

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <i>Change of Address</i>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <i>(Residence or Business)</i>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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		Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) <i>Additional Pages</i>	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
RECEIVED
APR 28 2023
Board of Education

Date Hand-delivered or Date Postmarked
4-28-2023

Receipt # Amount \$
0

Date Processed
4-28-2023

Date Imaged
4-28-2023

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

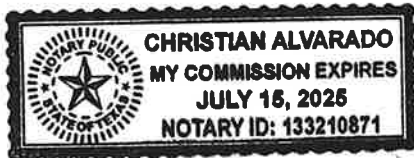
**FORM C/OH
COVER SHEET PG 2**

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)	\$ 8130
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 24793.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2472.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

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 28 day of April, 2023, to certify which, witness my hand and seal of office.

Christian Alvarado Signature of officer administering oath
Christian Alvarado Printed name of officer administering oath
Coordinator 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8130
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		\$ 24793.53
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:
2 FILER NAME KEVIN D LYNCH		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) MARY COTHRAN	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 4216 LANARK AVE FW TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/23	Full name of contributor out-of-state PAC (ID#: _____) URGENT CARE FOR KIDS	Amount of contribution (\$) \$2000
Contributor address; City; State; Zip Code 1701 RIVER RUN STE 302 FW TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/23	Full name of contributor out-of-state PAC (ID#: _____) TONY & DEBORAH COMPARIN	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 3842 BROOKSIDE DR BEDFORD TX 76021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/28/23	Full name of contributor out-of-state PAC (ID#: _____) MR & MRS APPLEMAN	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 3855 BELLAIR CIR FW TX 76109		
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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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 3/29/23	5 Full name of contributor out-of-state PAC (ID#: _____) ELIZABETH BAICE	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 3736 ECHO TR2 FW TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/23	Full name of contributor out-of-state PAC (ID#: _____) KRISTEN BUCHANAN	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 3851 BLACK CANYON RD FW TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/23	Full name of contributor out-of-state PAC (ID#: _____) COLE STEPHOLM	Amount of contribution (\$) \$155
Contributor address; City; State; Zip Code 1012 BURNETT ST FW TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/23	Full name of contributor out-of-state PAC (ID#: _____) ELLEN & RUSTY WILLIAMS	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 8236 KILDEER CIRCLE FW TX 76108		
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 KEVIN D LYNCH		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/23	5 Full name of contributor out-of-state PAC (ID#: _____) HAROLD MUCKLEROY	7 Amount of contribution (\$) \$ 750
6 Contributor address; City; State; Zip Code 3455 DANCH VIEW CT FW TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/5/23	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM & ALECIA BROOTHAVEN	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 4209 LEDGEVIEW DR FW TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/23	Full name of contributor out-of-state PAC (ID#: _____) FORT WORTH EXCELLENCE PAC	Amount of contribution (\$) \$ 2500
Contributor address; City; State; Zip Code PO BOX 953 COLLEYVILLE TX 76134		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/19/23	Full name of contributor out-of-state PAC (ID#: _____) PAT WRIMER	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 4601 WASHBURN AVE FW TX 76107		
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>
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) ERIC SPURGEON	7 Amount of contribution (\$) \$250
4/19/23	6 Contributor address; City; State; Zip Code 3120 WESTCLIFF RD W FW TX 76109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) RUAN MONTGOMERY	Amount of contribution (\$) \$100
4/20/23	Contributor address; City; State; Zip Code 2921 OWENWOOD DR. FW TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) KEVIN LYNCH	Amount of contribution (\$) \$25
4/24/23	Contributor address; City; State; Zip Code 1062 25th ST OGDEN UT 84401	
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)

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Reset Form

Reset Page

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 KEVIN D LYNCH	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/23	5 Payee name RAVEN PUBLIC AFFAIRS	
6 Amount (\$) \$1000	7 Payee address; PO BOX 793	City; State; Zip Code AUSTIN TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CONSULTING
	(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

Date 4/4/23	Payee name RAVEN PUBLIC AFFAIRS	
Amount (\$) 1617.95	Payee address; PO BOX 793	City; State; Zip Code AUSTIN TX 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
	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

Date 4/6/23	Payee name RAVEN PUBLIC AFFAIRS	
Amount (\$) \$5600	Payee address; PO BOX 793	City; State; Zip Code AUSTIN TX 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
	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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME KEVIN D LYNCH	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/23	5 Payee name RAVEN PUBLIC AFFAIRS	
6 Amount (\$) \$4400.00	7 Payee address; POX BOX 793	City; State; Zip Code AUSTIN TX 78767
8 PURPOSE OF EXPENDITURE	(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 4/12/23	Payee name RAVEN PUBLIC AFFAIRS	
Amount (\$) \$398.66	Payee address; PO BOX 793	City; State; Zip Code AUSTIN TX 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
	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 4/14/23	Payee name RAVEN PUBLIC AFFAIRS	
Amount (\$) \$10757.58	Payee address; PO BOX 793	City; State; Zip Code AUSTIN TX 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
	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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solidation/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 KEVIN D LYNCH	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/23	5 Payee name RAVEN PUBLIC AFFAIRS	
6 Amount (\$) \$189.44	7 Payee address;	City; State; Zip Code
	PO Box 773	AUSTIN TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 4/26/23	Payee name ANEDOT FEES		
Amount (\$) 79.90	Payee address;	City; State; Zip Code	
	1340 POYDRAS ST. STE 1770	NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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 4/4/23	Payee name OUBERTON PARK ELEM PTA		
Amount (\$) 750	Payee address;	City; State; Zip Code	
	4855 BIRMAHAVEN RD	FW TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	ADVERTISING	
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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