

# 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: **26**

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 LN 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 LN 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

Month

Day

Year

**1 / 1 / 23**

THROUGH

**3 / 27 / 23**

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 TREASURER 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

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)

\$ 26,999.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 31164.98

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 13804.21

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

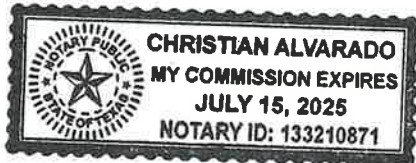
\$ 10,000.00

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.

*[Handwritten 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 6<sup>th</sup> day of April,

20 23, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26999.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$ 10000.00	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31164.98	
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>1/1/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>ROBERT BATTON</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4101 GLENWOOD DR. FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/2/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID AMOSS</b> <hr/> Contributor address; City; State; Zip Code <b>721 JEFFERSON AVE METAIRIE, LA 70001</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/3/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRENT STEPHENS</b> <hr/> Contributor address; City; State; Zip Code <b>PO BOX 33213 FORT WORTH, TX 76162</b>	Amount of contribution (\$)  <b>\$ 50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/3/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOHN BURK</b> <hr/> Contributor address; City; State; Zip Code <b>968 CALICHE RD. FORT WORTH, TX 76108</b>	Amount of contribution (\$)  <b>\$ 100.00</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

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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>11/3/23</b>	5 Full name of contributor out-of-state PAC (ID#: <b>ROBERT HOLMAN</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3709 FOX HOLLOW ST FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/3/23</b>	Full name of contributor out-of-state PAC (ID#: <b>JAKE MITCHELL</b> <hr/> Contributor address; City; State; Zip Code <b>3800 TRAILWOOD LN FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/5/23</b>	Full name of contributor out-of-state PAC (ID#: <b>RYAN HYMAN</b> <hr/> Contributor address; City; State; Zip Code <b>3912 CLARIDGE CT FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/5/23</b>	Full name of contributor out-of-state PAC (ID#: <b>ANDREW WARD</b> <hr/> Contributor address; City; State; Zip Code <b>3451 PARK HOLLOW ST FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$106.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>HEIDI MCGRATH</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3909 SARITA DR. FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRAD WHITNELL</b> <hr/> Contributor address; City; State; Zip Code <b>4104 ALTURA DR. FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$1250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CABE CARPENTER</b> <hr/> Contributor address; City; State; Zip Code <b>3129 SWEETBRIAR LN FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/7/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAY WIESPA</b> <hr/> Contributor address; City; State; Zip Code <b>2920 OWENWOOD DR. FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/10/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>TAYLOR GILPIN</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2817 HARTWOOD DR. FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$ 250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/12/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAY MILLER</b> <hr/> Contributor address; City; State; Zip Code <b>4024 HALLANWOOD DR. FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$ 50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/12/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ANDREW BENNETT</b> <hr/> Contributor address; City; State; Zip Code <b>3016 OVERTON PARK DR WEST FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$ 25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/12/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>PAT DODSON</b> <hr/> Contributor address; City; State; Zip Code <b>7356 BRIGHTWATER RD. FORT WORTH, TX 76132</b>	Amount of contribution (\$)  <b>\$ 50.00</b>
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 <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/16/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SCOTT KINARD</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2026 CAVE SPRINGS RD CEDARTOWN, GA 30125</b>	7 Amount of contribution (\$)  <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HAVEY NAEGELE</b> <hr/> Contributor address; City; State; Zip Code <b>3213 SWEETBRIAR LN FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/16/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JUSTIN ANNT</b> <hr/> Contributor address; City; State; Zip Code <b>6800 FORTUNE RD FORT WORTH, TX 76116</b>	Amount of contribution (\$)  <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/17/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RYAN CAMPBELL</b> <hr/> Contributor address; City; State; Zip Code <b>1415 ELIZABETH BLVD FORT WORTH, TX 76110</b>	Amount of contribution (\$)  <b>\$ 50.00</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

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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

