# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 Total pages fil	led:	-		
The C/OH Instruction	Guide explains how	to complete this form.			4			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Lauren	мі К		USEONLY	]		
	NICKNAME	LAST <b>Tyra</b>	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO>	(; APT / SUITE #;	CITY: STATE: ZIP CODE	D)EC				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Christopher	МІ	Date Processed	Amount \$			
NAME	NICKNAME	LAST <b>Kline</b>	SUFFIX	Date Imaged	.He	8:17am		
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE			
ADDRESS (Residence or Business)	1805 Grand	Canyon Way Aller	n, TX 75002					
8 CAMPAIGN TREASURER PHONE	area code	PHONE NUMBER 336-2460	EXTENSION					
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day aft treasurer ap (Officeholde				
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		t (Attach C/OH - FR)			
10 PERIOD COVERED	Month 7	Day Year / 15 / 21	Month THROUGH 1	Day Year				
11 ELECTION	ELECTION DA Month Day 5	TE Year Primary 25 General	ELECTION TYPE Runoff Other Description Special 2025 Municip					
12 OFFICE	OFFICE HELD (if any)	rustee Place 1	13 OFFICE SOUGHT (if known Plano ISD Truste					
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						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
	COMMITTEE CAMPAIGN TREASURER ADDRESS							
GO TO PAGE 2								
						2 C		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Lauren Tyra	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 124.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	<sup>w</sup> \$ 437.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	= \$
	vear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	2 phD
(1) Affidavit	Please complete either option below: BARBARA J. MONROE Notary Public State of Texas ID # 12842638-1 Comm. Expires 10-25-2022	
Signature of officer administeri	rhich, witness my hand and seal of office. SMUCOL DAT GADAT MONSE ng oath Printed name of officer administering oath OR	8 day of JANGAOGE NotArg Title of officer administering oath
(2) Unsworn Declaration		
	, and my date of birth is	··
	(street) (city) (state) County, State of, on theday of(month)	(zip code) (country) , 20 (year)
	Signature of Candidate/C	fficeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILE	D (Ethics Commission Filers)				
21 SCH NAM	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
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 CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$			
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				
2.	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.

in the requested in	formation is not applicable, bo not me	idde this page in the i	epon.				
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees O Food/Beverage Expense Pa By Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement Mice Overhead/Rental Expense olling Expense rinting Expense alaries/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 h	ow to complete this form.	2/				
1 Total pages Schedule F1 1	2 FILER NAME Lauren Tyra	3 Filer ID (Ethics Commission Filers)					
<sup>4 Date</sup> Various	5 Payee name Frost Bank						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
48.00	PO Box 1600 San Antonio, TX 78296						
В	(a) Category (See Categories listed at the top of this sche	edule) (b) Description					
PURPOSE OF EXPENDITURE	banking	account fee					
	(C) Check if travel outside of Texas. Complete Sched	ule T. Check if Aus	stin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Various	Dropbox						
Amount (\$)	Payee address;	City;	State: Zip Code				
76.71	1800 Owens Street San Francisco, California 94158						
	Category (See Categories listed at the top of this sched	ule) Description					
PURPOSE OF EXPENDITURE	Other - data storage	data storage					
Check if travel outside of Texas, Complete Schedule T. Cher		ule T. Check if Aust	tin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 schedu	ule) Description					
	Check if travel outside of Texas, Complete Schedu	le T. Check if Aust	in, 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