CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Revised 8/17/2020

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The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed: 26
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	MR.	KEVIN	D	Date Received
NAME	NICKNAME	LAST	SUFFIX	
		LYNCH		NEOLIVED
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CO	APR 06 2023
OFFICEHOLDER				711100000000
MAILING			-1 ACHI TIC 7/106	Board of Education
ADDRESS	3121 SWEETE	spian in for	T WORTH, TX 76109	Dodia of Education
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered Date Postmarked
6 CANDIDATE/ OFFICEHOLDER	190	THORE HOMBER		4-6-2023
PHONE	(-)			Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	9
TREASURER	MRS.	STEPHANIE	۲	Date Processed
NAME	NICKNAME	LAST	SUFFIX	4-6-26 23 Date Imaged
		LYNCH		4-6-2-23
	STREET ANNUESS /		/ SUITE #; CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER	STREET ADDITECTOR	10 10 50/11 22/102/		
ADDRESS	2,21 (FURT WORTH, TY	7/109
(Residence or Business)	3121 SWE	FI BRIAIC DO	1010 100 1712	701-1
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	The state of the s
TREASURER	*,500			
PHONE	()			APT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 REPORT TYPE	January 15	30th day before	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	Reporting Limi	t
10 PERIOD	Month	Day Year		Month Day Year
COVERED	1 ,	11/23	THROUGH	3 / 27 / 23
44 ELECTION	ELECTION DA	TE	ELECTIO	N TYPE
11 ELECTION		Prima	ry Runoff Othe	r
	Month Day	Year	Desc	ription
0	5/6/	Z3 Gene	ral Special	
	OFFICE HELD (if any)		13 OFFICE SOUGHT	(if known)
12 OFFICE	OFFICE NELD (II airy)		FWISD	TRUSTEE DISTRICT 5
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITE	INS ACCEPTED OR POLITICAL EXPENDI	TURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	-		QUIKED TO REPORT THIS INFORMATION	
, ,	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL			
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
		GO T	O PAGE 2	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

6 C/OH NAME		16 Filer ID (Ethics Commission	on Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUT PLEDGES, LOANS, OR GUARANTEES OF LO CONTRIBUTIONS MADE ELECTRONICALLY)	IONS (OTHER THAN ANS, OR \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS) \$ 24,99	9.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	RE. \$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 31164	.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAI OF REPORTING PERIOD	INED AS OF THE LAST DAY \$ 13 30	1.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE \$ 10,00	0.00
18 SIGNATURE I swea	r, or affirm, under penalty of perjury, that the accom	panying report is true and correct and includes a	II information
require	ed to be reported by me under Title 15, Election Code.	d = 11	
	-security	gnar	
*********		Signature of Candidate or Officeholder	
JUL JUL	AN ALVARADO IISSION EXPIRES Y 15, 2025		
JUL JUL	IISSION EXPIRES	r option below:	
JUL JUL	MISSION EXPIRES 7 15, 2025	r option below:	
(1) Affidavit	Please complete either	, th	wil
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed be	Please complete either Fore me by June 1997 The state of the state o	this the 6th day of 4th	wil
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed be 20 23 to certify which the certification is a certification of the certifi	Please complete either Fore me by Auna And seal of office. Christian Alve	this the 6th day of Andreado Condinator	nistering oath
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed be	Please complete either Fore me by Please complete either Fore me by Please complete either Fore me by Printed name of officer administerior	this the 6th day of Andreado Condinator	nistering oath
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed be 20 23 to certify which the certification is a certification of the certifi	Please complete either Fore me by Auna And seal of office. Christian Alve	this the 6th day of Andreado Condinator	nistering oath
(1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed better to certify which the certification (2) Unsworn Declaration	Please complete either Fore me by Please complete either Fore me by Please complete either Fore me by Printed name of officer administerior	this the 6th day of 900 day of 90	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed being to certify which the certification of	Please complete either Fore me by Please complete	this the day of And day of And arade Condinator Title of officer admi	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed being to certify which is a distribution of the company of the certify which is a distribution of the certification of the certi	Please complete either Fore me by Please complete	this the branch day of Grade Condinator Title of officer admit and my date of birth is	
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed being to certify which is a distribution of the company of the certify which is a distribution of the certification of the certi	Please complete either Fore me by Please complete	this the branch day of Grade Condinator Title of officer admit and my date of birth is	ountry)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 26999.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	a a	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 10000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 31164.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	

SCHEDULE A1

ii tile reques	sted information to the approximation	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME	KENIN D LYNCH	3 Filer ID (Ethics Commission Filers)
4 Date	4101 GLENWOOD DR. FORT WORTH, TX 76109	7 Amount of contribution (\$)
8 Principal occu	spation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) DAVID AMOSS	Amount of contribution (\$)
1/2/23	Contributor address; City; State; Zip Code	\$ 100.00
	721 JEFFERSON AVE METAIRIE, LA 70001	ï
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) RRENT STEPHENS Contributor address; City; State; Zip Code	Amount of contribution (\$)
•	PO BOX 33213 FORT WORTH, TX 76162	*
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#) John Burle	Amount of contribution (\$)
1/3/23	Contributor address; City; State; Zip Code 968 CALICHE AD. FORT WORTH, TX 76108	\$ 100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	stions)
		NEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

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	ed information is not applicable, BO NOT instead that page	1 Total pages Schedule A1:
The 1	nstruction Guide explains how to complete this form.	
FILER NAME	KEVIN D LYNCH	3 Filer ID (Ethics Commission Filers)
13/23	5 Full name of contributor Out-of-state PAC (ID#) INBERT HOLMAN 6 Contributor address; City; State; Zip Code 3709 Fox Hollow ST FORT WORTH, Tx 76109 State: View title (See Instructions) 9 Employer (See Instruc	7 Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	
Date	Full name of contributor out-of-state PAC (ID#:) Sake MITCHELL	Amount of contribution (\$)
1/3/23	Contributor address; City; State; Zip Code 3800 TRAILWOOD LA FORT WORTH TX 76109	\$ 100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) PYAN HYMAN	Amount of contribution (\$)
1/5/23	Contributor address; City; State; Zip Code 3912 CLANIDGE CT FORT WORTH, TX 76109	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) ANDREW WARD	Amount of contribution (\$)
1/5/23	Contributor address; City; State; Zip Code 3451 PARK HOLLOW ST FORT WORTH, TX 76109	\$ 106.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	octions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED al reporting requirements.
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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form	n.	1 Total p	ages Schedule A1:
FILER NAME	KEVIN D LYN	<i>ic</i> H			3 Filer II) (Ethics Commission Filers)
Date //5/23 Principal occur	6 Contributor address; 3909 SARITA DR	City;	SI POT:	ate; Zip Code	Ø	nt of contribution (\$)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amo	unt of contribution (\$)
1/6/23	BRAD WHITNE Contributor address; 4104 ALTURA DR.	City;		tate; Zip Code 4,71x 76109	# 1	250.00
Principal occu	pation / Job title (See Instructions)			Employer (See Instruc	etions)	11
Date 1/6/23	Full name of contributor CASE CARPENTE Contributor address; 3129 SWEETBRIA	ん City;	s	tate; Zip Code		unt of contribution (\$)
Principal occu	upation / Job title (See Instructions)			Employer (See Instru	ctions)	
Date	Full name of contributor JAY WIESPA Contributor address; 2920 ONENWOOD	City;		State; Zip Code		ount of contribution (\$)
Principal occ	upation / Job title (See Instructions)			Employer (See Instru	ctions)	
			J.			
	ATTACH ADDI'	TIONAL COPIES C, please see Ins	OF truct	THIS SCHEDULE AS on guide for additiona	NEEDED I reporting	
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SCHEDULE A1

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

If the reques	sted information is not applicable, DO NOT include this page in t	ne 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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
1/10/23	6 Contributor address; City; State; Zip Code 2817 HARTWOOD DR. FORT WORTH, TX 761	1
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	etructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
1/12/23	JAY MILLEN Contributor address; City; State; Zip Code 4024 HALLANWOOD DR. FORT WONTH, TX 76.	\$ 50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
1/12/23	Contributor address; City; State; Zip Code 3016 OVERTOW PARK DR WEST POUT WORTH, TX 76	
Principal occi	upation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/12/23	Contributor address; City; State; Zip Code 7356 BALLHTWATER DD. FORT WORTH, TX 761	\$ 50.00
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	nstructions)
	*	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	AS NEEDED Tonal reporting requirements.

