

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

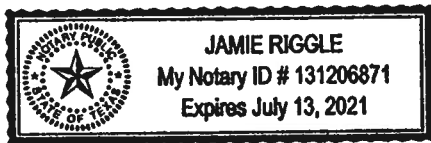
15 C/OH NAME <u>Allison Lassahn</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>189.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1997.07</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1155.60</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,030.47</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>n/a</u>

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.

Allison Lassahn
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Allison Lassahn this the 31st day of March, 2021, to certify which, witness my hand and seal of office.

Jamie Riggle Signature of officer administering oath
Jamie Riggle Printed name of officer administering oath
Board Secretary, Nitam 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 <i>Allison Lassahn</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1997.07</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1155.60</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

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: 5
2 FILER NAME Allison Lassahn		3 Filer ID (Ethics Commission Filers)
4 Date 2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Handley	7 Amount of contribution (\$) \$40⁰⁰
6 Contributor address; City; State; Zip Code Highland Village		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misti Davis	Amount of contribution (\$) \$38.54
Contributor address; City; State; Zip Code Highland Village		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candice Flewharty	Amount of contribution (\$) \$96⁸⁰
Contributor address; City; State; Zip Code Norwich CT		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)
Date 3/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Flewharty	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Dallas TX		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Allison Lassahn		3 Filer ID (Ethics Commission Filers)
4 Date 3/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Payne	7 Amount of contribution (\$) \$2500
6 Contributor address; City; State; Zip Code Flower Mound		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Schrader	Amount of contribution (\$) \$2083
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Costanza	Amount of contribution (\$) \$193⁹⁰
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Flewharty	Amount of contribution (\$) \$8900
Contributor address; City; State; Zip Code Tyler TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Allison Lassahn		3 Filer ID (Ethics Commission Filers)
4 Date 2/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Stevenson	7 Amount of contribution (\$) \$ 20⁰⁰
6 Contributor address; City; State; Zip Code Flower Mound		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Taylor	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

Date 2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Marla Conger	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Minoff	Amount of contribution (\$) \$ 1000⁰⁰
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions) Contractor / owner		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Allison Lassahn		3 Filer ID (Ethics Commission Filers)
4 Date 2/6	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy S Davis	7 Amount of contribution (\$) \$ 25⁰⁰
6 Contributor address; City; State; Zip Code Coppell TX 75019		
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions)
Date 2/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Pollone	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code Flower Mound TX		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Retired
Date 2/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byna Dann	Amount of contribution (\$) \$ 20⁰⁰
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LISD
Date 2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate Gesch	Amount of contribution (\$) \$ 20⁰⁰
Contributor address; City; State; Zip Code Flower Mound		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Allison Lassahn		3 Filer ID (Ethics Commission Filers)
4 Date 2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny James	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code Highland Village		
8 Principal occupation / Job title (See Instructions) Music Teacher		9 Employer (See Instructions) Business Owner
Date 3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Regan	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code Flower Mound 75022		
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)
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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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 | 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 F1: 1	2 FILER NAME Allison Lassahn	3 Filer ID (Ethics Commission Filers)
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4 Date 3/19/21	5 Payee name Print Place
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6 Amount (\$) 67.23	7 Payee address; City; State; Zip Code 1130 Ave H Arlington TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(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 Allison Lassahn	Office sought LISD Place 2	Office held LISD Place 2
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Date 3/28/21	Payee name Print Place
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Amount (\$) 161.66	Payee address; City; State; Zip Code 1130 Ave H Arlington TX 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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 Allison Lassahn	Office sought LISD Place 2	Office held LISD Place 2
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Date 2/19/21	Payee name Go Daddy. Com
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Amount (\$) 36.64	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Domain Name
	<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 Allison Lassahn	Office sought LISD Place 2	Office held LISD Place 2
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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	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 F1:	2 FILER NAME Allison Lassahn	3 Filer ID (Ethics Commission Filers)
4 Date 3/5	5 Payee name First Graphic Services	
6 Amount (\$) \$786.31	7 Payee address; City; State; Zip Code Garland TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(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 Allison Lassahn	Office sought LSD Place 2
		Office held LSD Place 2
Date 2/25	Payee name Uprinting	
Amount (\$) \$66.04	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys CA 91406	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Stickers for Signs
	<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 Allison Lassahn	Office sought LSD Place 2
		Office held LSD Place 2
Date 3/15	Payee name Vista Print	
Amount (\$) \$37.66	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business 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 Allison Lassahn	Office sought LSD Place 2
		Office held LSD Place 2

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