# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

CAMI AIGH			10 (Silver Commission Filess)	2 Total pages filed
The C/OH Instruction Gu			Filer 1D (Ethics Commission Filers)	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST LYNN	M	OFFICE USE ONLY
NAME	NICKNAME	LAST		Date Megayora
4 CANDIDATE/	ADDRESS / PO BOX.	SPERRY APT / SUITE #; CITY;		4-17-23
OFFICEHOLDER MAILING ADDRESS	3757 C,R	1,325 McKI	75069	
Change of Address	AREA CODE		EXTENSION	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	(972) 67:			Receipt # Amount \$
6 CAMPAIGN TREASURER	PF	FIRST ,	MI	
10		CLARK		0.05454
i L				- 25071
	912 SU	MMER LN.	MCKINNEY	TX 75071
	NICKNAME	LAST	SUFFIX	Date Imaged
7 NEAIGN			EXTENSION	
7 CAMPAIGN TREASURER RHONESS	STREET ADDRESS (NO (2/9) 53.	3 - 8913		
(Residence or Business)  9 REPORT TYPE	AREA CODE	PHONE NUMBER		
	Month		7	/12
10 PERIOD		^		17 / 2023
COVERED	ELECTION DATE			
11 ELECTION			Runoff -	<u>ISO</u>
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12 OFFICE	P			
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	GENERAL	COMMITTEE ADDRESS		
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# CANDIDATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

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

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

27 CONTRIBUTION			
TOTALS		\$	<i>(</i> ()
2	TOTAL POLITICAL CONTRIBUTIONS	\$	0
	<u> </u>		
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<u></u>			<u> </u>
J		\$	0
3		\$	0
EXPENDITURE TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	^	
3.  CONTRIBUTION  BALANCE  5	TOTAL UNITEMIZED POLITICAL EXPENDITURE  Please complete either option below:		
OUTSTANDING 6 LOAN TOTALS	r iodoo complete citaler option pelow.		
,	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		
- (1) Amuavit			
	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
L.			
-			
(2) Unsworn Declaration			

# CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" .. 2 Filer ID (Ethics Commission Filers)

1 C/OH NAME

LYNN SPERRY

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file

> re of Candi / Office er Si

## FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder.

#### CAMPAIGN FUNDS

#### Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

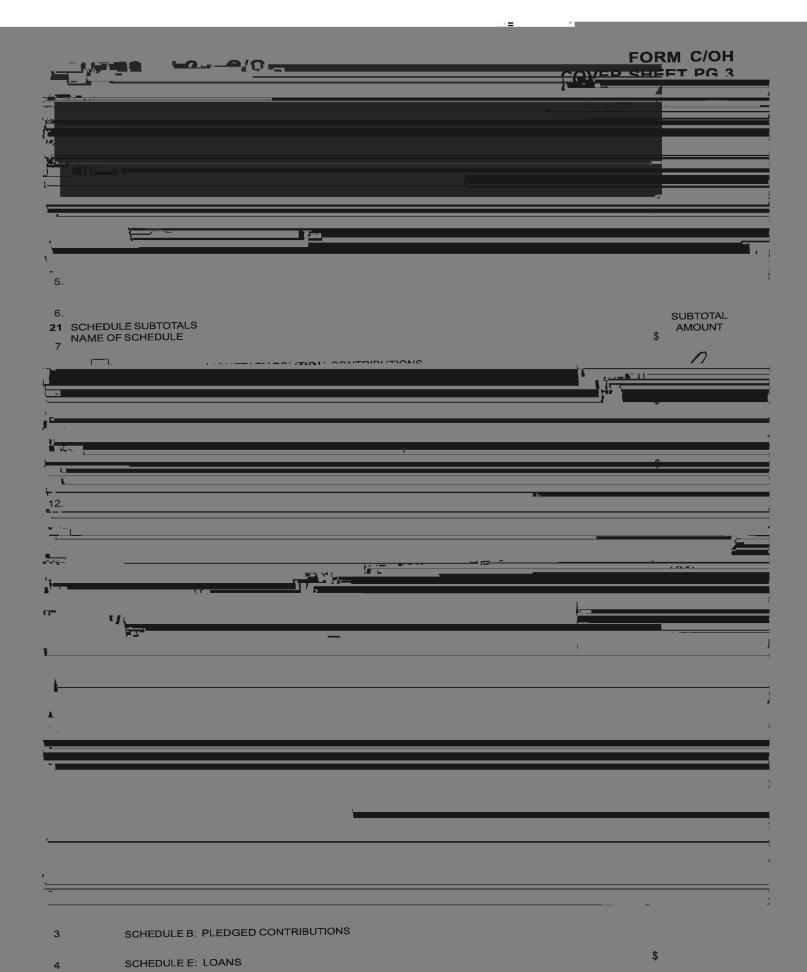
I have unexpended contributions or unexpended interest or in