1/17/23

5 Full name of contributor

KYLE WATKINS

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State; Zip Code

4212 LANARK AVE FORT WORTH, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/17/23

Full name of contributor

HEATHER PISH

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State; Zip Code

2412 BOYD AVE FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/18/23

Full name of contributor

DANIEL SPVIER

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State; Zip Code

4308 KIRKLAND DR. FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/23

Full name of contributor

LEAH SHEPARD

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State; Zip Code

3917 GLENWOOD DR. FORT WORTH, TX 76109

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 <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/20/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>RYAN MONTGOMERY</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2921 OWENWOOD DR FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/21/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KASEY SCHIRMPE</b> <hr/> Contributor address; City; State; Zip Code <b>3705 SUMMERCREST DR. FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/21/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CARA BOZANTH</b> <hr/> Contributor address; City; State; Zip Code <b>3113 SWEETBRIAR LN FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/21/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>STEPHEN CARR</b> <hr/> Contributor address; City; State; Zip Code <b>7501 MEADOWSIDE AD FORT WORTH, TX 76132</b>	Amount of contribution (\$)  <b>\$250.00</b>
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 <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/21/23</b>	5 Full name of contributor out-of-state PAC (ID#: <b>TODD PELZEL</b> <hr/> 6 Contributor address; City; State; Zip Code <b>2348 BROOKHURST DR. DUNWOODY, GA 30338</b>	7 Amount of contribution (\$)  <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/24/23</b>	Full name of contributor out-of-state PAC (ID#: <b>ROBERT BOURGEOIS</b> <hr/> Contributor address; City; State; Zip Code <b>3200 WESTCLIFF RD W FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/24/23</b>	Full name of contributor out-of-state PAC (ID#: <b>TANNER McNULTY</b> <hr/> Contributor address; City; State; Zip Code <b>3748 HILLTOP RD FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/25/23</b>	Full name of contributor out-of-state PAC (ID#: <b>ERIN DOLL</b> <hr/> Contributor address; City; State; Zip Code <b>3737 HILLTOP RD. FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$25.00</b>
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 11/27/23	5 Full name of contributor MICHAEL MCCOY out-of-state PAC (ID#:	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3847 BELLAIR CIRCLE FORT WORTH, TX 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/27/23	Full name of contributor JOSEPH DIEKEN out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2401 WARNER RD FORT WORTH, TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/23	Full name of contributor RICHARD BRYCE out-of-state PAC (ID#:	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3764 ARROYO RD. FORT WORTH, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/23	Full name of contributor RANE WALLACE out-of-state PAC (ID#:	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1809 RUGMAN BLVD FORT WORTH, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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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 11/30/23	5 Full name of contributor CHIP ADKINS out-of-state PAC (ID#: 6 Contributor address; 323 WOODLAND DR. BIRMINGHAM, AL 35209 City; State; Zip Code	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/23	Full name of contributor MICHAEL VALENIO out-of-state PAC (ID#: Contributor address; 6929 SERRANO DR. FORT WORTH, TX 76126 City; State; Zip Code	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/23	Full name of contributor EILEEN JUTRAS out-of-state PAC (ID#: Contributor address; 4309 PEMBROKE PKWY N COLLEVILLE, TX 76034 City; State; Zip Code	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/23	Full name of contributor AUCIA & PETER DEAN out-of-state PAC (ID#: Contributor address; 3804 TRAILWOOD LN FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$ 249.00
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

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2 FILER NAME <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/6/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>TROY OKRUHLIK</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4828 WERTON HOLLOW FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TAMMY KOHLINGASI</b> <hr/> Contributor address; City; State; Zip Code <b>4320 BELLAIRE DR S FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOE SEGULSA</b> <hr/> Contributor address; City; State; Zip Code <b>4224 BLACKHAW AVE FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2/6/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBER NORMAN</b> <hr/> Contributor address; City; State; Zip Code <b>3204 SWEETBRIAR LN FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$100.00</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

