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

INFORMATION IS REQUIRED TO BE PROVIDED APPLICATION FOR A PLACE O	N THE Kelle	r ISD Boa	rd of Trus	stees			ON BALLOT
TO: City Secretary/Secretary of Board			election)				
I request that my name be placed on the	above-named of			for the office	indicated be	elow.	
OFFICE SOUGHT (Include any place numb							
Keller ISD Board of Trustees				✓ FULL			FD
FULL NAME (First, Middle, Last)			PRINT NAM	AE AS YOU WA	NT IT TO APP		
Heather Oliver Washington			Heatne	Washing	on		
PERMANENT RESIDENCE ADDRESS (Do not in you do not have a residence address, describe lo				lated correspond			ich you receive
	07475	10		JX 2031		STATE	ZIP
CITY	STATE Z	IP	CITY			STATE	
			Keller			TX	76244
PUBLIC EMAIL ADDRESS (Optional) (Address	for OCCUPATIO	ON (Do not lea	ve blank)	DATE OF BIRT	Н	VOTER REG	STRATION VUID
which you receive campaign related emails, if available.				2		NUMBER ² (Optional)
heatherforkisd@gmail.com	sales/re	etired					
TELEPHONE CONTACT INFORMATION (Opt	ional)						
Home:	Office:				Cell:		
FELONY CONVICTION STATUS (You MUST of	heck one)	LENGTH	OF CONTINU	IOUS RESIDENC			TION WAS SWORN
 I have not been finally convicted of a f 	elony.	IN	THE STATE O	F TEXAS			PRECINCT FROM
I have been finally convicted of a felor	iy, but I have bee	n	23		WHICH TH	E OFFICE SOU	GHT IS ELECTED year(s)
pardoned or otherwise released from			20)	ear(s)			year(s)
disabilities of that felony conviction and I have provided			3 month(s)			7	month(s)
proof of this fact with the submission							
*If using a nickname as part of your name to my nickname does not constitute a slogan	o appear on the b	allot, you are a	also signing ai	tical economic	social or re	statements:	r affiliation I have
been commonly known by this nickname fo	r at least three ve	, nor does it in	is election P	lease review se	ctions 52.031	52.032 and	52.033 of the Tex
Election Code regarding the rules for how n						,	
Before me, the undersigned authority, on t				Heathe	r Washin	aton	, who
being by me here and now duly sworn, upo	n oath says.	appeared (na	me or canulu	ate) - reating		5	, who
"I, (name of candidate) Heather Was	hington		, of Tarra	ant		Cour	ntv. Texas.
being a candidate for the office of KIS	D Board of	Trustees F	Place 7	swear that I			
laws of the United States and of the State of	f Texas Lamac	itizen of the U	nited States e	ligible to hold	such office u	nder the cons	titution and laws
this state. I have not been determined by a	a final judgment o	of a court exer	cising probat	e jurisdiction to	be totally m	nentally incapa	acitated or partial
mentally incapacitated without the right to	vote. I am awar	e of the nepoti	ism law, Chap	ter 573, Gover	nment Code.	l am aware	that I must disclos
any prior felony conviction, and if so convic	ted, must provide	e proof that I h	ave been par	doned or other	wise released	from the res	ulting disabilities
any such final felony conviction. I am awar	e that knowingly	providing fals	e information	n on the applic	ation regardi	ng my possibl	e felony convictio
status constitutes a Class B misdemeanor. I	further swear the	at the foregoin	ig statements	included in my	application	are in all thing	s true and correct
		X		ALTO	N (N)	NI I INC	An.
			CICNIATUR	OF CANDID	-	man	X
	1 Victor	M	SIGNATUR		1 Cachen	In Jafar	Pilet Dia
Sworn to and subscribed before me this the	e day of	yuna	WY I	by by	tran	7 yous	mgion
Mallin WA	(day)	(month)	0	(year)	(r	name of candie	date
Att BING MARIE				11			Philip
Signature of Officer Authorized to Administ	er Oath4		DHIM	ed Name ATKE	RINEANHALE	ed to dmini	ster Oath
Signature of Officer Authorized to Administ	ci Vaur		A A	Liv Nota	ry ID # 64475	98	
NOTWWX			X	allotaria oro	June 17,202	6	
Title of Officer Authorized to Administer Oa	ith		E OF		and the second se		11-
TO BE COMPLETED BY FILING OFFICER:	THIS APPLICATIO					If Applicable) PAID BY: N
CASH CHECK MONEY ORDER					G FEE.		1
		petition of			Voter		

