

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 (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST JENNY NICKNAME LAST PROZNIK	MI S SUFFIX	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;">Received</div> <div style="text-align: center; font-size: 1.2em;">APR - 7 2016</div> <div style="text-align: center; font-size: 0.8em;">Lewisville ISD Superintendent's Office</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4578 MIRA VISTA DR. FRISCO TX 75034		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 668-0888		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST TOO NICKNAME LAST DEDECKER	MI M SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 530 SHELTON CT. HIGHLAND VILLAGE TX 75077		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 636-9817		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 25 / 2016 04 / 06 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) LISA BOARD OF TRUSTEE PLACE 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JENNY S. PROZNIK 15 Filer ID (Ethics Commission Filers)

16 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.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

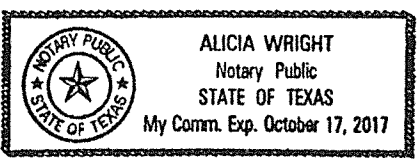
COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

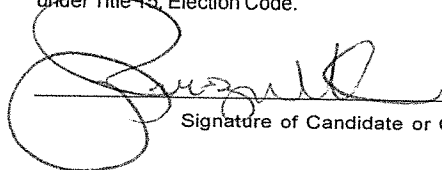
COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 375.49
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1963.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 107.72
	4. TOTAL POLITICAL EXPENDITURES	\$ 2093.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 833.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000.00

18 AFFIDAVIT



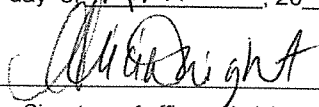
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jenny S. Proznik, this the 7 day of April, 2016, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Alicia Wright
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

JENNY S. PROZNIK

3 Filer ID (Ethics Commission Filers)

4 Date

2/15/2016

5 Full name of contributor

out-of-state PAC (ID#: _____)

STEVEN ELIEFF

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

13 SAVANNAH DR FRISCO TX 75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/2016

Full name of contributor

out-of-state PAC (ID#: _____)

WILLIAM SORENSON

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

15730 N. WESTERN AV. EDMOND OK 73013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/2016

Full name of contributor

out-of-state PAC (ID#: _____)

JULIE FOUGHTY

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

6624 BRIAR RIDGE LN. PLANO TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/29/2016

Full name of contributor

out-of-state PAC (ID#: _____)

DANA RONDROS

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

4501 VOYAGER DR. FRISCO TX 75034

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME
JENNY S. PROZNIK

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
TOOD DEDECKER

7 Amount of contribution (\$) **\$107.21**

6 Contributor address; City; State; Zip Code
530 SHELTON CT HIGHLAND ULLAGE TX 75077

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/10/2016

Full name of contributor out-of-state PAC (ID#: _____)
JEFF PROZNIK

Amount of contribution (\$) **\$100.⁰⁰**

Contributor address; City; State; Zip Code
4578 MIRAVISTA DR. FRISCO TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/15/2016

Full name of contributor out-of-state PAC (ID#: _____)
PATRICIA HARVEY

Amount of contribution (\$) **\$193.90**

Contributor address; City; State; Zip Code
6904 GRAND FAW CR. PLANO TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/2016

Full name of contributor out-of-state PAC (ID#: _____)
NEVA WYMNE

Amount of contribution (\$) **\$100.⁰⁰**

Contributor address; City; State; Zip Code
4841 RIPPY RD. FLOWER MOUND TX 75024

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

JENNY S. PROZNIK

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

02/04/2016

7 Name of lender

JENNY S. PROZNIK

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$500.⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address;

4578 MIRA VISTA DR.

City; State; Zip Code

FRISCO TX 75034

10 Interest rate

0%

11 Maturity date

N/A

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 (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

03/10/2016

Name of lender

JENNY S. PROZNIK

out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$500.⁰⁰

Is lender a financial institution?

Y N

Lender address;

4578 MIRA VISTA DR.

City; State; Zip Code

FRISCO TX 75034

Interest rate

0%

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME JENNY S. PROZNIK	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name FIRST GRAPHICS SERVICES	
6 Amount (\$) \$1985.63	7 Payee address; City; State; Zip Code 229 Garson St. GARLAND TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SKNS
	9 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED