

**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 OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> 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				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Heather Oliver Washington			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Heather Washington		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) [REDACTED]			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) P.O. Box 2651		
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	CITY Keller	STATE TX	ZIP 76244
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) heatherforkisd@gmail.com		OCCUPATION (Do not leave blank) sales/retired		DATE OF BIRTH [REDACTED]	
VOTER REGISTRATION VOID NUMBER ² (Optional)					
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell:					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			IN THE STATE OF TEXAS 23 year(s) 3 month(s)		
			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 16 year(s) 7 month(s)		
*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 , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) Heather Washington , of Tarrant County, Texas, 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."					
X <u><i>Heather Washington</i></u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>17th</u> day of <u>January</u> , 2024, by <u>Heather Washington</u> (day) (month) (year) (name of candidate)					
<u><i>Catherine White</i></u> Signature of Officer Authorized to Administer Oath ⁴ <u><i>Notary</i></u>					
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: <u>N/A</u> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. This document and \$ <u>N/A</u> filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified <u>01/17/2024</u> <u>01/18/2024</u> (See Section 1.007) <u><i>Catherine White</i></u> Date Received Date Accepted Signature of Filing Officer or Designee					

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed: 2	
2 CANDIDATE NAME	MS / MRS / MR Mrs.	FIRST Heather	MI O.
	NICKNAME	LAST Washington	SUFFIX
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2651 Keller TX 76244		
	Date Hand-delivered or Postmarked		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
5 OFFICE HELD (if any)	Keller ISD Board of Trustees Place 7		Receipt# Amount \$
6 OFFICE SOUGHT (if known)	Keller ISD Board of Trustees Place 7		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST David	MI R. NICKNAME Washington LAST Jr. SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
[REDACTED]			
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Heather Washington</u> Signature of Candidate</p> <p><u>11/17/24</u> Date Signed</p>		
GO TO PAGE 2			

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs.

Heather

O.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Washington

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 2651

Keller

TX

76244

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Keller ISD Board of Trustees Place 7

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

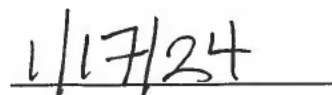
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled 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

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: <u>20</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MRS.</u>	FIRST <u>HEATHER</u>	MI <u>0</u>
	NICKNAME	LAST <u>WASHINGTON</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 2651</u> <u>KELLER TX 76244</u>		
	Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER <u>(469) 446-8010</u>		EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR.</u>	FIRST <u>DAVID</u>	MI <u>R.</u>
	NICKNAME	LAST <u>WASHINGTON</u>	SUFFIX <u>JR.</u>
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>904 N. PEARSON LANE</u> <u>KELLER TX 76262</u>		
	Date Received		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER <u>(817) 991-2647</u>		EXTENSION
	Date Hand-delivered or Date Postmarked		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>01 / 03 / 2024</u> THROUGH <u>03 / 25 / 2024</u>		
	Date Hand-delivered or Date Postmarked		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 24 / 2024</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>SCHOOL BOARD</u>
	Date Hand-delivered or Date Postmarked		
12 OFFICE	OFFICE HELD (if any) <u>KELLER ISD BOARD OF TRUSTEES PLACE 7</u>		
	OFFICE SOUGHT (if known) <u>KELLER ISD BOARD OF TRUSTEES PLACE 7</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME HEATHER O. WASHINGTON		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)	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,240.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **Heather Washington** and my date of birth is **12-27-71**
 My address is **904 N. Pearson Lane**, **Keller**, **TX** **76262** **US**
 (street) (city) (state) (zip code) (country)
 Executed in **Tarrant** County, State of **Texas**, on the **4** day of **April**, 20 **24**
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

HEATHER D. WASHINGTON

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,240.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 5,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 818.66
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS COBB <hr/> 6 Contributor address; City; State; Zip Code 107 W. LD LOCKETT RD. LOUISVILLE TX 76034	7 Amount of contribution (\$) \$ 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COURTNEY OLIVER <hr/> Contributor address; City; State; Zip Code 747 PEGASUS LANE LEAGUE CITY TX 77573	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANA + KEVIN MENCH <hr/> Contributor address; City; State; Zip Code 504 STRATTON DRIVE KELLER TX 76248	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 15	
2 FILER NAME HEATHER D. WASHINGTON				3 Filer ID (Ethics Commission Filers)	
4 Date 1/10/2024		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS McMULLIN		7 Amount of contribution (\$) \$250.00	
		6 Contributor address; City; State; Zip Code PO Box 1444 KELLER TX 76248			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 1/10/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS McMULLIN		Amount of contribution (\$) \$250.00	
		Contributor address; City; State; Zip Code PO Box 1444 KELLER TX 76248			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 1/10/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLIFF DONNELLY		Amount of contribution (\$) \$200.00	
		Contributor address; City; State; Zip Code 905 EULIN LANE DANDY TX 76262			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 1/19/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STACE VANDOVER		Amount of contribution (\$) \$250.00	
		Contributor address; City; State; Zip Code 1144 BANCROFT ROAD KELLER TX 76248			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LYNDA OLIVER MAYS	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 326 WATERMERE DR. SOUTHWAKE TX 76082		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOANNA WALTER	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 8 GLENDALE CT. TROPHY CLUB TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANKS DICARLO	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 512 BRISTOL HILL KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUMMER CROW	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 9741 ARMOURIZ DRIVE KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLOID BURNSIDE 6 Contributor address; City; State; Zip Code 705 BRIAR RIDGE DR. KELLER TX 76248	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KRISTEN MITCHELL Contributor address; City; State; Zip Code 2328 BRIDGEWOOD DR. KELLER TX 76262	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT SLATTERY Contributor address; City; State; Zip Code 812 GALLANT FOX TRL KELLER TX 76248	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHANNON DUBBERLY Contributor address; City; State; Zip Code 2119 ALMA DR. KELLER TX 76248	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN JERBICH	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1301 STONEHOLLOW CT. KELLER TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MANNY MURIEL	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1913 KINGSBRIDGE ROANOKE TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRISHA JENSEN	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1444 MELODY LANE KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KYLE M'CAW	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 332 LONGVIEW DRIVE KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHERYL DRENNON	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 9705 SAM BASS TRAIL FORT WORTH TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KRISTEN MARGASON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3724 MONICA LANE FORT WORTH TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAUREN TANNER	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1901 GOLDENROD LN. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VALERIE EADS	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1712 STERLING TRACE DR. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LIZA SHARKEY	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1528 HAWTHORNE LN. BOONVILLE TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ASHLEY TATUM	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1354 MELODY LN. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JE JAMES	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 501 CHARLES ST. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHEPI ERNZEN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2037 COVENTRY CT. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15	
2 FILER NAME HEATHER D. WASHINGTON				3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBELLA COLE			7 Amount of contribution (\$) \$250.00	