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	KEVIND LYNCH	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) SCOTT KINAND 6 Contributor address; City; State; Zip Code 2026 CAVE SIMNGS RD CEDAMOWN, 6A 30125	7 Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	uulis)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/16/23	Contributor address; City; State; Zip Code 3213 SWEETSNIAL AN FORT WORT 4,7% 7610	\$ 100.06
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
1/16/23	Contributor address: City: State: Zip Code (800 FORTUNE PD PORTWORTH, TX 76116	\$ 500.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	otions)
Date	Full name of contributor out-of-state PAC (ID#) PYAN CAMPBEU Photo: 7in Code	Amount of contribution (\$)
117/23	Contributor address; City; State, 219 3335 1415 ELIZABETH BLVD FORT WORTH, TX 76110	,
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
220	•	
		- 2447
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED I reporting requirements.
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SCHEDULE A1

ii tile reques	ted information to not approximate, a second	
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)
	5 Full name of contributor out-of-state PAC (ID#) KYLE WATKINS 6 Contributor address; City; State; Zip Code 4212 LANAUK AVE FORT WORTH, TX 76109	7 Amount of contribution (\$) \$\\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) HEATHEL PISH	Amount of contribution (\$)
1/17/23	Contributor address; City; State; Zip Code 2412 8049 NE FORT WORTH, TX 76109	\$100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#) DANIEL SEVIEA	Amount of contribution (\$)
1/18/23	Contributor address; City; State; Zip Code 4308 KRILLAND DA. FMT WOMH, TX 76109	₹500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
1/20/23	Contributor address; City; State; Zip Code 3917 6£NW000 DQ. FORT WORTH, TX 76109	4 (00)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.
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SCHEDULE A1

II (iie reque	Saled Mornadon to not approved,	
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	E KEVIN D MNCH	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor WAN MUNT COMPLY City; State; Zip Code WOLTH, TX 7610	7 Amount of contribution (\$)
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	nstructions)
Date 1/2/13	Full name of contributor KASEY SCHAIMF Contributor address; City; State; Zip Code 3705 SVMMENCIUST DL . FOLT WOUTH TX 76	Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Principal occ	upation / Job title (See Instructions) Employer (See In	nstructions)
Date 1/21/23	3113 SWEETBRUML LN FORTWOATH, TX 76109	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor STEPHEN CARN Contributor address; City: State; Zip Code 7501 MEADOWSIDE AD FOLT WORTH TX 76	
Principal occ	cupation / Job title (See Instructions) Employer (See I	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED tional reporting requirements.
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SCHEDULE A1

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The l	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	KEVIN D LYNCH	3 Filer ID (Ethics Commission Filers)
1/21/23	5 Full name of contributor TODD PECZEL 6 Contributor address; 2348 BANKULUNST DA. DUNWOODY, 6A 30338 State / Lab ##10 (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$ Sp.00
Principal occup	eation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#) ROBEM BOUNUEUS	Amount of contribution (\$)
124/23	Contributor address; City; State; Zip Code 3200 WESTCUFF ID W FONT WONTH, TX 7669	\$ 500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) TANNER Mc NULTY	Amount of contribution (\$)
1/24/23	TANNER McNULTY Contributor address; City; State; Zip Code 3148 HLUTOP (L) FORT HOWH, (X 76109)	\$ [00.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/25/23	Contributor address; City; State; Zip Code 3137 HILLTOP RD. FORT WORTH, TX 76109	\$ 25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	<i>₩</i>	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED al reporting requirements.
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SCHEDULE A1

		1 Total pages Schedule A1:
The in	struction Guide explains how to complete this form.	Files)
FILER NAME	LEVIN D LYNCH	3 Filer ID (Ethics Commission Filers)
Date	Full name of contributor MICHAEL MCCOY 6 Contributor address; City; State; 3847 BELLAINE CILLE FOR WOM K	7 Amount of contribution (\$)
Ilrilas		
Principal occup	ation / Job title (See Instructions) 9 Empl	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	2
1/21/23	Contributor address; City: State; 740 WALNER DB FOLL WOLTH	Zip Code # 100.00 TX 76110
Principal occupa	ation / Job title (See Instructions) Emp	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/21/23	Contributor address; City; State; 3764 ALMOYOM. FOR WOLT!	Zip Code \$1250.00 1,17x 76109
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/21/23	Contributor address; City; State; 809 MUSMAR BUD FORT WOM H	Zip Code \$ 500.00
Principal occup	pation / Job title (See Instructions) Em	oloyer (See Instructions)
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	ATTACH ADDITIONAL COPIES OF THIS	COMPANY S AS MEEDED

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	FEVIND LYNCH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CHIP ADKINS	7 Amount of contribution (\$)
1/30/23	323 WOODLAND DR. BICHINGHAM, AL 3529	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) MICHAEL VALEUD	Amount of contribution (\$)
2/1/23	Contributor address; City; State; Zip Code 6919 SECUANO DO. FULL WULTH, TX 76124	1
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) FILEEN JUTIUS	Amount of contribution (\$)
4423	Contributor address; City; State; Zip Code U309 PEMBLOVA (KWYN CULTVILLETX 7603)	#25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor AUCIA & PETER DEAN Out-of-state PAC (ID#:)	Amount of contribution (\$)
2/5/23	Contributor address; City: State; Zip Code 3804 TANLWOOD LN FORT WORTH TX 7610	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
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The I	nstruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME	KEVIN D LYNCH		3 Filer ID (Ethics Commission Filers)
4 Date 26 23	5 Full name of contributor out-of-state PAC (TNOY OKRUHUK 6 Contributor address; City; 4828 WEITON HOWOW FOR	State; Zip Code 7 WONN,TX 76109	
3 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 18/23	Full name of contributor out-of-state PAC TAMMY (ONLINGAS) Contributor address; City; 4320 BELLAILE DIL S FOMI	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 2/6/17	Full name of contributor out-of-state PAC 10E SEGULIA Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	dions)
Date 2673	Full name of contributor out-of-state PAC PZOBER NORMAN Contributor address; City; 3204 SWEFFBILAR IN Formation / Job title (See Instructions)	State; Zip Code	
T Tatopat 0000			
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Instr	OF THIS SCHEDULE AS	NEEDED

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SCHEDULE A1

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The li	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	KEVIN D MNCH	3 Filer ID (Ethics Commission Filers)
2/1/23	5 Full name of contributor WESUEY TULNEL 6 Contributor address; City: State; Zip Code 500 W 7H ST For WOUTH TX 76/02	7 Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) SETH CLAWFORD	Amount of contribution (\$)
2/8/25	Contributor address; City: State; Zip Code 109 W ZND ST STE ISO FORT WORTH, TX 76102	\$ 500.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
2/9/23	HAYDEN GILLESPIE Contributor address; City; State; Zip Code 3112 SWEETBRIAR LN FORT WORTHITX 7610	\$ 50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/13/23	Contributor address; City; State; Zip Code	\$500.00
` `	408 ALTURA RD FORT WORTH, TX 76100	4
Principal occup	pation / Job title (See Instructions) Employer (See Instru	Jelions)
	4*	
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SCHEDULE A1

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The l	nstruction Guide explains how to complete this form.	1 Total p	ages Schedule A1:
2 FILER NAME	KEVIN D LYNCH	3 Filer II) (Ethics Commission Filers)
4 Date 2 14 23	5 Full name of contributor out-of-state PAC (ID#:) UNDSAY BUOMEN 6 Contributor address; City; State; Zip Code 3200 BELLAIRE DEW-FORT WORTH, TX 76109	1	nt of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	1.000
Date	Full name of contributor out-of-state PAC (ID#) BLAVE LoGENS	Amou	ant of contribution (\$)
1/20/23	Contributor address; City; State; Zip Code 6325 AAUFAX PD FULT WOULH TX 76116	#	500.60
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:) MICHAEL DICE	1	unt of contribution (\$)
2/20/23	Contributor address; City; State; Zip Code 209 SUMMENSBY LN FOM WOUTH, Zuity	"	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amo	ount of contribution (\$)
2/21/23	BILL HESTER Contributor address; City; State; Zip Code 3915 MOCKIN 6 BIRD LN FOR WEART, TX LID.	4	250.00
Principal occup	2915 MOCKINGBILD LN FORWERK IN 1610. Deation / Job title (See Instructions) Employer (See Instru	uctions)	
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	If contributor is out-of-state PAC, please see Instruction guide for addition	al reporting	
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FILER NAME KEVIN D LYNCH		3 Filer ID (Eth	ics Commission Filers)
Date 5 Full name of contributor CONNELLUS Contributor address; City; 3916 BISHOPS FLOWEL (Contributor)	State; Zip Code -D FOR WORTH, TX 76	7 Amount of c	SO.00
Principal occupation / Job title (See Instructions)	9 Employer (See Instru	ctions)	
Date Full name of contributor JOHN TATE Contributor address; City; 2521 SHADIUM M. For	State; Zip Code		contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instru		
Date Full name of contributor PAVL PUCH Contributor address; City; 4340 WBSTDAVE JU File Contributor address out-of-state City;	State; Zip Code		contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instru	octions)	
Date Full name of contributor EMILY GILBERT Contributor address; City; 3402 AUTUMN CT Fo	State; Zip Code	4	contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instr	uctions)	
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME GUIN D LYNCH	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor CATY WOUD WFF 6 Contributor address; City: State; Zip Code 3125 CHAPARAL LN FORT WORTH TX 7610 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
1/26/23 Contributor address; City: State; Zip Code 2/26/23 Contributor address; City: State; Zip Code 3921 OWENWOOD Da. Fort WORTH, Th. 760	# \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) # (00-00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
Date Full name of contributor LATIE VESTAL Contributor address; City; State; Zip Code 3301 MP SS HOUSE FORT WORK, TX 76	Amount of contribution (\$) \$\\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
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2 FILER NAME	KEVIND LYNCH	3 Filer I	D (Ethics Commission Filers)
4 Date 227/23	5 Full name of contributor out-of-state PAC (ID#:) TIM MATHEVS 6 Contributor address; City: State; Zip Code 1728 LONGFIELD DR. FORT WORTH, TX 76108	ं क्ष	100.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Date 123	Full name of contributor out-of-state PAC (ID#:) AVSTIN PETUY Contributor address; City; State; Zip Code 5429 HUNTLY DL FORT WORTHTX 76109	#	unt of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) NICK GALAT!	,	ount of contribution (\$)
3/1/23	Contributor address; City; State; Zip Code 2650 ALTVACY FOOT WOLF 1, TX 76109		250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)	
Date 3/3/23	Full name of contributor LASH MULINS Contributor address; City: State; Zip Code 3828 BISHUS FLOWEND FORT WORTH, TX 76	Amo	bunt of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)	
	, #!		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED al reporting	requirements.
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The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	9	3 Filer ID (Ethics Commission Filers)
4 Date 3 6 23	5 Full name of contributor out-of-state PAC (ID#) AUEN FUEDSON 6 Contributor address; City: State; Zip Code 3858 CANDUFLITE LY FAY WOLTH, TX 7610	7 Amount of contribution (\$)
	3858 CANDIFLITE IN FOUNDITH, TX 7610 Dation / Job title (See Instructions) 9 Employer (See Instructions)	g tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/6/23	BETSY POLCE (AMPAIGN Contributor address; City; State; Zip Code PO BOX 100066 FORT WORTH, TX 76185	\$250.00
	ation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor out-of-state PAC (ID#) PAUL PAUL	Amount of contribution (\$)
3/7/23		\$100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) J.T.& CHAMTY AULKINBAULH	Amount of contribution (\$)
3/7/23	Contributor address; City; State: Zip Code 3164 WESTCUFF PD W FORT WORLL, TV, 761	\$ 1000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
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SCHEDULE A1

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FILER NAME	KEVIND LYNCH		3 Filer ID (Ethics Commission Filers)
Date 3 8 23	5 Full name of contributor out-of-state PAC (JOHN M'QUEENEY 6 Contributor address; City; 3820 BISHOIS GOWENTA	State; Zip Code	7 Amount of contribution (\$)
Principal occu		9 Employer (See Instruct	
Date	Full name of contributor out-of-state PAC MATHEW COOPEN	(ID#:)	Amount of contribution (\$)
3/9/23		State; Zip Code TWONTH, TY 160	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/9/23	Contributor address; City; 2217 WINDSOR PLACE FOR:	State; Zip Code TWOATHAX 76110	\$ 300.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PACE MICHAEL FLLIDIT	: (ID#:)	Amount of contribution (\$)
3/20/23	Contributor address: City;	State; Zip Code ONY WONTH, TX 76109	\$ 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
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SCHEDULE A1

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If the request	ed information is not applicable, DO NOT include this page	in the report.
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	KEVIN D. LYNCH	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
3/17/23	6 Contributor address; City; State; Zip Cod 6341 KLAMATH (4) FOM WORTH TX	le (),000.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
3/22/23	Contributor address; City; State; Zip Coo. 3124 BMACHAVEN (4) FOOT WORTH, THE	1609 \$ 500.00
		e Instructions)
Date	Full name of contributor out-of-state PAC (ID# CATHELINE HEES	Amount of contribution (\$)
3/23/23	Contributor address: City; State; Zip Co.	17
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/27/23	Full name of contributor WWW 1TH HAUTUNG Contributor address; City; State; Zip Co HID9 HILDLING DIL FAST FOR WORTH, T	#100.00 x 76109
Principal occu	pation / Job title (See Instructions) Employer (See	ee Instructions)
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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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		2
1 Total pages Schedule F1;	2 FILER NAME KEVIN D LYNCH		3 Filer ID (Ethic	s Commission Filers)
4 Date 2/2/23	Payee name PUBLIC AFFAIRS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2000.00	10 Box 793	AVSTIN	TX	78767
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	DIGITA	L	×
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
Date 2/2/23	Payee name PAVEN PUBLIC AFF	1125		
Amount (\$)	Payee address;	City;	State;	Zip Code
1000.00	PO BOX 793.	AUSTIN	TX	78767
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GNSULTING EXPENSE	CONSULTING		
_ 1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 18/23	PAVEN PUBLIC AFF.	AINS		
Amount (\$)	Payee address;	City;	State;	Zip Code
1860.00	Po Box 793	AUSTIN	TX	78767
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	516N	S	and the same of th
ac	Check if travel outside of Texas. Complete Schedule T.	Check if Ausl	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
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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

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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)

Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Legal Services The Instruction Guide explains how to complete this form.				
	2 Filer ID (Ethics Commission Filers)			
, total page	2 FILER NAME YEVIN D MNOH			
Date 210/23	Payee name LAVEN PUBLIC AFFAIRS City: State; Zip Code			
\$ Amount (\$) \$7600.00	Payee address; Pu Box 793 For Word 7x 78767			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXCENSE (b) Description GRASS ROOTS			
6	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held			
Date 2192	Payee name MAJEN PUBLIC AFFAINS			
71 # -	Payee address; City; State; Zip Code			
Amount (\$)				
1245.00	POROX 793 AUSTIN TX 78767			
PURPOSE OF EXPENDITURE	Category (See Categories listed of the top of this schedule) SALARIES/WAGES/CONTARCT LAGRA LAGRA Description Description			
EXI ENDITOTE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held			
	Payee name			
3/7/23	KENEN PUBLIC AFFAIRS			
Amount (\$)	Payee address; City; State; Zip Code			
333.71	POBOR 793 AUSTIN TX 78767			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVENTISING EXPENSE ADVECTISING ADVECTISING			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	·	2 Filer ID (Ethics	Commission Filers)	
i lotal pages ochedule F13 /	pevil 0 01			
4 Date 3/7/23	Payee name RUBLIC AFFA	Ins	7in Code	
6 Amount (\$)	7 Payee address;	City; State,	Zip Code	
1000.00	PO BOX 793	AUSTIN TX	78767	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	CONSULTING EMENSE	CONSULTING		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 3/14/23	Payee name Payee name PAJEN PUBLIC AF		5	
Amount (\$)	Payee address;	City; State;	Zip Code	
339.04	PO BOX 773	AUSTIN TX	18.167	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVECTISING EXPENSE	ADVECTISINA		
LAI LIADITONE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	`		
3/23/23	QUEN PUBLIC AF	FAIRS		
Amount (\$)	Payee address;	City; State;	Zip Code	
6885.72	POXOX 793	AUSTIA TX	78767	
	Category (See Categories listed at the top of this schedule)	Description	2	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	PLINT ADVENTISI	N 6	
€ 20	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livin		
Complete ONLY 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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME LEVIN D LYNCH	3 Filer ID (Ethics	Commission Filers)		
4 Date 3/27/23	5 Payee name ANEOU(FEES				
6 Amount (\$)	7 Payee address;	City; State;	Zìp Code		
\$663.56	1340 POYDMS ST STE 17	00 NEW DELEANS, LA	70112		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ŀ		
PURPOSE OF EXPENDITURE	ACCOUNTING /BANKING	FEES	**		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date .	Payee name				
3/1/23	MULHOLLAND	1	7. 0.4		
Amount (\$)	Payee address;	City; State;	Zip Code		
4005.25	1200 W BERRY ST	FORT WORTH, TX	76110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVENTISING EXPENSE	ADVECTISIN 8			
	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	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.	Check if Austin, TX, officeholder livin			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
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