#### **ASSETS** B.

#### Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions

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·· Con	ENCLOSE THIS section only if yo		
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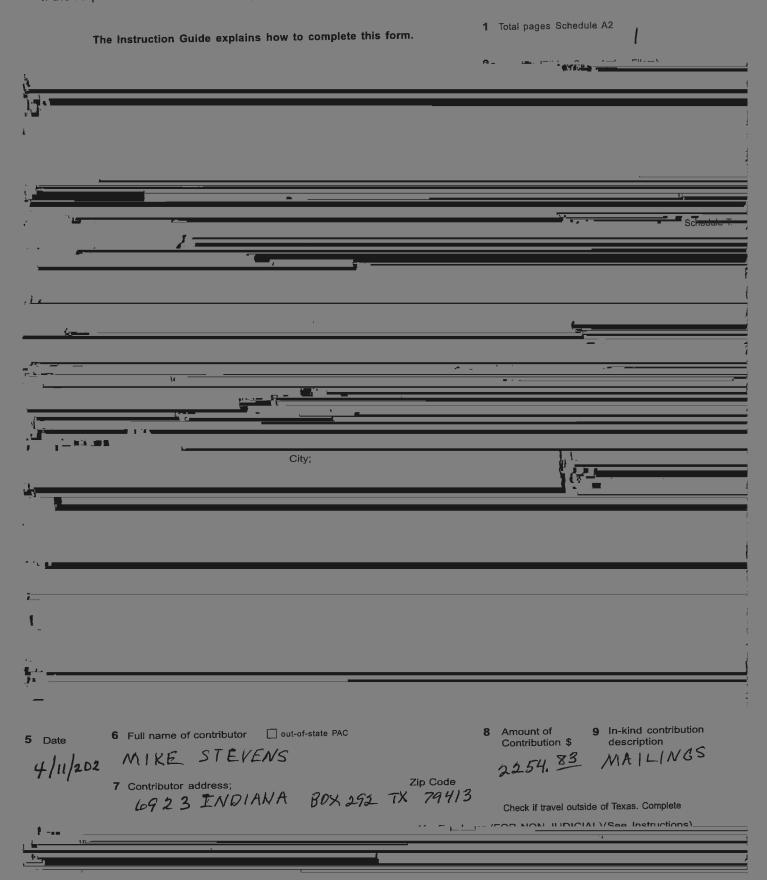


\$

# NON-MONETARY (IN-K ND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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



# EXPEND TURES ADE BY CREDIT CARD

### SCHEDULE F4

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

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Event Expense Fees e By Expense ical Committee	urse Exp Po ∽Pri Sa ontract Labor sins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	MIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
7/23	6 Pa UTIVE PRE	SS	
		City;	State; Zip Code
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X=			
	(a) Category (See Categories listed at the top of the	nis schedule)	
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\$ 497,95	17		
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	<del>-</del>	(I) Description	6
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OF EXPENDITURE			
ONCE			Ē.
11. Complete SNEW If Sixes	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	(		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political  Description	
PURPOSE OF Expenditure			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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



From Su	: Mike Stevens mikes@action-p	mung.c	JOIN		
	: : :	, e	8 m	ab en	ownsquarebuzz.com, Stephanie ODell swodell@gmail.com .com
	Good Morning I  1. Have you  1. 4	<u>_</u>		a few i much	. I each camp. Hate to mention it but its that
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### donations

- a. Consulting Mike Stevens \$600.00
  b. Voter Data and history, e mails and phone numbers \$450.00
  c. Walking Files \$175.00

### **NVOICE**

To: Lynn Sperry

From Mike Stevens

6923 Indiana Ave Box 292

Lubbock Tx 79413

Initial call campaign

Votes by mail in ballot

Election week calling

Total invoice \$279.83

Please send payment to

Mike Stevens

6923 Indiana Ave Box 292

Lubbock Tx 79413