

# 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	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Lisa	OFFICE USE ONLY  Date Received <b>RECEIVED</b> JUL 15 2020	
	NICKNAME LAST SUFFIX Kolodny		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6905 Beeman Drive  Plano, TX 75023		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI Adam		
	NICKNAME LAST SUFFIX Kolodny		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6905 Beeman DR Plano TX 75023		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 469 222 6014		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2020    06/30/2020		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Plano ISD School Board Place 4 District Plano ISD	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

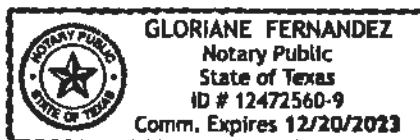
FORM C/OH  
COVER SHEET PG 2

2 of 5

13 C / OH NAME Kolodny, Lisa		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 179.97
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 179.97

## 17 AFFIDAVIT

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.



Lisa T. Kolodny  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa Kolodny, this the 15th day of July, 2020, to certify which, witness my hand and seal of office.

Gloriana Fernandez  
Signature of officer administering

Gloriana Fernandez  
Printed name of officer administering

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 5

**18 FILER NAME**

Kolodny, Lisa

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**PLEGGED CONTRIBUTIONS****SCHEDULE B****The Instruction Guide explains how to complete this form.****1** Total pages Schedule B:  
Sch: 1/1 Rpt: 4/5**2** FILER NAME  
Kolodny, Lisa**3** Filer ID  
lisakolodnyforpisd@gmail.com**4** TOTAL OF UNITEMIZED PLEDGES**\$** 0.00**5** Date**6** Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Pledgor Address; City; State; Zip Code**8** Amount of  
pledge (\$)**9** In-kind description  
(If applicable)☐ Check if travel outside of Texas. Complete Schedule T.**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

**LOANS****SCHEDULE E****The Instruction Guide explains how to complete this form.****1 Total pages Schedule E:**  
Sch: 1/1 Rpt: 5/5**2 FILER NAME**  
Kolodny, Lisa**3 Filer ID****4 TOTAL OF UNITEMIZED LOANS****\$** 0.00**5 Date of loan****7 Name of lender**☐ out-of-state PAC (ID#: \_\_\_\_\_)**9 Loan Amount (\$)****6 Is lender a  
financial  
institution?****8 Lender address; City; State; Zip Code****10 Interest Rate****11 Maturity Date****12 Principal occupation / Job title (See Instructions)****13 Employer (See Instructions)****14 Description of Collateral**☐ None**15 Check if personal funds were deposited into political account  
(See Instructions)**☐**16 GUARANTOR  
INFORMATION****17 Name of guarantor****19 Amount Guaranteed (\$)**☐ not applicable**18 Guarantor address; City; State; Zip Code****20 Principal occupation****21 Employer (See Instructions)**