CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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3 CANDIDATE/ OFFICEHOLDER					
4 CANDIDATE/		P.		4:04pm 4-6-23	
MAILING ADDRESS				4-6-23	
Change of Address5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE NICKNAME				**************************************
6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX.	SPERRY	STATE, ZIP CODE	OFFICE USE ONLY	
CAMPAIGN TREASURER ADDRESS	*3757	C.R. 315 MCK	EXTENSION TOUB	Date Used delivered or Date Postma	arked
8-CAMPAIGN TREASURER PHONE	(172) (7	<u>1-3413</u>			
9 REPORT TYPE	ROBBIE	CLARK	MR.		
10 PERIOD COVERED	, F ^{ee}		MaKINNE	Y TX 7506	9
11 ELECTION					
	NICKNAME	LAST			
40.055105	(214) 53	33-8913		STATE ZIP CODE	
12 OFFICE		<u> — a (mang</u>) manan.	OR POLITICAL EXPENDITURES	POLITICAL S	UPPORT
i.	AREA CODE	PHQNE NUMBER	EXTENSION		
	January 15		Runoff		
		8th day before election	Exceeded Modified Reporting Limit		

MCRANESISS ARTSTEE MISD PRUSTEE 2023

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The state of the same in the same 1 Total pages Schedule A1; The Instruction, Guide explains how to complete this form 2 FILER NAME LYNN SPERRY 2/11/23 \$ 50,00 1905 CANYON CREEK DR. Full name of contributor 750 Amount of contribution (\$) Date 9 Zin Code 20 HOLMAN 2/15/23 \$100,00

SCHEDULE A1

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

	Instruction Guide explains ho	w to complete this form.	
FILER NAME	LYNN SPERR	У	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of contribution (\$)
	ROBBIE CL	ARK	
_ <i>s</i>	6 Contributor address;		, , , , , , , , , , , , , , , , , , ,
			91
Principal occi	upation / Job title (See Instruction	5)	
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)
•	Contributor address;	City; State; Zip Co	ode
-		le .	
. Principal coccu	// (USE INSTRUCTIONS) <u>e</u> Employer (S	e instructions)
	Full of contributor	Out-of-state PAC	Amount of contribution (\$)
_Date	Full name of contributor		
			ee Instructions)
	Contributor address;	C ty State; Zip Co	ode
Principal occu	pation / Job title (See Instructions) Employer (So	ee Instructions)
Date	Full name of contributor	out-of-state PAC	Amount of contribution (\$)
	Contributor address;	State; Zip Co	ode
	Contributor address;	State; Zip Co	ode
	Contributor address;	State; Zip Co	ode
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		State; Zip Co	ode
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SCHEDULE A1

· · ·			1 Total pa	ges Schedule A1
4			3 Filer ID	(Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC (I	7 Amount	of contribution (\$)
	6 Contributor address;	State:		
Principal occu	pation / Job title (See Instruction	ns) 9 Emplo	yer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (I	Amoun	of contribution (\$)
	ABBEY CRAN	MER		
		<u>t</u>	į.	
Principal occup	pation / Job title (See Instructions	s) Emplo	yer (See Instructions)	i
,Date	Full name of contributor	out-of-state PAC	Amoun	t of contribution (\$)
	KATY BETT	NER		
.		City; State; アメ		,
Principal occur The	pation / Job title (See Instruction Instruction Guide explains no	s) ow to complete this form.	yer (See Instructions)	
FILER NAME	N Null national Control	out-of-state PAC (ID#:		t of contribution (\$)
FILER NAME	N Null na&PERuffluXor IRA DAHLI	☐ out-of-state PAC (ID#:) Amoun	
FILER NAME	N Null national Control	Out-of-state PAC (ID#: MAN CLENELAN Btate;) Amoun	
FILER NAME	N Null na PERufficulor IRA DAHLI Contributor address	Out-of-state PAC (ID#: MAN CLEWELAN Btate; City;) Amoun Zip Code Zip Code #	t of contribution (\$)
FILER NAME	N Null na&PERuffluXor IRA DAHLI	Out-of-state PAC (ID#: MAN CLEWELAN Btate; City;) Amoun	
FILER NAME	N Null na PERufficulor IRA DAHLI Contributor address	Out-of-state PAC (ID#: MAN CLEWELAN Btate; City;) Amoun Zip Code Zip Code #	
FILER NAME	N Null na PERufficulor IRA DAHLI Contributor address	Out-of-state PAC (ID#: MAN CLEWELAN Btate; City;) Amoun Zip Code Zip Code #	
FILER NAME Date LY	N Null na PERufficulor IRA DAHLI Contributor address	Out-of-state PAC (ID#: MAN CLEWELAN Btate; City;) Amoun Zip Code Zip Code #	
FILER NAME	N Null na PERufficulor IRA DAHLI Contributor address	Out-of-state PAC (ID#: MAN CLEWELAN Btate; City;) Amoun Zip Code Zip Code #	

SCHEDULE A1

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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	5 Full name of contributor	7 Amount of contribution (\$)
3/14		ip Code \$ 500.00 75069
8 Principal occup	pation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date 3/15/1023	3404 PROVINERD, TX	Amount of contribution (\$) \$\frac{4}{500}, \frac{00}{00}\$
Principal occup	•	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
3/16/2023		p Code \$ 100, <u>00</u>
Principal occup	ation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC TERESA SPRIESTER	Amount of contribution (\$)
- Principal occup	ation / Job title (See Instructions) Employe	r (See Instructions)
<u> </u>	·F	

SCHEDULE A1

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

The I	Instruction Guide explains how to complete this form.	<u> </u>
2 FILER NAME	YNN SPERRY	
<u></u>	out-of-state PAC (ID#)	
		<u> </u>
Į.		
	out-of-state PAC (ID#:)	
3/22/2023	LISA LLACE	\$50,00
	391 PARKVILLAGE AVENUE FALRUIEW TX 75069	
4 Data		.7 Amount of contribution (\$)
	[] . Let a super nome	
<u> </u>		
3/26/2023	De la companya de la	925,02
<u>, , , , , , , , , , , , , , , , , , , </u>		
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3/27/2023	CURTIS RIPPEE	Ø - 00
3/2//2023		_ 7 500, "
7		•
-		
_	2012 CHESSINGTON 75072	
8 Principal occur	MCW/ pation / Job title (AFFAGHADDFIONAL COPIES OF THIS SOMEDIFIER AS INE	EBED