	6 Contributor address; City; State; Zip Code 2020 BANTON DRIVE ROANOKE TX 76262				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 2/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATV WHIDDEN			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 1809 KINSALE DR. ROANOKE TX 76262				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER HASCHKE			Amount of contribution (\$) \$250.00	
	Contributor address; City; State; Zip Code 2031 MEADOWVIEW DR. KELLER TX 76262				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS HAMMACK			Amount of contribution (\$) \$1000.00	
	Contributor address; City; State; Zip Code 1770 FLORENCE ROAD KELLER TX 76262				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHERIDY DONNELLY	7 Amount of contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code 985 ELIAN LN. KELLER TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELINDA SMITH	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 521 EAGLE TRAIL KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAURINDA TANKERSLEY	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 208 SINGING QUAIL TRAIL HASLET TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MEGAN CHOATE	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1725 BELLCHASE DR. DOWNSIDE TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATHLEEN HUTSON	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1520 HAWTHORNE LN. ROANOKE TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSAMY FARMER	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 538 STILLMEADOW DR. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAM SWINGLE	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 8920 THORN MEADOW CT. N. RICHMOND TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSICA JOHNSTON	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1217 CHINABERRY KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KRISTIN PEARCE 6 Contributor address; City; State; Zip Code 1414 HAWTHORNE LN. DANDY TX 76262	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSICA HAWLEY Contributor address; City; State; Zip Code 704 GREENBRIAR DR. KELLER TX 76248	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTY DAVIS Contributor address; City; State; Zip Code 1528 CREEKVIEW DR. KELLER TX 76248	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHANNON DUBBEDLY Contributor address; City; State; Zip Code 2119 ALMA DR. KELLER TX 76248	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER COOPER <hr/> 6 Contributor address; City; State; Zip Code 1743 STERLING TRAIL DR. KELLER TX 76248	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/9/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYON AZITA <hr/> Contributor address; City; State; Zip Code 1616 BELLECHASE DR. KELLER TX 76262	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE BARTUCH <hr/> Contributor address; City; State; Zip Code 1804 FIRENZE ST. KELLER TX 76262	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT + CASSIE MATTHEWS <hr/> Contributor address; City; State; Zip Code 1612 BELLECHASE DR. ROANOKE TX 76262	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL GARABEDIAN	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. Box 93984 Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID GERDA	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 700 NORTHERN TRACE KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRITTANY FINK	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 313 SOUX ST. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KAREN BRENNAN	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 809 BODEGA BAN DR. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELEN ELLIOT <hr/> 6 Contributor address; City; State; Zip Code 638 EDGAR RD. HANOVER VA 23069	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH SLOUGH <hr/> Contributor address; City; State; Zip Code 640 BANCROFT RD. KELLER TX 76248	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAYE LANGE <hr/> Contributor address; City; State; Zip Code 2715 AURORA CT. SOUTHLAKE TX 76092	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEGIAN MARSHALL <hr/> Contributor address; City; State; Zip Code 2108 OLD YORK DR. KELLER TX 76248	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUZANNE SAMPSON	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 5509 WHITE WILLOW DR FORTWORTH TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATHY WARREN	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 5109 SHELLY BAY RD. KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELISSA MILLER	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 4417 CARBIL CIRCLE KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STACEY BUND	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 10229 CANTANA CT. KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

