APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL Failure to provide required information may result in rejection of application. APPLICATION FOR A PLACE ON THE Keller ISD Board of Trustees **GENERAL ELECTION BALLOT** TO: City Secretary/Secretary of Board (name of election) I request that my name be placed on the above-named official ballot as a candidate for the office indicated below. OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Keller ISD Board of Trustees Place 7 UNEXPIRED PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* FULL NAME (First, Middle, Last) Heather Washington Heather Oliver Washington PUBLIC MAILING ADDRESS (Optional) (Address for which you receive PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If campaign related correspondence, if available.) P.O. Box 2651 CITY STATE 7IP CITY STATE ZIP Keller TX 76244 VOTER REGISTRATION VUID OCCUPATION (Do not leave blank) DATE OF BIRTH PUBLIC EMAIL ADDRESS (Optional) (Address for NUMBER² (Optional) which you receive campaign related emails, if available.) heatherforkisd@gmail.com sales/retired TELEPHONE CONTACT INFORMATION (Optional) Cell: Home: LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN FELONY CONVICTION STATUS (You MUST check one) ✓ I have not been finally convicted of a felony. IN THE STATE OF TEXAS IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED I have been finally convicted of a felony, but I have been 23 year(s) year(s) pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided month(s) month(s) proof of this fact with the submission of this application.3 *If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot. Before me, the undersigned authority, on this day personally appeared (name of candidate) Heather Washington being by me here and now duly sworn, upon oath says: "I, (name of candidate) Heather Washington of Tarrant being a candidate for the office of KISD Board of Trustees Place 7 , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct." SIGNATURE OF CANDIDATE Sworn to and subscribed before mathis the (month) (name of candidate Authorized to Administer Oath4 My Notary ID # 6447598 Title of Officer Authorized to Administer Oath TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: NA □ CASH □ CHECK □ MONEY ORDER □ CASHIERS CHECK OR □ PETITION IN LIEU OF A FILING FEE. Voter Registration Status Verified filing fee or a nominating petition of Signature of Filing Officer or Designee Date Received

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	CTA Instruction	Guide for detai	ed instruction	ıs.		1 Total pages fil	ed: 2
2	CANDIDATE	MS/MRS/MR	FIRST			MI	OFFIC	E USE ONLY
	NAME	Mrs.	Heather			O.	Filer ID #	
		NICKNAME	LAST			SUFFIX	Date Received	
			Washington					
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE#;	CITY;	STATE;	ZIP CODE		
	MAILING ADDRESS	PO Box 2651		Keller	TX	76244	- 1	
							Date Hand-delivered	d or Postmarked
4	CANDIDATE	AREA CODE	PHONE NUMBER		EXTENS	ON	Receipt#	Amount \$
	PHONE						Date Processed	
5	OFFICE HELD (if any)	Keller ISD	Board of Trustee	es Place 7			Date Imaged	
6	OFFICE SOUGHT (if known)	Keller ISD	Board of Trustee	s Place 7				
7	CAMPAIGN	MS/MRS/MR	FIRST	МІ	NICKNAN	1E	LAST	SUFFIX
	TREASURER NAME	Mr.	David	R.			Washington	Jr.
8	CAMPAIGN	STREET ADDRESS;		APT / SUITE #;	CITY;		STATE;	ZIP CODE
	TREASURER STREET							
	ADDRESS residence or business)							
L '								
9	CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENSI	ON		
	PHONE							
10	CANDIDATE SIGNATURE	I am aware	e of the Nepot	ism Law, Ch	apter 57	73 of the	Texas Govern	ment Code.
		I am award		nsibility to fi	le timely	reports	as required by	y title 15 of
			e of the restric rations and la			Electio	n Code on con	tributions
		Head	Signature of Ca	ndidate	0	_	Date Sign	ned
			G	O TO PAGE	2			

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

			_ ,	OFFICE	USE ONLY
Pursuant to chapter 258 of political committee is enco Campaign Practices. The Cauthority upon submission form. Candidates or policurrent campaign treasurer 1997, may subscribe to the Subscription to the Code of	uraged to subsc Code may be file of a campaigr tical committe appointment or code at any time	ribe to the Code of ed with the proper for treasurer appointments that already has a file as of September.	Fair lling nent ve a	Date Hand-delivered or Date Processed Date Imaged	Postmarked
1 ACCOUNT NUMBER	2 TYPE OF FILE	=R			
(Ethics Commission Filers)	CANDIDATE	X	POLI	TICAL COMM	ITTEE 🗍
	O/MOID/ME				
	If filing as a candi then read and sigr	date, complete boxes 3 - 6, n page 2.			mmittee, complete d and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.)	FIRST		МІ	
(PLEASE TYPE OR PRINT)	Mrs.	Heather		Ο.	
		LACT		el IEELV (CD	IR III etc.)
	NICKNAME	Washington		SUFFIX (SR., .	JR., III, etc.)
		washington			
4 TELEPHONE NUMBER	AREA CODE	PHONE NUMBER		EXTENSION	
OF CANDIDATE					
(PLEASE TYPE OR PRINT)	V.				
5 ADDRESS OF CANDIDATE	STREET / PO BOX;	APT/SUITE#,	CITY;	STATE;	ZIP CODE
(PLEASE TYPE OR PRINT)	PO Box 2651		Keller	TX	76244
6 OFFICE SOUGHT					
BY CANDIDATE (PLEASE TYPE OR PRINT)	Keller ISD i	Board of Trustees Place 7			
(PLEASE I TPE ON FRINT)					***
7 NAME OF COMMITTEE					
(PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER	TITLE (Dr., Mr., Ms., etc.)	FIRST		МІ	
(PLEASE TYPE OR PRINT)	NICKNAME	LAST		SUFFIX (SR.,	JR., III, etc.)
	THE THE				
	CO 7	TO PAGE 2			
	GO	O FAGE 2			