2/7/23

5 Full name of contributor

WESLEY TURNER

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

500 W 7th ST Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/23

Full name of contributor

SETH CRAWFORD

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

209 W 2ND ST STE 150 Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/23

Full name of contributor

HAYDEN GILESPIE

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

3112 SWEETBRIAR LN Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/23

Full name of contributor

RACHEL NEESON

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

4108 ALTURA RD Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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>2/14/23</b>	5 Full name of contributor out-of-state PAC (ID#: <b>LINDSAY BLOOMER</b> 6 Contributor address; City; State; Zip Code <b>3200 BELLARINE DR W- FORT WORTH, TX 76109</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/20/23</b>	Full name of contributor out-of-state PAC (ID#: <b>BLAKE ROGERS</b> Contributor address; City; State; Zip Code <b>6325 AALIFAX RD FORT WORTH, TX 76116</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/20/23</b>	Full name of contributor out-of-state PAC (ID#: <b>MICHAEL DIKE</b> Contributor address; City; State; Zip Code <b>209 SUMMERSBY LN FORT WORTH, TX 76114</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/21/23</b>	Full name of contributor out-of-state PAC (ID#: <b>BILL HESTER</b> Contributor address; City; State; Zip Code <b>3915 MOCKINGBIRD LN FORT WORTH, TX 76109</b>	Amount of contribution (\$)  <b>\$250.00</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 2/22/23	5 Full name of contributor KACEY CONNELLY out-of-state PAC (ID#): 6 Contributor address; 3916 BISHOPS FLOWER RD Fort Worth, TX 76109 City; State; Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/23	Full name of contributor JOHN TATE out-of-state PAC (ID#): Contributor address; 2521 STADIUM DR. FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor PAUL RICH out-of-state PAC (ID#): Contributor address; 4340 WESTDALE DR FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor EMILY GILBERT out-of-state PAC (ID#): Contributor address; 3402 AUTUMN CT FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$25.00
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

KEVIN D LYNCH

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/23

5 Full name of contributor

KATY WOODRUFF

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

3125 CHAPARRAL LN FORT WORTH, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/23

Full name of contributor

HOMER MONTGOMERY

out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

3921 OWENWOOD DR - FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/23

Full name of contributor

NICK STAMAS

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

6459 KIRKWOOD RD FORT WORTH, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/23

Full name of contributor

KATIE VESTAL

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

3301 MOSS HOLLOW FORT WORTH, 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

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 2/27/23	5 Full name of contributor TIM MATHEUS out-of-state PAC (ID#: _____) 6 Contributor address; 7728 LONGBFIELD DR. FORT WORTH, TX 76103 City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/23	Full name of contributor AUSTIN REILLY out-of-state PAC (ID#: _____) Contributor address; 5429 HUNTLY DR FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/23	Full name of contributor NICK GALATI out-of-state PAC (ID#: _____) Contributor address; 3950 ALVARA CR. FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/23	Full name of contributor ROBERT MULLINS out-of-state PAC (ID#: _____) Contributor address; 3828 BISHOP FLOWER RD FORT WORTH, TX 76109 City; State; Zip Code	Amount of contribution (\$) \$100.00
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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#:

7 Amount of contribution (\$)

3/6/23

ALLEN FRERSON

6 Contributor address;

City;

State;

Zip Code

3858 CANDLELITE LN FORT WORTH, TX 76109

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

3/6/23

BETSY PRICE CAMPAIGN

Contributor address;

City;

State;

Zip Code

PO BOX 100066 FORT WORTH, TX 76185

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

3/7/23

PAUL PRICE

Contributor address;

City;

State;

Zip Code

3824 LANDS END FORT WORTH, TX 76109

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

3/7/23

J.T. & CHARITY AULKIN BAUGH

Contributor address;

City;

State;

Zip Code

3164 WESTCLIFF RD W FORT WORTH, TX 76109

\$1000.00

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 LUNCH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>JOHN McQUEENEY</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
6 Contributor address; City; State; Zip Code <b>3820 BISHOPS FLOWER RD FORT WORTH, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MATTHEW COOPER</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3944 STONEHENGE RD. FORT WORTH, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ELIZABETH MANNING</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>2217 WINDSOR PLACE FORT WORTH, TX 76110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICHAEL ELLIOT</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3913 LYNNCREST DR. FORT WORTH, TX 76109</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 3/17/23	5 Full name of contributor GREAT SCHOOLS GREAT CITY SPAC out-of-state PAC (ID#):	7 Amount of contribution (\$) 10,000.00
6 Contributor address; City; State; Zip Code 6341 KLAMATH RD FORT WORTH, TX 76116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/22/23	Full name of contributor JASON LITTLEJOHN out-of-state PAC (ID#):	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3724 BMACTHAVEN RD FORT WORTH, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/23/23	Full name of contributor CATHERINE HEES out-of-state PAC (ID#):	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1616 TREMONT AVE FORT WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/27/23	Full name of contributor MEREDITH HARTUNG out-of-state PAC (ID#):	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4109 HILDALING DR EAST FORT WORTH, 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.

