

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)
n/a

2 Total pages filed: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
DR. LYDIA

NICKNAME LAST SUFFIX
ORTEGA

OFFICE USE ONLY

Date Received

RECEIVED
4/6/23
JF

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**3948 Legacy Drive, Suite 106, P.O. Box 141,
Plano TX 75023**

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 414-2010

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. SORIN

NICKNAME LAST SUFFIX
WITZMAN

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**3948 Legacy Drive, Suite 106, P.O. Box 141,
Plano TX 75023**

APR 11:29PM

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(408) 316-4310

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)

July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
02 / 08 / 23 THROUGH 04 / 06 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description
05 / 06 / 23 General Special

12 OFFICE

OFFICE HELD (if any)
NONE

13 OFFICE SOUGHT (if known)
PISD - PLACE 4

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

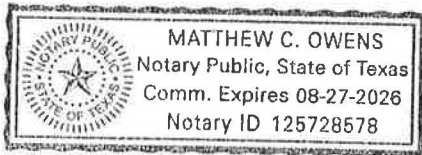
15 C/OH NAME LYDIA ORTEGA		16 Filer ID (Ethics Commission Filers) N/A
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,066.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,420.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,066.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Lydia Ortega
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lydia Ortega this the 6 day of April, 2023 to certify which, witness my hand and seal of office.

Matthew C Owens Signature of officer administering oath
Matthew C Owens Printed name of officer administering oath
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <p style="text-align: center;">LYDIA ORTEGA</p>		20 Filer ID (Ethics Commission Filers) <p style="text-align: center;">N/A</p>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,066.02
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,959.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,461.15
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 3
2 FILER NAME LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers) N/A
4 Date 03/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAVA BERNSTEIN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 15440 VIA VAQUERO, MONTE SERENO CA 95030		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS HERRING	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3617 CARVER COURT LN, PLANO TX 75074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 03/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FATMA SAYAN	Amount of contribution (\$) \$1041.02
Contributor address; City; State; Zip Code 763 REMSENS LANE, OYSTER BAY NY 11771		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 03/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Lisoak	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 5017 TRAIL LAKE DR, PLANO TX		
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

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 LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers) N/A
4 Date <i>02/22/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PATRICIA Greer.</i>	7 Amount of contribution (\$) <i>\$350</i>
6 Contributor address; City; State; Zip Code <i>3012 SOMAR DR, PLANO TX 75075</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>03/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elle Saffi - KODAK LP</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1900 HEDGCOXE, PLANO TX 75025</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>03/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LORI KREITMAN</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>4409 TURNBERRY CT PLANO TX 75024</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>03/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dianna Biscan</i>	Amount of contribution (\$) <i>\$125</i>
Contributor address; City; State; Zip Code <i>7714 ELEMENT AVE PLANO TX 75024</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers) N/A
4 Date <i>03/08/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID KEMP</i>	7 Amount of contribution (\$) <i>\$125.00</i>
6 Contributor address; City; State; Zip Code <i>7714 ELEMENT AVE PLANO TX 75024</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RALUCA NITESCU</i>	Amount of contribution (\$) <i>\$200</i>
Contributor address; City; State; Zip Code <i>687 BERKSHIRE PL, MILPITAS CA 95035</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>RETIRED</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

▶ *CREDIT CARD PAID WITH PERSONAL FUNDS*

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

▶ *REIMBURSEMENT FROM POLITICAL FUNDS INTENDED.*

EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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 F4: <i>1</i>	2 FILER NAME LYDIA ORTEGA	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 02/23/23	6 Payee name KEEPERS PRESS LLC	
7 Amount (\$) \$1,905.20	8 Payee address; City; State; Zip Code 520 Loma Vista, Rockwell, TX 75023	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description 4X4 SIGNS AND YARD SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name LYDIA ORTEGA	Office sought PISD - PLACE 4
Date 03/18/23	Payee name Staples	
Amount (\$) \$53.80	Payee address; City; State; Zip Code 3333 Preston Road, Frisco, TX 75034	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description HANDOUTS
	<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 LYDIA ORTEGA	Office sought PISD- PLACE 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: /	2 FILER NAME LYDIA ORTEGA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 03/15/23	5 Payee name ERIK LEIST	
6 Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code EDGERTON STRATEGIES LLC, 1540 KELLER PARKWAY #108-402, KELLER TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description SERVICES AND WEB
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lydia Ortega	Office sought / Office held PISD- Place 4
Date 03/20/23	Payee name THE PRESS GROUP	
Amount (\$) \$461.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4620 Penbrook Ct., Plano, Texas 75024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 5,000 PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lydia Ortega	Office sought / Office held PISD- Place 4
Date 03/20/23	Payee name ERIK LEIST	
Amount (\$) \$500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code EDGERTON STRATEGIES LLC, 1540 KELLER PARKWAY #108-402, KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description CAMPAIGN CONSULTING- POLLS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lydia Ortega	Office sought / Office held PISD- Place 4

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