

# 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: **15**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Kevin

D

NICKNAME

LAST

SUFFIX

Lynch

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3121 Sweetbriar Lane Fort Worth TX 76109

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Stephanie

J

NICKNAME

LAST

SUFFIX

Lynch

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3121 Sweetbriar Lane

Fort Worth

TX

76109

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

7

/

1

/

22

THROUGH

Month

Day

Year

12

/

31

/

22

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

6

/

23

ELECTION TYPE

Primary

Runoff

Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FWISD Trustee, District 5

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

Additional Pages

GO TO PAGE 2

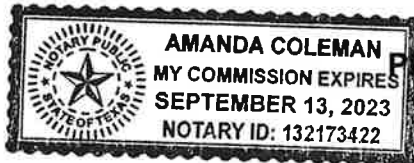
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>KEVIN D LYNCH</b>		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)	\$ 11,650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,679.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,970.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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]*  
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 17th day of January, 2023, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Amanda Coleman  
Printed name of officer administering oath

Elections Office  
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

Kevin D Lynch

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3679.81
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 <b>KEVIN D LYNCH</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/14/2022</b>		5 Full name of contributor <b>STEPHANIE HARVEY</b> out-of-state PAC (ID#):		7 Amount of contribution (\$) <b>250.00</b>	
		6 Contributor address; City; State; Zip Code <b>4900 WESTRIDGE AVE FORT WORTH TX 76116</b>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>12/14/2022</b>		Full name of contributor <b>ALEX CAMMACK</b> out-of-state PAC (ID#):		Amount of contribution (\$) <b>1000.00</b>	
		Contributor address; City; State; Zip Code <b>4760 BARWICK DR. SUITE B FORT WORTH, TX 76132</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/14/2022</b>		Full name of contributor <b>CRAIG FEUER</b> out-of-state PAC (ID#):		Amount of contribution (\$) <b>100.00</b>	
		Contributor address; City; State; Zip Code <b>3209 Sweetbriar Ln Fort Worth, TX 76109</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/14/2022</b>		Full name of contributor <b>KIP BRADLEY</b> out-of-state PAC (ID#):		Amount of contribution (\$) <b>500.00</b>	
		Contributor address; City; State; Zip Code <b>3832 W BIDDISON ST FORT WORTH, TX 76109</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>					

# 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>12/14/2022</b>	5 Full name of contributor out-of-state PAC (ID#: <b>MARCUS MORRIS</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>3232 PRESTON HOLLOW RD. FW, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/14/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>TREVOR BAIGER</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3112 SPANISH OAK DR. FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/16/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>MICHAEL NEEDHAM</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6251 KLAMATH RD. FORT WORTH, TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/27/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>ERIC WOITMANN</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3850 WESTCLIFF RD S FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BENJAMIN COMPTON</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>4470 KIRKLAND DR. FORT WORTH, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TRAVIS PATTERSON</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>116 HIDDEN LAKE RANCH RD FORT WORTH, TX 76008</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MANUEL MACIEL-RODRIGUEZ</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3121 PRESTON HOLLOW RD. FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JEREMY GILDEN</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1855 SOUTHERS CIRCLE SUWANEE, GA 30024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 12/19/ 2022	5 Full name of contributor out-of-state PAC (ID#: RYAN MORGAN 6 Contributor address; City; State; Zip Code 4475 KIRKLAND DR. FORT WORTH, TX 76109	7 Amount of contribution (\$) 100 <sup>00</sup>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/ 2022	Full name of contributor out-of-state PAC (ID#: THOMAS LYNCH Contributor address; City; State; Zip Code 280 HEPPLEWHITE DR. ALPHARETTA, GA 30022	Amount of contribution (\$) 500 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/ 2022	Full name of contributor out-of-state PAC (ID#: RICHARD TORUNCIAS Contributor address; City; State; Zip Code 3013 OVERTON PARK DR. E FORT WORTH, TX 76109	Amount of contribution (\$) 1000 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/ 2022	Full name of contributor out-of-state PAC (ID#: RANE WALLACE Contributor address; City; State; Zip Code 1809 RIDGEMAN BLVD FORT WORTH, TX 76116	Amount of contribution (\$) 500 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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

12/21/2022

5 Full name of contributor

ANDREW ROSELL

out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

3808 AVIEMORE DR. FORT WORTH, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/22/2022

Full name of contributor

RYAN GEMBALA

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3843 CHESTATEE CUT OFF GAINESVILLE, GA 30506

