CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages file	ed:
3 CANDIDATE/	MS / MRS / MR	FIRST	N	11	077107	
OFFICEHOLDER NAME	Mrs.	Lynn			OFFICE	USE ONLY
NAME	NICKNAME	LAST	s	UFFIX	Date Received	
	Denise	Lunski				
4 CANDIDATE/	ADDRESS / PO BOX		DITY; STATE; Z	IP CODE		
OFFICEHOLDER	6303	Branch Ho	llow			
MAILING ADDRESS						
Change of Address	Arlingt	on, TX	76001			
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION			
OFFICEHOLDER	(8(7) L	117 (2-1			Date Hand-delivered	or Date Postmarked
PHONE	(8(1)	+17-6991			Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	M	II.	Receipt #	Amount \$
NAME	Mrs.	Maritta			Date Processed	4
	NICKNAME	LAST	S	UFFIX	Data Impact	
		Redd			Date Imaged	
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SI	JITE#; CITY;	-	STATE;	ZIP CODE
TREASURER ADDRESS	Z Broo	kside Cour	+			
(Residence or Business)	Mansf	ield, TX	76063			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE						
PHONE	(817) 9	13-5865				
9 REPORT TYPE	January 15	30th day before e	lection Runoff		15th day afto treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ction Exceede	d Modified g Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	04	/d /2021	THROUGH	04	7×9/41 7	1
11 ELECTION	ELECTION DA			CTION TYPE	20 20	2
II LLLO HON		Drimony		Other		
	Month Day	icai		Description		
	05/01/	ZoZ General	Special			
12 OFFICE	OFFICE HELD (if any)	l	13 OFFICE SOUG	HT (if known)		
			School	Beard	Trustee	Place 4
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPE	NDITURES MA	ADE BY POLITICAL COM	MITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. <i>THESE EXPENDITURES</i> AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN MADE WITHO	OUT THE CAND	IDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
V4-38:1-2	GENERAL	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TO	ACUBED NAME			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	NAME			
		COMMITTEE CAMPAIGN TRE	ASURER 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)						
Denise	Lunski							
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)	\$523,25						
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED DOLUTION EVERNBLEUDE							
enatara minarang pang pang pang	4. TOTAL POLITICAL EXPENDITURES	\$ 964,45						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$						
18 SIGNATURE Is	wear or affirm under negative of perium, that the accompanying report is true							
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information						
	Diese Luns	ke						
	Signature of Ca	ndidate or Officeholder						
	· ·							
	Please complete either option below	<i>r</i> :						
	JULIE MOYE							
(1) Affidovit	Notary Public, State of Texas							
(1) Affidavit	Comm Expires 01-21-2022							
1 37	Notary ID 128155636							
NOTARY STAMP/SEAL	Transcent and the second							
Sworn to and subscribed	D :== 1 1/2	23rd Ancil						
\sim 1		day of April.						
20 , to certify	which, witness my hand and seal of office.	ord Co-sdinatos						
Signature of officer administer	The state of the s	Tible of efficer administration and						
January administra	Timos name of animatering cam	Title of officer administering oath						
	OR							
(2) Unsworn Declaration	on							
My name is	, and my date of birth is							
My address is								
	(street) (city) (e	state) (zip code) (country)						
Executed in	County State of an the downs							
	County, State of, on theday of(month)) 20 (year)						
								
	Signature of Candid	ate/Officeholder (Declarant)						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 2	20 Filer ID (Ethics Commission Filers)
Lynn Denise Lunski	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$523,25
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 207.10
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$757,35
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	DNS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide	The Instruction Guide explains how to complete this form.						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Denise Lu	nski						
4 Date 5 Full name of cor		C (ID#:)	7 Amount of contribution (\$)				
2-14-21 6 Contributor add	nn Dobie ress; City; Mansfie h Ridge Ct.	State; Zip Code	\$200,00				
1308 Hig	h Ridge Ct.	TX 76063					
8 Principal occupation / Job title (See	nstructions)	9 Employer (See Instruct	tions)				
Date Full name of cor	_	C (ID#:)	Amount of contribution (\$)				
3-8-21 Contributor add	ress; that city; s Nest Trl. Burleson	State; Zip Code TX 76028	\$100.005				