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			1			
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethi	cs Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MDS.	FIRST HEATHER		MI	OFFIC	E USE ONLY
NAME	NICKNAME	WASHINGTO	δN	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, P.O. BOX 200	APT / SUITE #;	CITY, STAT			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST DAYLO		R.	Date Processed	
NAME	NICKNAME	WASHINGTOI	J	SUFFIX JR.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT /		ELLEZ	STATE:	76762
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 991-7647	ЕХТІ	ENSION		
9 REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded Modified Reporting Limit	treasurer (Officeho	after campaign appointment ider Only) port (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 2024	THROUGH	Month 63	Day Yo	62 <u>4</u>
11 ELECTION	Month Day	Year Primar		Other Description	SCHOOL BOX	ARD
12 OFFICE	OFFICE HELD (if any)	O BOARD OFTENS		ICE SOUGHT (if know	200FTRUSTE	ES RACE 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC	EE OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ COMMITTEE NAME	IS ACCEPTED OR POLIT	ADE WITHOUT THE CAI	VDIDATE'S OR OFFICER	IOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TO		2		
			D PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME HEA	THER O. WASHINGTON	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>Q</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$24,240.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS A LAST DAY OF THE REPORTING PERIOD	\$ 5,000.∞
18 SIGNATURE I swe	ear, or affirm, under penalty of perjury, that the accompanying report is tr	ue and correct and includes all information
requi	red to be reported by me under Title 15, Election Code.	
•	Cianatura of C	tandidate or Officeholder
	Signature of C	andidate or Officeholder
	Please complete either option belo	w:
(1) Affidavit		
NOTARY STAMP/SEAL		
	this the	a day of
		e, day of,
20, to certify wh	nich, witness my hand and seal of office.	
Signature of officer administerin	g oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	,	
My name is Heather My address is 904	n Rearson Cane Reliee	12-27-71 1X 76262 US
, 444.000.10	(street) (city)	(state) (zip code) (country)
Executed in Tarran	County, State of PLCS , on the day of more	(year) 20 (year)
	Signature of Cano	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	19 FILER NAME HEATHER O. WASHINGTON 20 Filer ID (Ethics Con					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,240.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ Q			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0			
4.	SCHEDULE E: LOANS		\$ 5,000.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ O			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s 18 8 18.66			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$ 0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$ O			

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include t	his page in the r	eport.
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2024	5 Full name of contributor out-of-state PAC (ID# THOMAS COBB 6 Contributor address; City; State 107 W. UD LOCKETT PD. LOCKETT TA	; Zip Code	7 Amount of contribution (\$) \$ 5,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
3/10/2024	Contributor address; City; State 747 PEGASVS LANE LEAGUECTY TX		\$1,000.00
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#: SHANA + KEVIN MENCH		Amount of contribution (\$)
3 25 2024	Contributor address; City; State 504 STRATTON DRIVE KELLER TX		\$ 300.00
Principal occup	ation / Job title (See Instructions)	ployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occup	eation / Job title (See Instructions)	nployer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS		

SCHEDULE A1

if the reques	sted information is not applicable, DO NOT I	nclude this page in the	report.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
1/18/2024	6 Contributor address; City;	State; Zip Code	\$250.00
	PO BOX 1444 IJELLER	TX 76248	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
1/18/2024	Contributor address; City;	State; Zip Code	\$ 250.00
	PO BOX 1444 KEUER	TX 76248	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	CUFF DONNELLY		
1/19/2024	Contributor address; City;	State; Zip Code	\$ 200.00
	905 EUGN LANE BOANOKE	TX 76262	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state P	AC (ID#)	Amount of contribution (\$)
1/19/2024	Contributor address; City;	State; Zip Code	\$ 750.00
	1144 BANCROFT BOAD KELLER	= TX 76248	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		

SCHEDULE A1

HENTHER 0. WASHINGTON Out-of-state PAC (ID# Amount of contribution (\$)	Date Full name of contributor and state Full name of contributor and state	O. MASHINGTON ontributor	State; Zip Code	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 750.00
HENTHER 0. WASHINGTON Out-of-state PAC (ID# Amount of contribution (\$)	Date 5 Full name of contributor and 326 MAT. Principal occupation / Job title (See JOANNA)	ontributor	State; Zip Code	7 Amount of contribution (\$) \$ 750.00
LYNDA QUEE TANS \$250.00	LYNDA 0 6 Contributor add 326 LAT Principal occupation / Job title (Se	CUVER MAYS chress; City; ETAMERE DR. SOUTHUR de Instructions)	State; Zip Code	\$ 750.00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instruct	Principal occupation / Job title (Se	dress; City; ETAMERE DR. SOUTHU De Instructions)	ALLE TY 76092	
Date Full name of contributor out-of-state PAC (ID#	Date Full name of co		9 Employer (See Instructi	ons)
JOANNA NAMED Contributor address; City; State; Zip Code \$500.00	JOHNNA	ontributor		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) FRANGS DICARD Contributor address; City; State; Zip Code 512 BRASTOCHIW VELLER TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) 2 UMMER CRW Contributor address; City; State; Zip Code 450.00 450.00 450.00	1/29/2024 Contributor ad	HALLETZ	\C (ID#)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:	8 GLEN 24			\$ 500.00
FRANCIS DICARDO Contributor address; City; State; Zip Code \$50.60 S12 BRSTOCHIU VELLER TX 76748 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	Principal occupation / Job title (Sec	e Instructions)	Employer (See Instructi	ons)
Contributor address; City; State; Zip Code \$50.60 S12 BPSTOCHILV VELLER TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) SUMMER CPOW Contributor address; City; State; Zip Code \$50.60 9741 APMOUR DRIVE YELLER TX 76244		- 44-	AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) SUMMER CROW Contributor address; City; State; Zip Code \$50.00 9741 ARMOUR DRIVE YELLER TX 76244	1/21/2021			\$50.00
Date Full name of contributor	512 BP457	ochill veller	TY 76248	
SUMMER CROW Contributor address; City; State; Zip Code \$50.00 9741 ARMOUR DRIVE FEUER TX 76244	Principal occupation / Job title (Se	e Instructions)	Employer (See Instructi	ions)
9741 ARMOUR DRIVE KELLER TX 76244	SUMME		AG (ID#:)	Amount of contribution (\$)
Principal accounting / Joh title /See Instructions) Employer (See Instructions)	Continuator ad			\$50.00
Principal occupation 7 30b file (See Instructions)	Principal occupation / Job title (Se	e Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

FILER NAME HEAPHEZ 0. WASHINGTON 3 Filer ID (Ethics Commission File 126 200 4 250 100	The	Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1:	
Date 5 Full name of contributor out-of-state PAC (ID# To Amount of contribution (\$)	1116	monded on Calde explains now to	Joinplote tille			15	
HOND BURNSIDE 1/28/2024 6 Contributor address; City; State; Zip Code 105 BURNSIDE 105	FILER NAME	HEATHER D. WASHIN	GTON			3 Filer ID (Ethics Commission Filers)	
1/26/2024 6 Contributor address; City: State: Zip Code \$560. 60	Date	_	out-of-state PAC	(ID#)	7 Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#	1/28/2024		\$ 500.00				
Date Full name of contributor out-of-state PAC (ID#:		705 BRIAR RIDGE OR.	KELLER	TX	76246		
VPISTEN MITCHEU 2 1 2024 Contributor address; City; State; Zip Code \$ 1000 . 60	Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruc	etions)	
Contributor address; City; State; Zip Code \$ 1,000 .	Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor		KRISTEN MITCHELL					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor POSEET SLATTEEN Contributor address; City; State; Zip Code BIZ GAUNT FOYTEL VELLER TX 16248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) SHANNON DUBBERN Contributor address; City; State; Zip Code \$ 250.00 4 250.00 \$ 4 250.00	2/7/2024				\$ 1000.°°		
Date Full name of contributor out-of-state PAC (ID#:		2328 BD106EW000 DP.	KELLER	TX	76262		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	nation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)	
Contributor address; City; State; Zip Code \$ 250.60	Date		out-of-state PAG	(ID#:)	Amount of contribution (\$)	
BIZ GAWANT FOYTPL KELLER TX 16248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) SHANNON DIBBERRY Contributor address; City; State; Zip Code 4 250. 219 AUMA DR. KEUER TX 76248	218/2024					\$ 750 00	
Date Full name of contributor SHANNON DUBBERY Contributor address; City; State; Zip Code 219 AUMA DR. VEUER TX 76248 Amount of contribution (\$)		812 GALLANT FOXTEL	KELLER	TX	76248		
SHANNON TUBBERLY Contributor address; City; State; Zip Code \$ 250.00 2119 AUMP DR. KEUER TX 76248	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)	
2/8/2024 Contributor address; City; State; Zip Code \$ 250.00 2119 ALMP DR. KELLER TX 76248	Date			C (ID#:		Amount of contribution (\$)	
2119 ALMA DR. KELLER TX 76248						k ac 00	
	Holan			4		\$ 250.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		2119 ALMA DE.	KELLER	TX	16648		
- L	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete the	nis form.	1 Total pages Schedule A1:
FILER NAME	HEATHERZ O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)
2/16/2024	6 Contributor address; City;	State; Zip Code	\$ 100.°°
	1301 STONEHOLLOW CT. KELLED	TX 76262	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
2/16/2024	Contributor address; City;	State; Zip Code	\$ 100.00
	1913 KINGSBIZIOGE BOANOK	E TX 76262	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
2/16/2024		State; Zip Code	\$ 250.00
4101001	1444 MELOSY LANE VELLER		tuo.
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state is	PAC (ID#:)	Amount of contribution (\$)
2/19/2024	Contributor address; City;	State; Zip Code	\$ 500.00
	332 LONGUIEW DAVE KELLE	P TX 76248	
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruc	tions)

SCHEDULE A1

If the reques	sted 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	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CHERYL DRENNON	7 Amount of contribution (\$)
2/22/2024	6 Contributor address; City; State; Zip Code 9705 SAM BASS TRAIL FORT WORK TX 76744	₹25.°°
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) VRISTEN MARGASON	Amount of contribution (\$)
2/22/2024	Contributor address; City; State; Zip Code 3724 MONICA LANE FOR WORK TX 76244	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/23/2024	Contributor address; City; State; Zip Code 9016QDENROO LN. KEUER TX 76Z48	\$ 100.∞
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/23/2021	Contributor address; City; State; Zip Code 1712 STERUNGTRACE DR. VEUER TX 76248	\$ 25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED

SCHEDULE A1

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

HEATHER O. WASHINGTON 1 Date 5 Full name of contributor UTAA SHARVEN 6 Contributor address; ISTABHAWTHORNE IN. 1 Principal occupation / Job title (See Instructions) Date Full name of contributor AMOUNT of Contributor address; City; State; Zip Code SHEVE TATUM 2/25/2024 Contributor address; City; State; Zip Code SHEVE TATUM Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) ### ### ### ### ### ### #### ### #### ####	The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
Liza Shapvey 6 Contributor address; City; State; Zip Code \$ 100.00	FILER NAME	HEATHER O. WASHIN	GTON			3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor State PAC ID# Amount of contribution			out-of-state PA	C (ID#		
Date Full name of contributor out-of-state PAC (ID#:	217317074					\$ 100.00
ASHLEN TATUM 2/25/2024 Contributor address; City; State; Zip Code 35U MELON UN. VELLER TX 76262 Full name of contributor out-of-state PAC (ID#: TX 76248 Principal occupation / Job title (See Instructions)	Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) IE James Contributor address; City; State; Zip Code Sol CHARLS ST- Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) CHEPLERNAN Contributor address; City; State; Zip Code \$ 100.60	Date		out-of-state PA	\C (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor JE James Contributor address; City; State; Zip Code Full name of contributor Sol CHARLES ST- Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code \$ 100.60	2/25/2024	Contributor address;	City;	State;	Zip Code	\$ 500.00
Date Full name of contributor		1354 MELODY W.	KELLER2	TX	76262	
Sol CHARLES ST- VELLER TX 76248 State: Zip Code \$100.00	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)
Contributor address; City; State; Zip Code \$ 100 .00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Chert Englan Contributor address; City; State; Zip Code \$ 100.00	Date					Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 2/26/2024 Contributor address; City; State; Zip Code \$ 100.00	2/25/2024	Contributor address;				\$ 100 .00
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) CHEPI ERNZAL 2/26/2624 Contributor address; City; State; Zip Code \$ 100.00		501 CHAPLES ST-	KELLER	TX	76248	
CHEPL ERNZEN 2/76/7002 Contributor address; City; State; Zip Code \$ 100.00	Principal occup	ation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)
7.00	Date		out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	2/26/2021	Contributor address;	City;	State;	Zip Code	\$ 100.00
as want as		2037 COVENTRY CT.	LELLER.	TX	76262	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)

SCHEDULE A1

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

ii tile reques	sted information is not applicable,	50 NOT III	orado tri	io pago in airo	
The	Instruction Guide explains how to c	omplete this	form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASHINGT	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) PEBELLA COLE			7 Amount of contribution (\$)	
2/26/2024	6 Contributor address;	City;		Zip Code	\$ 250.00
	2020 BANTON DAVE	POANOKE	TX	76262	
8 Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA(C (ID#:		Amount of contribution (\$)
2/27/2024	Contributor address;	City;	State;	Zip Code	\$ 100.00
	1809 KNSALE DR. 1	204NOUE	TX	76262	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor HEATHER HASCHIE	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
2/28/2024	Contributor address;	City;	State;	Zip Code	\$ 250.00
	2031 MEADOWVIEW DZ.	KELLER	TX	76262	
Principal occup	 pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
2/28/2021	Contributor address;	City;	State;	Zip Code	\$ 1000,00
	1770 FLORENCE ROAD	KELLER	TX	76262	
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT II	iciude this page in the	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)	
2/28/2024	6 Contributor address; City;	State; Zip Code	\$400.00
	985 ELYN LN. KELLER	TX 76262	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PA	\C (ID#:)	Amount of contribution (\$)
2/20/2024	Contributor address; City;	State; Zip Code	\$ 100 .00
	527 EAGLETRAIL KELLER	TX 76248	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PA	AC (ID#)	Amount of contribution (\$)
3/4/2024	Contributor address; City;	State; Zip Code	\$ 100 .00
	208 SINGING QUALLTBAIL HASLET	TX 76052	
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state P	AC (ID#)	Amount of contribution (\$)
3/6/2024	Contributor address; City;	State; Zip Code	\$ 250.00
	1725 BELLHASE DR. BOANOUE	TX 76262	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

If the reques	sted information is not applicable	s, DO NOT III	ciuue iii	is page in the	report.
The	Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASHING	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) VATHUEN HVTSON				7 Amount of contribution (\$)
3/6/2024	6 Contributor address;	City;	State;		\$ 100.00
	1520 HAWTHOPNE LV.	ROANOKE	TX	76262	
8 Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruct	tions)
Date	Full name of contributor JESSAMY FARMER	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
3/1/2024	Contributor address;	City;	State;	Zip Code	\$ 100.00
	538 STILL MEADOW DR-	HELLER	TX	76248	
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	SAM SWINGLE				
3/7/2024	Contributor address;	City;	State;		\$ 500.00
	8920 THORN MEAROW CO	N. ACHLAN	口女	76182	
Principal occup	pation / Job title (See Instructions)			loyer (See Instruct	tions)
Date	Full name of contributor JESSICA JOHNSON	out-of-state PAC	C (ID#:		Amount of contribution (\$)
3/1/2024	Contributor address;	City;	State;	Zip Code	\$50.00
	1217 CHINABEDPY	KELLER	TX	76262	
Principal occup	Dation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
	ATTACH ADDITIO				

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) VEISTIN PEAPLE	7 Amount of contribution (\$)
3/8/2024	6 Contributor address; City; State; Zip Code	\$500.00
	1414 HAWTHORNE LN. ROANDKE TX 76262	
Principal occi	upation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date	Full name of contributor	Amount of contribution (\$)
3/8/2024	Contributor address; City; State; Zip Code	\$ 100.00
	704 GREENBRIAR DR. VELLER TX 76248	100
Principal occu	pation / Job title (See Instructions) Employer (See Instru	octions)
Date	Full name of contributor	Amount of contribution (\$)
3/8/2024	Contributor address; City; State; Zip Code	\$ 50.00
	1528 CREENIEW DR. KELLER TX 76248	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
3/8/2024	Contributor address; City; State; Zip Code	\$ 500.00
	2119 ALMA DR. KELLER TX 76248	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor ut-of-state PAG CHDISTOPHER COOPER	C (ID#:)	7 Amount of contribution (\$)
3/8/2024	6 Contributor address; City;	State; Zip Code	\$ 500.00
	1743 STEPLING TRAVE DZ. HELLER	TX 76248	
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/9/2024	Contributor address; City;	State; Zip Code	\$ 200.00
	ING BELLECHASE DR. KELLER	TX 76762	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)
3/19/2024	Contributor address; City;	State; Zip Code	\$500.00
	1804 FIRENZE ST. KELLER	TX 76262	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/22/2024	Contributor address; City;	State; Zip Code	\$ 250.00
ole lesel	1612 BELIENASE DZ. ROANOLE	TX 76262	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
		<u> </u>	

SCHEDULE A1

HEATHER 0. WASHINGTON To Date South Full name of contributor	The	Instruction Guide explains how t	o complete this	s form.		1 Total pages Schedule A1:	
MICHAEL GARABEDIAN \$250.00 \$25	FILER NAME HEATHER O. WASHINGTON				3 Filer ID (Ethics Commission Filers		
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Pale Full name of contributor David GERDA Contributor address; City; State; Zip Code \$200. ** Principal occupation / Job title (See Instructions) Date Full name of contributor David German Da		_		C (ID#:)		
Principal occupation / Job title (See Instructions) Pate Full name of contributor DAVIO GERDA Contributor address; City; City; State; Zip Code Too Nortiferal Trace Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor BRITTAINN FINK 3/24/2024 Contributor address; City; State; Zip Code \$50.40 Full name of contributor BRITTAINN FINK State; Zip Code \$50.40 Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Gut-of-state PAC (ID#: Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$)	3/23/2024	6 Contributor address;	City;	State;	Zip Code	\$ 250. w	
Date Full name of contributor		P.a. Box 93984	SOUTHLAKE	TX	76092		
Tanil Gerpa Tanil Gerpa Touributor address; City; State; Zip Code \$200. FO	Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)	
Contributor address; City; State; Zip Code \$ 200. FO	Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) BPITTAINN FINK Contributor address; City; State; Zip Code \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	-1 1					,	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) BPITTHINY FINH Contributor address; City; State; Zip Code \$50.40 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) VARAN BRENNAN Contributor address; City; State; Zip Code \$25.00	312412024					\$ 200.00	
Date Full name of contributor BPITTAINY FINK 3 24 2024 Contributor address; City; State; Zip Code \$50.40 Full name of contributor BPITTAINY FINK Contributor address; City; State; Zip Code \$50.40 Employer (See Instructions) Date Full name of contributor VARAN BRENNAN Contributor address; City; State; Zip Code \$25.00		700 NORTHERN TRACE	KALLER	TX	76248		
BRITTAINY FINK 3 24 2024 Contributor address; City; State; Zip Code \$50.40 313 SOUX ST. VEUER TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) XAPEN BRENNAN 3 24 2024 Contributor address; City; State; Zip Code \$25.00	Principal occup	ation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)	
3 24 2024 Contributor address; City; State; Zip Code \$50.40	Date					Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor VAPEN BREUNAN 3/24/2024 Contributor address; City; State; Zip Code \$ 25.00	3/24/2024					\$ 50 00	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) **XAPEN BRENNAN** Contributor address; City; State; Zip Code \$25.00		313 SOUX ST.	KELLER	TX	76248		
3/24/2024 Contributor address; City; State; Zip Code \$25.00	Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	etions)	
70).	, ,		out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	3/24/2024	Contributor address;	City;	State;	Zip Code	\$ 25.00	
BOA BODEGA BAN DR. KELLER TX 76248		809 BODEGA BAN DR.	KELLER	TX	76248		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	*****	Emp	loyer (See Instruc	etions)	

SCHEDULE A1

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

if the reques	sted information is not applicat	ne, do Not in	ciude ti	ns page in the	16 port.
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASH	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor				7 Amount of contribution (\$)
3/24/24	6 Contributor address; 638 EDGAP PD.	City;	State;	Zip Code 23069	\$ 100.00
8 Principal occu	pation / Job title (See Instructions)		9 Emp	oloyer (See Instruc	tions)
Date	Full name of contributor VENNETH SLOVER	out-of-state PAC	C (ID#:		Amount of contribution (\$)
3/24/2024	Contributor address;	City;	State;		\$ 250.00
Principal occup	pation / Job title (See Instructions)			oloyer (See Instruc	tions)
Date	Date Full name of contributor out-of-state PAC (ID#:) TAYE LANGE)	Amount of contribution (\$)
3/25/2024	Contributor address; 2715 AVROPA CT-	City; SOUTHUAKE	State;		\$250.00
Principal occu	pation / Job title (See Instructions)		Emţ	bloyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/25/2024	Contributor address;	City;	State;		\$ 25.00
	2108 ao 40EK DZ.	KELLEZ	TX	76248	
Principal occu	pation / Job title (See Instructions)		Emp	oloyer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
FILER NAME	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers	
3/25/2024	5 Full name of contributor out-of- SVZANNE SAMPSON 6 Contributor address; City; 5509 WHITE WILLOW DR FORT		7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
3/25/2021	Contributor address; City; SION SHELLY RAY RD. WALL	State; Zip Code FF TX 76244	\$ 25,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
3/25/2024	Contributor address; City;	State; Zip Code	\$20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)
3/25/2024	Contributor address; City;	State; Zip Code EP Tx 76244	\$ 25.00
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruc	etions)
		OPIES OF THIS SCHEDULE AS N	

SCHEDULE E LOANS

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	B. HEATHER O. WASHINGTON	7	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	9 Loan Amount (\$) \$ 5000.00	
6 Is lender a financial Institution?	8 Lender address; City; 904 N. PEAPSON LANE LE	State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun account (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
▼ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACHADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

ii the requested infor	mation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al 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 F2:	2 FILER NAME HEATHER WASHINGTON 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$ \$180.66
5 Date 3 15 24	Edifyton Strategies UC
7 Amount (\$)	8 Payee address; City; State; Zip Code
\$8180.66	1540 Keller Akny Se 108-108 Kd. 17 46248
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Printing Papers Signs, Conds
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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/O	Candidate / Officeholder name Office sought Office held H
	ATTACH ADDITIONAL CODIES OF THIS COLUEDLY E AS MEEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			4////				
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer	ID (Ethics	Commission Filers)	2 Total pages	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST HEATHER			MI	OFFIC	E USE ONLY
NAME	NICKNAME	LAST WASHINGTOI	4		SUFFIX	Date Received	120
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOY 2651		CITY;	STATE;	ZIP CODE 76244	9/20	124
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(HM)	HUG-BOID		EXTEN	SION		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST DAVID			R.	Receipt #	Amount \$
NAME	NICKNAME	LAST WASHINGTON	J		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT /		CIT		STATE;	ZIP CODE
TREASURER ADDRESS		EARSON LANE		VEL	_	TX	76262
(Residence or Business)						1 /	10000
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 991-2647		EXTEN	SION		
	(811)	711 0091					
9 REPORT TYPE	January 15	30th day before	e election	R	unoff		after campaign appointment der Only)
	July 15	8th day before	election	1 1	xceeded Modified eporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 03	Day Year / 26 / 2074	THE	OUGH	Month PU	Day Ye	9 24
11 ELECTION	ELECTION DA	TE			ELECTION TYPE		
	Month Day 95 / 94 /	Year Primar		unoff	Other Description	SCHOOL BE	MPO
12 OFFICE	OFFICE HELD (If any)	BOARD OF TRISTER	S PLACE 7	3 OFFICE	SOUGHT (if known	NATO OF TRUS	TEES PLACE 7
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER N	AME			
		COMMITTEE CAMPAIGN T	REASURER A	DDRESS			
		GO TO	PAGE	2		1	A CONTRACTOR OF THE CONTRACTOR

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	EATHER G	. WASHINGTON	16 Filer I	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	PI	OTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN LEDGES, LOANS, OR GUARANTEES OF LOANS, OR ONTRIBUTIONS MADE ELECTRONICALLY)		\$ D		
		TAL POLITICAL CONTRIBUTIONS THER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 5,995.00		
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0		
	4. TO	TAL POLITICAL EXPENDITURES		\$ 26,938.91		
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS REPORTING PERIOD	ST DAY	\$ 3,296.09		
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF ST DAY OF THE REPORTING PERIOD	THE	\$ 5,000.00		
I .		, under penalty of perjury, that the accompanying report is true orted by me under Title 15, Election Code.	e and corr	rect and includes all information		
		Signature of Ca	ndidate o	r Officeholder		
		Please complete either option below	<i>/</i> :			
(1) Affidavit						
NOTARY STAMP/SEA	1					
Sworn to and subscribed		this the		day of		
20, to certify						
Signature of officer administe	ering oath	Printed name of officer administering oath		Title of officer administering oath		
(2) Unovern Declarati		OR				
(2) Unsworn Declaration)on	h-10 0mh	10	01 7.		
My name is 1704 My address is 904	1 Y). TE	and my date of birth is	12-	6262 US		
Executed in 12112	int cou	(street) htty, State of Texas, on the 20 day of mobile	state) (zip code) (country)		
		Signature of Candid	date/Office	cholder (Declarant)		

SUBTOTALS - C/OH

19	FILER NAME HEATHER Q. WASHINGTON 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,995.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,938.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

SCHEDULE A1

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

				is page in the	
The	Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASHING	ITON			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor			7 Amount of contribution (\$)	
3/26/2024	6 Contributor address;	City;	State;	Zip Code	\$ 100.00
	10317 GRANHAWK LN.	KELLER	TX	76244	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
Date	Full name of contributor			Amount of contribution (\$)	
3/26/2024	Contributor address;	City;	State;	Zip Code	\$30.00
	9732 SAM BASSTRAIL	FORTWORT	H TX	76244	
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date	Full name of contributor			Amount of contribution (\$)	
3/21/2024	Contributor address;	City;	State;	Zip Code	\$ 100.00
	1201 BOURLAND ROAD	KELLER	TX	76248	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
Date	Full name of contributor LESUE + 1600 TRONSON	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/29/2024	Contributor address; IZEA WHISPEANS OAKS DE	city; INE VELLER	State;	Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
	ATTACH ADDITION	VAL COPIES C	F THIS S	SCHEDULE AS	NEEDED

SCHEDULE A1

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

		,		i puga ii ai	
The	Instruction Guide explains how t	o complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER. O. WASHIN	GTON			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) TRACY GRANT			7 Amount of contribution (\$)	
4/2/2024	6 Contributor address;	City;	State;	Zip Code	\$ 15.00
	312 GLOPHASTREET	KELLEZ	TX	76248	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	uctions)
Date	Full name of contributor			Amount of contribution (\$)	
4/3/2024	Contributor address;	City;	State;	Zip Code	\$ 100.00
	4279 BOARING FORK	W. FOISCO	女	75033	4 100.
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ictions)
Date	Full name of contributor		Amount of contribution (\$)		
4/3/2024	Contributor address;	City;	State;	Zip Code	\$ 500
	1605 FOREST BEND LANE	KELLER	TX	76248	1 200
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	PAC (ID#:)		Amount of contribution (\$)
4/3/2024	Contributor address;	City;	State;	Zip Code	\$ 2000.00
	332 LONGVIEW AZIVE	VELLER	TX	76248	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	Inctions)
	ATTACH ADDITIO	ONAL COPIES	OF THIS S	CHEDULE AS	NEEDED

SCHEDULE A1

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

MICAH YOUNG Contributor address; City; ISZI SPANISH BAY DP. HEUTE tion / Job title (See Instructions)	State; Zip Code 7- TX 76748 9 Employer (See Instruct AC (ID#:) State; Zip Code	Amount of contribution (\$)
Full name of contributor Full name of contributor Full SPANISH BAY OF. FULL tion / Job title (See Instructions) Full name of contributor AMBER HALL Contributor address; City; BZO LEWIS CROSSING OF. HELLE	State; Zip Code 7 TX 76248 9 Employer (See Instruction AC (ID#:) State; Zip Code 7 76248	7 Amount of contribution (\$) \$ 250.00 Amount of contribution (\$) \$ 250.00
MICAH YOUNG Contributor address; City; IS2I SPANISH BAY OF. HELLER tion / Job title (See Instructions) Full name of contributor out-of-state P. AMBER HALL Contributor address; City; BZO LEWIS CROSSING OF. HELLER	State; Zip Code 7 TX 76248 9 Employer (See Instruction AC (ID#:) State; Zip Code 7 76248	\$ 250. 00 Amount of contribution (\$) \$ 250.00
Contributor address; City; IS2I SPANISH BAN DR. HELLER tion / Job title (See Instructions) Full name of contributor out-of-state P. AMBER HALL Contributor address; City; IS20 LEWIS CROSSING DR. HELLER	State; Zip Code 7 TX 76748 9 Employer (See Instruction AC (ID#:) State; Zip Code 7 76748	Amount of contribution (\$)
Full name of contributor out-of-state Particular out-o	9 Employer (See Instruction of See Instruction of S	Amount of contribution (\$)
Full name of contributor out-of-state P. AMBER HALL Contributor address; City; 1820 LEWIS CROSSING DR. VALLE	AC (ID#:) State; Zip Code T	Amount of contribution (\$)
AMBER HALL Contributor address; City; 1820 LEWIS CROSSING DR. VELLE	State; Zip Code 76748	\$ 250.00
1820 LEWIS CROSSING DR. HELLE	E TX 76248	
on / Job title (See Instructions)	Employer (See Instruc	l ctions)
Full name of contributor	AC (ID#:)	Amount of contribution (\$)
Contributor address; City; B96 PANPOL MILL AVE. VELU	State; Zip Code	\$500.00
on / Job title (See Instructions)	Employer (See Instruc	etions)
Full name of contributor ut-of-state Pa	AC (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	\$ 50.00
1509 NEWTON BANCH P.D. KELLER	tx 76248	
on / Job title (See Instructions)	Employer (See Instruc	tions)
	PALED PANDOL MILL AVE. VELUE on / Job title (See Instructions) Full name of contributor	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code ISON NEWTON PANCH PD. FELLER TX 76248