# 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.

<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>2/2/23</b>	<b>5</b> Payee name <b>RAVEN PUBLIC AFFAIRS</b>			
<b>6</b> Amount (\$) <b>2000.00</b>	<b>7</b> Payee address; <b>PO BOX 793</b>		City; <b>AUSTIN</b>	State; <b>TX</b>
<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>DIGITAL</b>	
	(c) 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			
Date <b>2/2/23</b>	Payee name <b>RAVEN PUBLIC AFFAIRS</b>			
Amount (\$) <b>1000.00</b>	Payee address; <b>PO BOX 793</b>		City; <b>AUSTIN</b>	State; <b>TX</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		Description <b>CONSULTING</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
	Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>2/8/23</b>	Payee name <b>RAVEN PUBLIC AFFAIRS</b>			
Amount (\$) <b>1860.00</b>	Payee address; <b>PO BOX 793</b>		City; <b>AUSTIN</b>	State; <b>TX</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>SIGNS</b>	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
	Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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 <b>KEVIN D LYNCH</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/10/23</b>		5 Payee name <b>RAVEN PUBLIC AFFAIRS</b>			
6 Amount (\$) <b>\$7600.00</b>		7 Payee address; City: <b>AUSTIN</b> State: <b>TX</b> Zip Code: <b>78767</b> <b>PO BOX 793</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>GRASS ROOTS</b>		
	(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	
Date <b>3/1/23</b>		Payee name <b>RAVEN PUBLIC AFFAIRS</b>			
Amount (\$) <b>\$1245.00</b>		Payee address; City: <b>AUSTIN</b> State: <b>TX</b> Zip Code: <b>78767</b> <b>PO BOX 793</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>		Description <b>LABOR</b>		
	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	
Date <b>3/7/23</b>		Payee name <b>RAVEN PUBLIC AFFAIRS</b>			
Amount (\$) <b>333.71</b>		Payee address; City: <b>AUSTIN</b> State: <b>TX</b> Zip Code: <b>78767</b> <b>PO BOX 793</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>PRINT 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# 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 <b>KEVIN D LYNCH</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/23</b>	5 Payee name <b>RZVEN PUBLIC AFFAIRS</b>	
6 Amount (\$) <b>1000.00</b>	7 Payee address; City; State; Zip Code <b>PO BOX 793 AUSTIN TX 78767</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description <b>CONSULTING</b>
	(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 <b>3/14/23</b>	Payee name <b>RZVEN PUBLIC AFFAIRS</b>		
Amount (\$) <b>339.04</b>	Payee address; City; State; Zip Code <b>PO BOX 793 AUSTIN TX 78767</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PRINT ADVERTISING</b>	
	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 <b>3/23/23</b>	Payee name <b>RZVEN PUBLIC AFFAIRS</b>		
Amount (\$) <b>6885.72</b>	Payee address; City; State; Zip Code <b>PO BOX 793 AUSTIN TX 78767</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PRINT ADVERTISING</b>	
	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

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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME KEVIN D LYNCH		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/27/23		<b>5</b> Payee name ANEDOK FEES			
<b>6</b> Amount (\$) \$663.56		<b>7</b> Payee address; City; State; Zip Code 1340 POYDAS ST STE 1770 NEW ORLEANS, LA 70112			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING		<b>(b)</b> Description FEES		
	<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 Office held _____			
Date 3/1/23		Payee name MULHOLLAND			
Amount (\$) 4005.25		Payee address; City; State; Zip Code 1200 W BERRY ST FORT WORTH, TX 76110			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del>ADVERTISING</del> 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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description		
	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