

# 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: **7**

## OFFICE USE ONLY

Date Received

City of Heath  
RECEIVED

APR 15 2025

Date Hand-delivered or Date Postmarked

April 15, 2025

Receipt #

Amount \$

Date Processed

April 15, 2025

Date Imaged

April 15, 2025

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs

Elizabeth

L

NICKNAME

Lea

LAST

Lashley

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms

Andrew

NICKNAME

LAST

Woodworth

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

2 / 14 / 2025

THROUGH

Month

Day

Year

4 / 2 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Heath City Council 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

☐ Additional Pages

GO TO PAGE 2

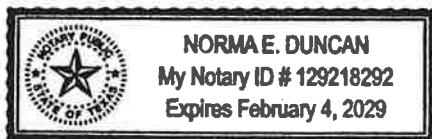
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Elizabeth Lashley</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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,950</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,865.39</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>84.61</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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.

Elizabeth Lashley  
Signature of Candidate or Officeholder



Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lea Lashley this the 15<sup>th</sup> day of APRIL, 2025, to certify which, witness my hand and seal of office.

Norma Duncan NORMA DUNCAN City Secretary  
Signature of officer administering oath Printed name of officer administering oath 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>Elizabeth Lashley</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,950
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <del>0</del>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>0</del>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <del>0</del>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2865.39
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <del>0</del>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <del>0</del>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <del>0</del>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <del>0</del>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <del>0</del>

# 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 <i>Elizabeth Haggley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/25</i>	5 Full name of contributor <i>Lisa Reeves</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>150.00</i>
6 Contributor address; City; State; Zip Code <i>345 Broadmoor Dr. Allen Tx 75032</i>		
8 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>3/28/25</i>	Full name of contributor <i>Jason Heard</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>1074 Hunters Pl, Oldsmar, Fla. 34677</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/25</i>	Full name of contributor <i>Amara Fairchild</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1805 Goss Bend Rd., Plano Tx 75023</i>		
Principal occupation / Job title (See Instructions) <i>SaaS Service</i>		Employer (See Instructions) <i>Microsoft</i>
Date <i>3/10/25</i>	Full name of contributor <i>ABC1 LP</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>2,000</i>
Contributor address; City; State; Zip Code <i>2101 Firewheel Pkwy, Garland, Tx 75040</i>		
Principal occupation / Job title (See Instructions) <i>Business</i>		Employer (See Instructions) <i>ABC1 LP</i>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: 1
2 FILER NAME Elizabeth Lushky		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/25	5 Full name of contributor Bittner Family <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code Broadmoor Heath Tx 75032		
8 Principal occupation / Job title (See Instructions) Attorneys		9 Employer (See Instructions) Contract
Date 3/16/25	Full name of contributor Sharon Caldwell <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code Heath Tx 75032		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 4/25/25	Full name of contributor Andrea Woodward <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code Sawgrass, Heath Tx 75032		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Cigna
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)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# 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: 2		2 FILER NAME Elizabeth Lashley		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/25		5 Payee name Tazze			
6 Amount (\$) 64.91		7 Payee address; 1800 Seaport Blvd		City; Redwood City, Ca	State; Zip Code 94063
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Shirts		
	(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 3/24/25		Payee name Walgreens			
Amount (\$) 115.61		Payee address; 2911 Ridge Rd.		City; Rockwall, Tx	State; Zip Code 75032
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description Flyers		
	<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 3/31/25		Payee name Vista print			
Amount (\$) 145.02		Payee address; Waltham, Mass.		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description Shirts, Flyers, swag		
	<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 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: <b>2</b>		2 FILER NAME <b>Elizabeth Lashley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/14/25</b>		5 Payee name <b>Reapers Press</b>			
6 Amount (\$) <b>\$2,293.82</b>		7 Payee address; <b>1905 Alpha Dr. Ste 170</b>		City; <b>Rockwall</b>	State; <b>Tx</b>
				Zip Code <b>75087</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Signs</b>		
	(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 <b>Lea Lashley</b>		Office sought <b>Heath City Council, Pl. 1</b>	Office held <b>—</b>
Date <b>3/21/25</b>		Payee name <b>Tractor Supply</b>			
Amount (\$) <b>\$148.57</b>		Payee address; <b>100 St. Hwy 205</b>		City; <b>Tennell, Tx</b>	State; <b>Tx</b>
				Zip Code <b>75160</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>t-posts, powder</b>		
	<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 <b>3/24/25</b>		Payee name <b>Amazon</b>			
Amount (\$) <b>\$97.46</b>		Payee address; <b>4110 Terry Ave. N</b>		City; <b>Seattle</b>	State; <b>Wa</b>
				Zip Code <b>98109</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Signs, supplies</b>		
	<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

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