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23/2022

Full name of contributor

BRANDON FULGHAM

out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2701 HARTWOOD DR. FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2022

Full name of contributor

MATT DONNELL

out-of-state PAC (ID#:

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

7321 VALENCIA GROVE CT. FORT WORTH, TX 76132

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>12/28/2022</b>	5 Full name of contributor out-of-state PAC (ID#: <b>DANNY MATHEW</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3956 BENTELM DR. FORT WORTH, TX 76109</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/28/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>DOUG DENMAN</b> <hr/> Contributor address; City; State; Zip Code <b>3802 REMINGTON RD BEDFORD PARK, TX 78613</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/29/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>BEN STUCKER</b> <hr/> Contributor address; City; State; Zip Code <b>2970 SKYLAND DR. ATLANTA, GA 30341</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/29/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>GEORGE COUTNESS</b> <hr/> Contributor address; City; State; Zip Code <b>4204 BLACKHAW DR. FORT WORTH, TX 76109</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

12/29/2022

**5** Full name of contributor

Houston Simmons

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

**6** Contributor address;

City;

State;

Zip Code

1417 Hillcrest St Fort Worth, TX 76107

**7** Amount of contribution (\$)

250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/29/2022

Full name of contributor

Terri Jutras

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

Contributor address;

City;

State;

Zip Code

3100 St. Albans Circle Colleyville, TX 76034

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/2022

Full name of contributor

Ryan Harrington

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

Contributor address;

City;

State;

Zip Code

4220 Harlanwood Dr. Fort Worth, TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/2022

Full name of contributor

Reid Goetz

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

Contributor address;

City;

State;

Zip Code

4517 Cloudview Rd. Fort Worth, TX 76109

Amount of contribution (\$)

1,000.00

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>12/31/2022</b>	5 Full name of contributor out-of-state PAC (ID#: <b>JULIANNE ANDERSON</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>3108 PRESTON HOLLOW RD FORT WORTH, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/31/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>RYAN LYNCH</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>507 HILLWOOD CT GREENSBORO, NC 27410</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/31/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>DAVID TAYLOR</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2545 STADIUM DR. FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/30/2022</b>	Full name of contributor out-of-state PAC (ID#: <b>COLIN LACKEY</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4220 BLACKHAW AVE FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 12/30/ 2022	5 Full name of contributor BARNEY WILEY out-of-state PAC (ID#: 6 Contributor address; 2412 ROBERTS AVE City; FORT WORTH, TX State; Zip Code 76109	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

# LOANS

## SCHEDULE E

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 E:

2 FILER NAME

Kevin D Lynch

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 10,000.00

5 Date of loan  
12/05/2022

7 Name of lender

Kevin D Lynch

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)  
10,000.00

6 Is lender  
a financial  
Institution?

☐ Y ☒ N

8 Lender address;

City;

State;

Zip Code

3121 Sweetbriar Lane Fort Worth TX 76109

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 ☒ Check if personal funds were deposited into political  
account (See Instructions)

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

☐ Y ☐ N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political  
account (See Instructions)

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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 12/02/2022		5 Payee name Raven Public Affairs			
6 Amount (\$) 2,500.00		7 Payee address; PO Box 793		City; Austin	State; TX
				Zip Code 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					
Date 12/02/2022		Payee name Raven Public Affairs			
Amount (\$) 500.00		Payee address; PO Box 793		City; Austin	State; TX
				Zip Code 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting		
	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					
Date 12/31/2022 12/13/2022 OK		Payee name Anedot Fees			
Amount (\$) 255.70		Payee address; 1340 Poydras St Suite 1770		City; New Orleans, LA	State; 70112
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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 **12/13/2022** 5 Payee name **ZZVEN PUBLIC AFFAIRS**

6 Amount (\$) **339.04** 7 Payee address; City; State; Zip Code  
**PO Box 793 AUSTIN TX 78767**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** (b) Description **PUSH CARDS**

(c) Check if travel outside of Texas. Complete Schedule T.

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/13/2022** Payee name **ZZVEN PUBLIC AFFAIRS**

Amount (\$) **85.07** Payee address; City; State; Zip Code  
**PO Box 793 AUSTIN TX 78767**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** Description **BIZ CARDS & NAME BADGES**

Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Check if travel outside of Texas. Complete Schedule T.

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED