

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr Lisa
NICKNAME LAST SUFFIX
Healy

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
Midlothian, TX 76065

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(914) 707-1849

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms Stacy
NICKNAME LAST SUFFIX
Mayfield

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
Midlothian TX 76065

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 478-5575

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 / 17 / 2024 THROUGH 02 / 04 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
Description
05 / 04 / 2024 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Midlothian ISD School Board Trustee Place 1

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

OFFICE USE ONLY

Date Received

Received 4/05/2024 via
email.

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 4,050

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 176.53

4. TOTAL POLITICAL EXPENDITURES

\$ 4,585.68

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

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.

Lisa A Healy

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lisa Healy, and my date of birth is 01/19/1966.

My address is _____, _____, TX _____, 76065, United States.
(street) (city) (state) (zip code) (country)

Executed in Ellis County County, State of Tx, on the 4th day of April, 20 24.
(month) (year)

Lisa A Healy

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Lisa Healy

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,050.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,050.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 718.21
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Lisa Healy		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ George and Linda Ricks	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> Midlothian TX 76065	\$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 3/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Stacy Mayfield	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> Midlothian TX 76065	\$600.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 3.6.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Doug Hunt	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> Lancaster 75134	\$1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Access Storage
Date 3.25.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Dan Altman	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> Midlothian TX 76065	\$500.00 \$00.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Oncor
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 <div style="font-size: small; margin-top: 5px;">Lisa Healy</div>		3 Filer ID (Ethics Commission Filers)
4 Date 3.15.24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Trish Harrison <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Ovilla TX 75154	7 Amount of contribution (\$) <div style="font-size: x-small; margin-bottom: 5px;">\$250.00</div> \$500.00
8 Principal occupation / Job title (See Instructions) <div style="font-size: x-small; margin-top: 5px;">Retired</div>		9 Employer (See Instructions) <div style="font-size: x-small; margin-top: 5px;">NA</div>
Date 3.16.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Walter & Tiffany Darrach <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Midlothian TX	Amount of contribution (\$) <div style="font-size: x-small; margin-bottom: 5px;">\$1,000.00</div> \$1,000.00
Principal occupation / Job title (See Instructions) <div style="font-size: x-small; margin-top: 5px;">Business Owner</div>		Employer (See Instructions) <div style="font-size: x-small; margin-top: 5px;">Just Plane Maintenance</div>
Date 3.27.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Bill & Sande Ricci <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Midlothian TX 76065	Amount of contribution (\$) <div style="font-size: x-small; margin-bottom: 5px;">\$200.00</div> \$200.00
Principal occupation / Job title (See Instructions) <div style="font-size: x-small; margin-top: 5px;">Roof Consultant</div>		Employer (See Instructions) <div style="font-size: x-small; margin-top: 5px;">Perservation Products</div>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code <div style="font-size: x-small; margin-top: 5px;">\$00.00</div>	Amount of contribution (\$) <div style="font-size: x-small; margin-top: 5px;">\$00.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Lisa Healy		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/24		5 Payee name First Graphic Services			
6 Amount (\$) \$4,032.53		7 Payee address; 229 Garvon St		City; Garland	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs		(b) Description		
	(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 <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					

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Lisa Healy	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/24	5 Payee name 5 Star Printing	
6 Amount (\$) \$553.15 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2461 Christian Rd Ennis TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Push Cards	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/21/24	Payee name Campaign Partners	
Amount (\$) \$34.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	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 3/1/24	Payee name Midlothian Chamber of Commerce	
Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 116 N. 8th St Midlothian TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wine Walk Booth	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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Lisa Healy	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/24	5 Payee name Midlothian Chamber of Commerce	
6 Amount (\$) \$35.00 <input type="checkbox"/> Reimbursement from political contributions intended	116 N. 8th St	City; Midlothian State; TX Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Chamber Luncheon	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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