CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY Mrs. Katherine	Y	
NAME	Mrs. Katherine		
	NICKNAME LAST SUFFIX		
	Sells		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JUL 15 2022		
OFFICEHOLDER MAILING			
ADDRESS	2206 Landoine Lane	Fo	
ADDINESS	Lewisville, TX 75056 LISD / Supt Of	C	
Change of Address			
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postr	marked	
OFFICEHOLDER	(972) 410-1144		
PHONE	Receipt # Amount \$		
6 CAMPAIGN	MS / MRS / MR FIRST MI		
TREASURER	Mrs. Jeanan Date Processed		
NAME			
	NICKNAME LAST SUFFIX Date Imaged		
	Hamilton		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE, ZIP CODE		
TREASURER			
ADDRESS	2104 Heather Ridge Court		
(Residence or Business)	Flower Mound, TX 75028		
	ACCUPANTS AND		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
PHONE			
	(214) 995-4707		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment		
	(Officeholder Only) X July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH -	·FR)	
10 PERIOD	Month Day Year Month Day Year		
COVERED	TURQUOU 00 / 00 / 00		
	04 / 28 / 22 THROUGH 06 / 30 / 22		
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary Runoff Other		
	Description		
	5 7 22 General Special ————————————————————————————————————		
10. 4	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)		
12 OFFICE			
	Lewisville ISD Trustee, Place 4		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO S THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPEND	EDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
	COMMITTEE ADDRESS		
Additional Pages	GENERAL		
_	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
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)	***************************************	
Katherine Sells				
17 CONTRIBUTION TOTALS	 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)	\$ 2,500.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,128.98)	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 133.31		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all informa	lion	
160	quired to be reported by the diract. Title 13, Election Code.			
	Signature of Can	ndidate or Officeholder		
	Please complete either option below	, -		
Please complete either option below.				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this the _	day of		
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ving ooth	Title of officer administering oa	ath	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer autilitistering oa		
The second second second	OR OR	Mary Mary Mary Control		
(2) Unsworn Declarati	on			
My name is Kath		June 23,1962		
My address is	Dlo Landoine Lane Lewisville . T	x .75056, USA		
	(street) (city) (st	state) (zip code) (country)		
Executed in Denton County, State of Texas, on the 15 day of July, 2022.				
	(month)	(year)		
	Katherine	<u> </u>		
	Signature of Candida	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer			mmiss	on Filers)
Katherine Sells				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	2,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4. SCHEDULE E: LOANS			\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			3,128.98
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.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$		

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 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)

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
2	Katherine Sells			
4 Date	5 Payee name			
04/29/2022	Perfect It Solutions		***	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,001.12	1821 Meadow Ridge Drive Flower Mound, TX 75028			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Campaign sign	nage	
OF EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Chack if Austi	in, TX, officeholder living	Lavnanca
O Commission ONLY if disput	Candidate / Officeholder name	Office sought	- TX, Unicendider living	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought		Office field
Date	Payee name			
	David Hernandez			
04/30/2022	David Hernandez			
Amount (\$)	Payee address;	City;	State;	Zip Code
980.00	253 E ROUND GROVE RD LEWIS	VILLE TX 7506	3 7	
000.00	200 E NOOND ONOVE ND LEVNO	VILLE IX 7000		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Wages	Sign Installation		
EXPENDITURE				
	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
	Dougonous			
Date	Payee name			
5/20/2022	David Hernandez			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00	253 E Round Grove Road, Lewisvi	lle TX 75067		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Wages	Election Da	ay Support	
mest mittell Oliver	Obstational action (T. C.		TV = # - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	² FILER NAME Katherine Sells		3 Filer ID (Ethics Commission Filers)
4 Date 5-20-2022	5 Payee name Perfect IT Solutions		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1047.86	1821 Meadow Ridge Drive, Flower	Mound, TX 750	028
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing	Campaign	Signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
D.IDD00-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.		n, 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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	Katherine Sells	3 Filer ID (Ethics Commission Filers)		
4 Date 04/29/2022	5 Full name of contributor	7 Amount of contribution (\$) 2,500.00		
	6 Contributor address; City; State; 997 Edmonds Lane Lewisville	Zip Code		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor) Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code		
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.