Principal occupation / Job title (See	Instructions)	Employer (See Instruct	ions)				
Date Full name of con	_	C (ID#:)	Amount of contribution (\$)				
3-9-21 Dondria Contributor addr 2311 Co	+ Roy Hayhurs city: Arlington Imon+ Instructions)	State; Zip Code	\$100.00				
Principal occupation / Job title (See	Instructions)	Employer (See Instruct	ions)				
Date Full name of con	out of oldie 1710	C (ID#:)	Amount of contribution (\$)				
2-9-2021 Debbie Contributor addition with the Contributor additional	ress; City;	State; Zip Code	\$30,00				
Principal occupation / Job title (See	Instructions)	Employer (See Instruct	ions)				
:E							

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	Penise Lunski	3 Filer ID (Ethics Commission Filers)
3-19-201	6 Contributor address; City; State; Zip Code Mansfield Out-of-state PAC (ID#:	7 Amount of contribution (\$) \$4000
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3-19-2021	Full name of contributor out-of-state PAC (ID#:) Nicole Merech ka	Amount of contribution (\$)
	Nicole Merech to Contributor address; City; State; Zip Code 701 High Eagle Dr. TX 76001	\$5,00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3-(9-202(Full name of contributor out-of-state PAC (ID#:) Amalia Valentich Contributor address; City; State; Zip Code 1515 War wick Dr. TX 76063 ation / Job title (See Instructions) Employer (See Instructions)	
7-(9-202)	Full name of contributor out-of-state PAC (ID#) Marita Fedd Contributor address; City; State; Zip Code Marsfield Z Brookside Ct. TX 76063	Amount of contribution (\$)
Principal occupa	Employer (See Instructions) Employer (See Instruct	tions)

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)
Lynn	Denise Lunski		,
4 Date	5 Full name of contributor	7	Amount of contribution (\$)
3-23-202	Charlotte Keever 6 Contributor address; City; State; Zip 1148 Hinton Pr. TX 70	Code	\$8.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instruction	ne\
	Employer ((See Histraction	15)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
- 10 200	Crystal Van Kie		,
3-19-60	Contributor address; City; State; Zip	Code	\$20,00
	Crystal Van Rie Contributor address; City; State; Zip 4309 Branch Hollow TX 71	1000	
Principal occup	eation / Job title (See Instructions) Employer ((See Instruction	e)
		(000 11100 2000)	<i>o</i> ,
Date	Full name of contributor	<u>).</u>	Amount of contribution (\$)
	4	1	
	Contributor address; City; State; Zip	Code	
Principal occup	ation / Job title (See Instructions) Employer ((See Instruction	es)
Date	Full name of contributor		
	out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; State; Zip 0	Code	
	2		
Principal occup	ation / Job title (See Instructions) Employer ((See Instruction	s)
	4		
	ATTACH ADDITIONAL CODIES OF THE COLUM		DED.
	ATTACH ADDITIONAL COPIES OF THIS SCHE		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURE (CATEGORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Over Polling Exp ense Printing Exp		Solicitation/Fundrais: Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense t
		The Instruction Guide	explains how to co	omplete this form.	·	
1 Total pages Schedule F4:	2 FILER		Lunski		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHAF	RGEDTOACR	EDIT CARD	\$ 13.45	207.10
5 Date	6 Payee					
3-8-2021	oft	ie Depot	Office	Max		
7 Amount (\$)	8 Payee			City;	State;	Zip Code
\$6.47	461	9 S. Coope	r	Arlington	$n \propto TX$	76017
9 TYPE OF EXPENDITURE	X I	Political	Non-Pol	litical		
10	(a) Categor	y (See Categories listed at the t	op of this schedule)	(b) Description		
PURPOSE OF Expenditure	Ac	countingl	Banking	Receip	ot Bool	K
	(c)	Check if travel outside of Texas. (Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
11 Complete ONLY if direct	Can	didate / Officeholder na	me O	ffice sought	Office h	eld
expenditure to benefit C/OH	Den	ise Lunsk	i Sche		rustee Pl.	4
Date	Payee	name				
3-18-2021	Of	fice Depo	+ / Offi	ee Max		
Amount (\$)	Payee	address;		City;	State;	Zip Code
\$10,80	461	95, Coope		Arlington	TX	76017
TYPE OF EXPENDITURE	×	Political	Non-Po	litical		
	Categor	y (See Categories listed at the	top of this schedule)	Description	,	
PURPOSE	Ι			Same	Lary	
OF EXPENDITURE	Adve	rtising E	Xpense	Busine	ess Card	S
		Check if travel outside of Texas.		Check if Au	ustin, TX, officeholder livin	ig expense
One La Chilly if it	Can	didate / Officeholder na	me Of	ffice sought	Office h	neld
Complete ONLY if direct expenditure to benefit C/OH	Danie			sfield So		
	verns	se Lunski	Boar	d Trustee	Pl.4	
		<u> </u>				
	ATTAC	CH ADDITIONAL COF	PIES OF THIS S	CHEDULE AS NE	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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 Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Lynn Denise Lun	ski	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		-
3-23-2021	Office Depot 10	Pfice Max	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$10,80	4619 S. Cooper	Arlingtor	TX 76017
9 TYPE OF EXPENDITURE	Political [Non-Political	·
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		Same	day
OF EXPENDITURE	Advertising Expen	ise Busin	ess Cards
	(C) Check if travel outside of Texas. Complete		istin, TX, officeholder living expense
11	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Denise Lunski	Mansfield Sch Board Trustee	
Date	Payee name		State of the state
4-5-2021	Office Depot	Office Hax	
Amount (\$)	Payee address;	City;	State; Zip Code
\$17.26	4619 S. Cooper	Arlington	TX 76017
TYPE OF		_	
EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of thi	s schedule) Description	
PURPOSE		7-51	led
OF EXPENDITURE	Advertising Exper	nse Busin	ess Cards
	Check if travel outside of Texas. Complete		ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Denise Lungki	Mansfield Sol Board Truster	Pl. 4
		200 2 0000	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDIT	JRE CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services		Office Overl Polling Exp Printing Exp		Transporta Travel In D Travel Out	ition Equip District Of Distric	sing Expense oment & Related Expense of the control of the control
		The Instruction	Guide explair	ns how to co	mplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME Denis	و ل	nski		3 Filer ID	(Ethics	Commission Filers)
4 TOTAL OF UNITEM						\$		
5 Date	6 Payee	name						
4-22-2021	0 0	Fice De	pot /	OFF	ice Ma	X		
7 Amount (\$)	8 Payee				City;		tate;	Zip Code
\$28,12	4610	7 5, Co	200Cr		Arlingto	n T	X	76017
9 TYPE OF EXPENDITURE	\bowtie	Political		Non-Pol	,			,
10	(a) Categor	y (See Categories listed	at the top of this	schedule)	(b) Description			
PURPOSE					2-5id	ed		
OF Expenditure	Adve	ertising	Exper	SE	Busin	ess (-avn	15
	(c)	Check if travel outside of	Texas. Complete 5	Schedule T.		stin, TX, officeh		
11	Can	didate / Officehold	ler name	Of	fice sought		Office h	neld
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Denis	se Luns	ki	Board	I Trustee	1001 11.4		
Date	Payee	name						
3-17-2021	B4	-6 Si	905					
Amount (\$)		address;	-		City;	S	tate;	Zip Code
丰133,65	4386	3 W. 600	een Octe 107	iks	Arlingto	on T	χ	76016
TYPE OF EXPENDITURE	× F	Political		Non-Pol	-			
	Categor	y (See Categories listed	d at the top of this	schedule)	Description			
PURPOSE		, (10" x 30	ou wi	re	Step- stakes
OF EXPENDITURE	Adv	ertisin	101 EXC	ense	110	0)		stakes
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Can	didate / Officehold	ler name	Of	fice sought		Office h	neld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
								-
	ATTAC	H ADDITIONAL	COPIES O	F THIS SC	HEDULE AS NE	EDED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi CreditCard Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Office Ov Polling E nse Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
1 Total pages Schedule H:	2 FILER N	O	-unski	2	3 Filer ID (Ethic	s Commission Filers)	
4 Date 3 - 9 - 2021	6 Business			1			
6 Amount (\$) \$ 746.55	The second secon	address; B W. Green !		city; Ar lington	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description	1		
		Check if travel outside of Texas. Comp		Check if Austin,	TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Boar	Office sought	4	Office held	
Date	Business	name					
3-19-2021	Good	1 Pay Co	rte				
Amount (\$)	Business	address;	井(3	City;	State;	Zip Code	
\$10,80	620	4 S. Cooper		Arlingto	on TX	76001	
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of	e Expens	Description GUAC of Chips	- + Sals	a	
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin,	TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Man Boo	Office sought sfield school and Trustee f	1.4	Office held	
Date	Business	name			,		
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top o	f this schedule)	Description			
		Check if travel outside of Texas. Comp	olete Schedule T.	Check if Austin,	TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
	ATTA	ACH ADDITIONAL COP	ES OF THIS	SCHEDULE AS NEED	ED		