorama Drive Forney, Texas 75126</div>			Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; font-family: cursive;">4/9/24 RE</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION  ( 945 ) 227-8149				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Lynette</b>	MI	Receipt #      Amount \$	
	NICKNAME	LAST <b>Daniels</b>	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <div style="text-align: center;">1312 Panorama Dr      Forney      Tx      75126</div>			
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION  ( 945 ) 227/8149				
9 REPORT TYPE					
<div style="display: flex; justify-content: space-between;"> <div> <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) </div> <div> <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) </div> </div>					
10 PERIOD COVERED					
<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  01 / 01 / 2024 </div> <div>THROUGH</div> <div> Month      Day      Year  04 / 04 / 2024 </div> </div>					
11 ELECTION					
<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  05 / 04 / 2024 </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special </div> </div>					
12 OFFICE					
OFFICE HELD (if any)      OFFICE SOUGHT (if known) <div style="text-align: center;">School Board Trustee      School Board Trustee</div>					
14 NOTICE FROM POLITICAL COMMITTEE(S)					
<div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages </div> <div style="width: 80%;"> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex;"> <div style="width: 20%;">COMMITTEE TYPE</div> <div>COMMITTEE NAME</div> </div> <div style="display: flex;"> <div style="width: 20%;">COMMITTEE ADDRESS</div> </div> <div style="display: flex;"> <div style="width: 20%;">COMMITTEE CAMPAIGN TREASURER NAME</div> </div> <div style="display: flex;"> <div style="width: 20%;">COMMITTEE CAMPAIGN TREASURER ADDRESS</div> </div> </div> </div> </div>					

**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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 0

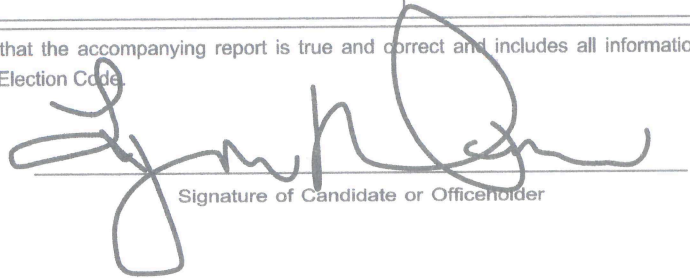
OUTSTANDING  
LOAN TOTALS

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lynette Daniels this the 9th day of April,  
2024, to certify which, witness my hand and seal of office.

Rebecca Elze  
Signature of officer administering oath

Rebecca Elze  
Printed name of officer administering oath

Notary Public  
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)