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

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	s form.		1 Total pages Schedule A1:
2 FILER NAME	HEATHER O. WASHIN	16TON			3 Filer ID (Ethics Commission Filers)
4 Date	SANDY CUMMINGS				7 Amount of contribution (\$)
4/11/2024	6 Contributor address;	City;	State;	Zip Code	‡ 100.∞
8 Principal occu	pation / Job title (See Instructions)		9 Emp	oyer (See Instruct	tions)
Date	Full name of contributor [out-of-state PAC	C (ID#:		Amount of contribution (\$)
4/12/2024	Contributor address;	City;	State;		\$ 500.00
Principal occup	pation / Job title (See Instructions)	- 1000		oyer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)		
4/21/2024	Contributor address;	City;	State;	Zip Code 76248	\$ 250.00
Principal occuj	pation / Job title (See Instructions)	poorp		oyer (See Instruct	ions)
Date	Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
4122/2024	Contributor address; 2123 PINE PIOSE CONF	City;		Zip Code 76248	\$ 100.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
	ATTACH ADDITIO				

SCHEDULE A1

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

in the requested information is not applicable, bo not include this page in the report.							
The	Instruction Guide explains how to com	plete this form.		1 Total pages Schedule A1:			
2 FILER NAME	HEATHER O. WASHINGTO		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor			7 Amount of contribution (\$)			
4/22/2024	6 Contributor address; Ci	y; State;	Zip Code	\$ 250.00			
	1865 BAPPINGTON CT. 14	auth tx	76262				
8 Principal occu	pation / Job title (See Instructions)	9 Emp	oloyer (See Instruc	tions)			
Date	Full name of contributor			Amount of contribution (\$)			
4/9/2024	Contributor address; Ci		Zip Code	\$ 300.00			
Principal occup	pation / Job title (See Instructions)	Emp	bloyer (See Instruc	tions)			
Date	Full name of contributor			Amount of contribution (\$)			
4/11/2024	Contributor address; Cit	y; State;	Zip Code	\$ 200.00			
	1314 MCENTIDECT. 14EL	UP TX		1 200.00			
Principal occupation / Job title (See Instructions)		Emp	Employer (See Instructions)				
Date	Full name of contributor out-	of-state PAC (ID#:		Amount of contribution (\$)			
4/24/2024	Contributor address; Cit	y; State;	Zip Code	\$ 100.00			
	1601 BRENTWOOD TRAIL 14	TX	76248	7 100.			
Principal occur	pation / Job title (See Instructions)	Emp	ployer (See Instruc	tions)			
				A SECURITY OF THE SECURITY OF			
	ATTAOLIADDITIONA	CODICO CE TURO	OOLIEDI II E AGA				
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS N	IEEDED			

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	1 Total pages Schedule A1:				
2 FILER NAME	HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)			
4 Date 4 17 2024	5 Full name of contributor Gut-of-state PACE BOB J ZHONDA JOHNSON 6 Contributor address; City; 1878 FORST BIND HEUTE	State; Zip Code 76248	7 Amount of contribution (\$) \$ 250.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date		C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
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

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 FILER NAME 3 Filer ID (Ethics Commission Filers) HEATHER O. WASHINGTON 4 Date 5 Payee name 4/10/2024 MIS MARKETING 6 Amount (\$) 7 Payee address; City: State: Zip Code \$ 595.38 301 N.MAIN STEET SUITE E TX 76248 VELLER (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** PRINTING EXPENSE PUSH CARDS OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH 4/10/2024 EDGERTON STRATEGIES LLC Amount (\$) Payee address: City; State; Zip Code \$9916.70 1540 KELLER PARKWAY #108 KELLEZ TX 76248 Category (See Categories listed at the top of this schedule) Description SIGNS, GRAPHIC DESIGN, PALM CAPOS PURPOSE CONSULTING PRINTING OF PRINTING **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 4/19/2024 MIS MARKETING Amount (\$) Payee address; City; State: Zip Code 310 N. MAIN STREET SUITE E \$ 3372.64 TX KELLEZ 76248 Category (See Categories listed at the top of this schedule) Description POSTCARD MIRILER + POSTAGE **PURPOSE** PRINTING /ADVERTISING **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/QH

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HEATHER O. WASHINGTON 4 Date 5 Payee name EDGEDTON STRATEGIES UN 6 Amount (\$) 7 Payee address; City; State: Zip Code 1540 KELLER PARKULAY #108 \$ 2193.20 VELLER 76248 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** PRINTING/ADVERTISING MAILER + COMMUNICATIONS OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 4/24/24 MS MARKETING Amount (\$) Payee address: City; State; Zip Code \$3372.64 310 N. MAIN STDEET SUITE E KELLEZ TX 76248 Category (See Categories listed at the top of this schedule) Description PURPOSE POSTAGED MAILER + POSTAGE PRINTING /ADIEDTISING OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4/19/2024 NS MARGETING Payee address; Amount (\$) City: State: Zip Code \$ 6745.27 310 N. MAIN STREET SUITE E KELLEZ 76248 Category (See Categories listed at the top of this schedule) Description POSTLARD MINLER + POSTAGE **PURPOSE** PRINTING/ADVERTISING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

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 Giff/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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (criter d dategr	ory not ilsted above)
1 Total pages Schedule F1:	2 FILER NAME HEATHER O. WASHINGT	o n	3 Filer ID (Ethic	s Commission Filers)
4 Date 3/26/24 - 4/24/24	5 Payee name REVV		1	
6 Amount (\$) \$743.00	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	TON FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	Washington Company