



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

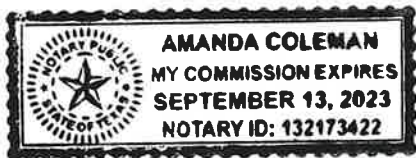
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>KEVIN D LYNCH</u>		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)	\$ <u>31,750.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>25,136.68</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8429.30</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000.00</u>

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 Kevin Lynch this the 2nd day of June, 2023, to certify which, witness my hand and seal of office.

[Signature] Amanda Coleman Election Officer  
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 <b>KEVIN D LYNUK</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 31750
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 10000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 25136.68
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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: <b>4</b>
2 FILER NAME <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DANIEL &amp; AMANDA SEVIER</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>4308 KIRKLAND DR FW, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LOGAN DICKINSON</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>4501 BIRLAHAVEN RD FW, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BETSY PRICE CAMPAIGN</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 100066 FW, TX 76185</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>EDWARD PEAKINS</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code <b>16524 COWBOY TRL FW, TX 76247</b>		
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 <b>KEVIN D LYNN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/8</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>MICHAEL &amp; RHONDA NEEDHAM</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
6 Contributor address; City; State; Zip Code <b>6251 KLAMATH RD FW, TX 76116</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/12</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBIN SCHUMPF</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1046 FLAGMORRIS DR. KATY, TX 77450</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/15</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID &amp; HEIDI DOLL</b>	Amount of contribution (\$) <b>\$1500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 27552 HOUSTON, TX 77227</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/15</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>GREAT SCHOOLS GREAT CITY SPAC</b>	Amount of contribution (\$) <b>\$20,000.00</b>
Contributor address; City; State; Zip Code <b>6341 KLAMATH RD FW, TX 76116</b>		
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

KEVIN D LYNCH

3 Filer ID (Ethics Commission Filers)

4 Date

5/18

5 Full name of contributor

MARK THIELKE

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

4171 INMAN CT

City;

FW, TX

State; Zip Code

76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/23

Full name of contributor

GALLAND & MOLLEE LASATER

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1500.00

Contributor address;

3815 LISBON ST STE. 203

City;

State; Zip Code

FW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23

Full name of contributor

GREAT SCHOOL GREAT CITY SPAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

6341 KLAMATH RD.

City;

State; Zip Code

FW, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24

Full name of contributor

WESLEY TURNER

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

500 WEST 7th ST

City;

State; Zip Code

FW, TX 76102

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 <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/29</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KYLE KNUTSON</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>4455 CAMP BOWIE BLVD FW, TX 76167</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/30</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ANDREW ROSELL</b>	Amount of contribution (\$) <b>\$750.00</b>
Contributor address; City; State; Zip Code <b>3808 AVIEMORE DR FW, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/31</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ZACH DUNHAM</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>504 N BAILEY AVE FW, TX 76167</b>		
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <b>KEVIN D LYNCH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/28</b>	<b>5</b> Payee name <b>RAVEN PUBLIC AFFAIRS</b>	
<b>6</b> Amount (\$) <b>9792.64</b>	<b>7</b> Payee address; <b>PO BOX 793</b>	City; <b>AUSTIN</b> State; <b>TX</b> Zip Code <b>78767</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>ADVERTISING</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>5/1</b>	Payee name <b>RAVEN PUBLIC AFFAIRS</b>	
Amount (\$) <b>7946.27</b>	Payee address; <b>PO BOX 793</b>	City; <b>AUSTIN</b> State; <b>TX</b> Zip Code <b>78767</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>5/6</b>	Payee name <b>RAVEN PUBLIC AFFAIRS</b>	
Amount (\$) <b>5600.00</b>	Payee address; <b>PO BOX 793</b>	City; <b>AUSTIN</b> State; <b>TX</b> Zip Code <b>78767</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# 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:	2 FILER NAME <b>KEVIN D LYNCH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/6</b>	5 Payee name <b>RAVEN PUBLIC AFFAIRS</b>	
6 Amount (\$) <b>1550.00</b>	7 Payee address; <b>PO BOX 793</b>	City; State; Zip Code <b>AUSTIN TX 78767</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 <b>5/8</b>	Payee name <b>FED EX OFFICE</b>	City; State; Zip Code <b>FW, TX 76132</b>
Amount (\$) <b>153.97</b>	Payee address; <b>4495 BRYANT IRVING RD</b>	City; State; Zip Code <b>FW, TX 76132</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ADVERTISING</b>
	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 <b>5/31</b>	Payee name <b>ANBOOT FEES</b>	City; State; Zip Code <b>1340 POYDRAS ST. STE 1770 NEW ORLEANS, LA 70112</b>
Amount (\$) <b>93.80</b>	Payee address; <b>1340 POYDRAS ST. STE 1770 NEW ORLEANS, LA 70112</b>	City; State; Zip Code <b>1340 POYDRAS ST. STE 1770 NEW ORLEANS, LA 70112</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	Description <b>FEES</b>
	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