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 E: <div style="text-align: center;">1</div>
2 FILER NAME <div style="text-align: center;">MRS. HEATHER D. WASHINGTON</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <div style="text-align: center;">1/23/2024</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">DAVID R. WASHINGTON JR.</div>	9 Loan Amount (\$) <div style="text-align: center;">\$ 5000.00</div>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <div style="text-align: center;">904 N. PEARSON LANE KEEFER TX 76262</div>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Heather Washington</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>8180.66</i>

5 Date <i>3/15/24</i>	6 Payee name <i>Edgerton Strategies LLC</i>		
7 Amount (\$) <i>\$8180.66</i>	8 Payee address; <i>1540 Keller Hwy Ste 108 Keller</i>	City; <i>Keller</i>	State; <i>TX</i>
		Zip Code <i>76248</i>	

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>consulting/printing expense</i>	(b) Description <i>signs, cards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM C/OH
COVER SHEET PG 1

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME HEATHER D. WASHINGTON		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,995.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,938.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,296.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Heather Washington

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Heather Washington and my date of birth is 12-27-71

My address is 904 N. Pearson Lane Keeler TX 76262 US
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 26 day of April, 2024.
(month) (year)

Heather Washington
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME HEATHER D. WASHINGTON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,995.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 26,938.91
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA GROENE <hr/> 6 Contributor address; City; State; Zip Code 10317 GRAYHAWK LN. KELLER TX 76244	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS ZAFIRIOU <hr/> Contributor address; City; State; Zip Code 9732 SAM BASS TRAIL FORTWORTH TX 76244	Amount of contribution (\$) \$ 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA TAYLOR <hr/> Contributor address; City; State; Zip Code 1201 BOURLAND ROAD KELLER TX 76248	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE + TODD TRONSON <hr/> Contributor address; City; State; Zip Code 1209 WHISPERING OAKS DRIVE KELLER TX 76248	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 6
2 FILER NAME HEATHER. O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY GRANT <hr/> 6 Contributor address; City; State; Zip Code 312 GLORIA STREET KELLER TX 76248	7 Amount of contribution (\$) \$ 15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADRIENNE HERRMANN <hr/> Contributor address; City; State; Zip Code 4279 ROARING FORK LN. FRISCO TX 75033	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN HARLAN <hr/> Contributor address; City; State; Zip Code 1605 FOREST BEND LANE KELLER TX 76248	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYLE MCCAW <hr/> Contributor address; City; State; Zip Code 332 LONGVIEW DRIVE KELLER TX 76248	Amount of contribution (\$) \$ 2000.00
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: 6
2 FILER NAME HERTHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICAH YOUNG <hr/> 6 Contributor address; City; State; Zip Code 1521 SPANISH BAY DR. KELLER TX 76248	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMBER HALL <hr/> Contributor address; City; State; Zip Code 1820 LEWIS CROSSING DR. KELLER TX 76248	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMIN MIZANI <hr/> Contributor address; City; State; Zip Code 896 RANDOL MILL AVE. KELLER TX 76262	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY JO BECERRA <hr/> Contributor address; City; State; Zip Code 1509 NEWTON RANCH RD. KELLER TX 76248	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 6
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDY CUMMINGS <hr/> 6 Contributor address; City; State; Zip Code 1722 BILTMORE DR. KELLER TX 76262	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS COVER <hr/> Contributor address; City; State; Zip Code 1323 BRIAR RIDGE DR. KELLER TX 76248	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY HILL <hr/> Contributor address; City; State; Zip Code 608 VASEY OAK KELLER TX 76248	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAG GREEN <hr/> Contributor address; City; State; Zip Code 2123 PINE RIDGE COURT KELLER TX 76248	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 6
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN GRABOW <hr/> 6 Contributor address; City; State; Zip Code 1865 BARRINGTON CT. KELLER TX 76262	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/9/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY GRIFFITH <hr/> Contributor address; City; State; Zip Code 1670 KELLER PARK. SUITE 200 KELLER TX 76248	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARILYN BIRT <hr/> Contributor address; City; State; Zip Code 1314 MCENTRE CT. KELLER TX 76248	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA METZALF <hr/> Contributor address; City; State; Zip Code 1601 BRENTWOOD TRAIL KELLER TX 76248	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 6
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOB + RHONDA JOHNSON <hr/> 6 Contributor address; City; State; Zip Code 1828 FOREST BEND KELLER TX 76248	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3	2 FILER NAME HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2024	5 Payee name MIS MARKETING	
6 Amount (\$) \$595.38	7 Payee address; City; State; Zip Code 301 N. MAIN STREET SUITE E KELLER TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/10/2024	Payee name EDGERTON STRATEGIES LLC	
Amount (\$) \$9916.70	Payee address; City; State; Zip Code 1540 KELLER PARKWAY #108 KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING / PRINTING	Description SIGNS, GRAPHIC DESIGN, PALM CARDS PRINTING
	<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 4/12/2024	Payee name MIS MARKETING	
Amount (\$) \$3372.64	Payee address; City; State; Zip Code 310 N. MAIN STREET SUITE E KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING / ADVERTISING	Description POSTCARD MAILER + POSTAGE
	<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: 3	2 FILER NAME HEATHER D. WASHINGTON	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2024	5 Payee name EDGERTON STRATEGIES LLC	
6 Amount (\$) \$ 2193.20	7 Payee address; 1540 KELLER PARKWAY #108	City; State; Zip Code KELLER TX 76248
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING	(b) Description MAILER + COMMUNICATIONS
	(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 4/24/24	Payee name MS MARKETING		
Amount (\$) \$ 3372.64	Payee address; 310 N. MAIN STREET SUITE E	City; State; Zip Code KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING	Description POSTCARD MAILER + POSTAGE	
	<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 4/19/2024	Payee name MS MARKETING		
Amount (\$) \$ 6745.21	Payee address; 310 N. MAIN STREET SUITE E	City; State; Zip Code KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING	Description POSTCARD MAILER + POSTAGE	
	<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: <div style="font-size: 1.5em; font-weight: bold;">3</div>	2 FILER NAME <div style="font-size: 1.2em; font-weight: bold;">HEATHER O. WASHINGTON</div>	3 Filer ID (Ethics Commission Filers)			
4 Date <div style="font-size: 1.2em; font-weight: bold;">3/26/24 - 4/24/24</div>	5 Payee name <div style="font-size: 1.2em; font-weight: bold;">REVV</div>				
6 Amount (\$) <div style="font-size: 1.2em; font-weight: bold;">\$743.00</div>	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-weight: bold;">FEES</div>	(b) Description <div style="font-size: 1.2em; font-weight: bold;">TRANSACTION FEES</div>			
	(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					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <div style="text-align: center; font-size: 1.5em;">8</div>									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;">Mrs.HEATHER0</div>			OFFICE USE ONLY									
	NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;">WASHINGTON</div>												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="display: flex; justify-content: space-between;">PO Box 2651KELLER TX76244</div>												
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between;">(469)446-8810</div>												
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;">MRDAVIDR.</div>												
	NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;">WASHINGTONJR</div>			Date Received									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="display: flex; justify-content: space-between;">904 N. PEARSON LANEKELLER TX76262</div>			Date Hand-delivered or Date Postmarked									
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between;">(817)991-2647</div>			Receipt # Amount \$									
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>												
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <div style="display: flex; justify-content: space-around;">04252024</div></div> <div>THROUGH</div> <div>Month Day Year <div style="display: flex; justify-content: space-around;">07122024</div></div> </div>												
11 ELECTION	ELECTION DATE Month Day Year <div style="display: flex; justify-content: space-around;">05042024</div>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special SCHOOL BOARD										
12 OFFICE	OFFICE HELD (if any) KUSD BOARD OF TRUSTEES PLACE 7		13 OFFICE SOUGHT (if known)										
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS												
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME HEATHER O. WASHINGTON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,155.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,069.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME HEATHER O. WASHINGTON		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,155. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,869. ¹⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Heather Washington and my date of birth is 12-27-1971
My address is 904 N. Pearson Lane Keller TX 76242 US
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 15 day of 7, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOUG TAYLOR	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 4024 VERNON WAY KELLER TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONNA COBB	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 707 W LD LOCKETT ROAD LOUISVILLE TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NATASHA + WILLIAM BUBEK	Amount of contribution (\$) \$ 55.00
Contributor address; City; State; Zip Code 1418 CAT MOUNTAIN TRAIL KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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	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: 3		2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/2024		5 Payee name MIS MARKETING			
6 Amount (\$) \$297.49		7 Payee address; 301 N. MAIN STREET		City; KELLER	State; TX
				Zip Code 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/20/2024		Payee name BROTHER RECON			
Amount (\$) \$149.00		Payee address;		City; KELLER	State; TX
				Zip Code 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description CAMPAIGN SHIRTS		
	<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 6/2/2024		Payee name DAVID WASHINGTON			
Amount (\$) \$420.54		Payee address; PO BOX 466		City; KELLER	State; TX
				Zip Code 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		Description PO BOX RENTAL / POSTAGE ELECTION DAY FOOD + BEVERAGE		
	<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: AN 3	2 FILER NAME HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)
4 Date 6/13/2024	5 Payee name HEATHER WASHINGTON	
6 Amount (\$) \$1700.00	7 Payee address; PO BOX 466	City; State; Zip Code KELLER TX 76244
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ADVERTISING
	(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 6/13/2024	Payee name HEATHER WASHINGTON		
Amount (\$) \$173.00	Payee address; PO BOX 466	City; State; Zip Code KELLER TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description ELECTION NIGHT EVENT	
	<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 7/10/2024	Payee name DAVID WASHINGTON		
Amount (\$) \$234.32	Payee address; PO BOX 466	City; State; Zip Code KELLER TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	Description LOAN REPAYMENT	
	<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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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: 3	2 FILER NAME HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/24 to 5/1/2024	5 Payee name PELV	
6 Amount (\$) \$44.60	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description TRANSACTION FEES
	(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 Office sought Office held		
Date 5/1/2024	Payee name EDGETON STRATEGIES LLC	
Amount (\$) \$1850.00	Payee address; City; State; Zip Code 1940 KELLER PKWY #108 KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PHONE / TEXT
	<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 Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

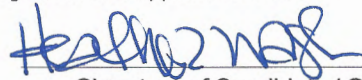
1 C/OH NAME

HEATHER O. WASHINGTON

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☒

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder