## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST M/S. NICKNAME LAST	MI 	OFFICE USE ONLY  Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING	Lassahn  ADDRESS / PO BOX; APT / SUITE #; 0  955 Inverses	SITY; STATE; ZIP CODE	Received APR 27 2018				
ADDRESS  Change of Address	Highland Village	2, TX 75077	Lewisville ISD Superintendent's Office				
5 CANDIDATE/ OFFICEHOLDER PHONE	1940 ) 765 - 9801	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	Mrs. Kate	МІ	Receipt # Amount \$				
NAME	NICKNAME LAST Gesch	SUFFIX	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SL 1541 River Flower Mou	Birch	zip code				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/4) 476-1403	EXTENSION					
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 4 / 7 / 18	THROUGH Honth	Day Year (27/18)				
11 ELECTION	ELECTION DATE  Month Day Year Primary  5/5//8  General	ELECTION TYPE  Runoff Other Description  Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known					
GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	Illison	Lassahn 15 Fi	ler 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
n -	SPECIFIC .	COMMITTEE ADDRESS	W.		
			-		
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION					
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 396		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 763,91		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 238.68		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		\$		
18 AFFIDAVIT					
JAMIE RIGGLE  Wy Notary ID # 131206871  Expires July 13, 2021  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.  All My Notary ID # 131206871  Expires July 13, 2021					
		Signature of Candidate	e or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subscribed before me, by the said Allison Lassahn, this the					
day of April , 20 18 , to certify which, witness my hand and seal of office.					
Jamie Riggle Notary Public					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

### SUBTOTALS - C/OH

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

19 FILERNAME Allison Lassahn 20 Filer ID (E	20 Filer ID (Ethics Commission Filers)					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 396.00					
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	\$ 763.91					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$					
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	\$					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ilison Lassahn 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	10 - in a series Expense	nting Expense Travel Out Of District Other (enter a category not listed above) w to complete this form.	<del>)</del> )		
1 Total pages Schedule F1:	A111502 Lassa	3 Filer ID (Ethics Commission Fil	lers)		
4 Date / 23/18 6 Amount (\$)	5 Payee name True works Ir				
536.58	7 Payee address; City; State; Zip Co	. //			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Advertising Expense	0.17			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held  LISI) Place 2			
Date 4/18/18	Brad burry S	igns			
227,33	Payee address; City; State; Zip Co	ewisville 75057			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Advertisary Expens	Check if travel outside of Texas Complete Schedule T			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  HUST LUSUM	Office sought Office held  2/5/2 Place 2			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Co	de			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					