This document and \$_N/R_ filing fee or a nominating petition of _____ pages received. 1024 01,18 (See Section 1.007) Signature of Filing Officer or Designee

0 Date Received

Date Accepted

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM	СТА
	PG 1

							A Tatal some file	ad.
	See	CTA Instruction	Guide for detailed	d instruction	ıs.		1 Total pages file	2
2	CANDIDATE	MS / MRS / MR	FIRST			MI	OFFICE	USE ONLY
-	NAME	Mrs.	Heather			0.	Filer ID #	
		NICKNAME	LAST			SUFFIX	Date Received	
			Washington					
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	7	
	MAILING ADDRESS	PO Box 2651		Keller	ТХ	76244		
	ADDRESS	10 00x 2001		- Conci				
							Date Hand-delivered	or Postmarked
4	CANDIDATE	AREA CODE	PHONE NUMBER		EXTENSIO	ON	Receipt#	Amount \$
	PHONE						Date Processed	
							_	
5	OFFICE HELD (if any)	Keller ISD	Board of Trustees	Place 7			Date Imaged	
6	OFFICE SOUGHT (if known)	Keller ISD	Board of Trustees I	Place 7				
7	CAMPAIGN	MS/MRS/MR	FIRST	MI	NICKNAM	E	LAST	SUFFIX
	TREASURER NAME	Mr.	David	-				
		IVIL.	David	R.		N	/ashington	Jr.
		STREET ADDRESS;	0	PT / SUITE #;	CITY;		STATE;	ZIP CODE
8	CAMPAIGN TREASURER	STREET ADDRESS,		Troone a,	ontr			
	STREET							
	residence or business)							
	residence of business)	۰.						
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSI	ON		
	TREASURER PHONE							
	CANDIDATE							
10	SIGNATURE	l am aware	e of the Nepotisi	m Law, Ch	apter 57	3 of the 1	Texas Govern	ment Code.
		l am aware the Electio	e of my respons n Code.	ibility to fi	e timely	reports a	as required by	title 15 of
			of the restrictions and labor			Election	Code on cont	tributions
			Ma	00	10000			
		HEAU	Signature of Canc		0		Date Sign	ed
_	<u>.</u>		GO	TO PAGE	2			

CODE OF FAIR CAMPAIGN PRACTICES

	OFFICE USE ONLY						
Pursuant to chapter 258 of				Date Received			
political committee is enco	-						
Campaign Practices. The C	Code may be file	ed with the pro	oper filing				
authority upon submission	of a campaign	n treasurer app	pointment				
form. Candidates or poli	tical committe	es that alread	ly have a				
current campaign treasurer	current campaign treasurer appointment on file as of September 1,						
1997, may subscribe to the	code at any tin	ne.		Date Hand-delivered or	Postmarked		
				Date Processed			
Subscription to the Code of	f Fair Campaign	Practices is volu	intary.				
				Date Imaged			
1 ACCOUNT NUMBER	2 TYPE OF FIL	ER					
(Ethics Commission Filers)	CANDIDATE	X	POL	ITICAL COMM			
	If filing on a cond	-	2 6 If filin	na for a political co	ommittee, complete		
	then read and sign	idate, complete boxes n page 2.			d and sign page 2.		
	TITLE (Dr., Mr., Ms., etc.)	FIRST		MI			
3 NAME OF CANDIDATE	Mrs.	Heather		Ο.			
(PLEASE TYPE OR PRINT)							
	NICKNAME	LAST		SUFFIX (SR.,	JR., III, etc.)		
		Washington					
4 TELEPHONE NUMBER	AREA CODE	PHONE NU	MBER	EXTENSION			
OF CANDIDATE							
(PLEASE TYPE OR PRINT)			0.71	OTATE.	700 0005		
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	Board of Trustees P	lace 7				
7 NAME OF COMMITTEE					5-64 A.		
(PLEASE TYPE OR PRINT)							
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.)	FIRST		MI			
(PLEASE TYPE OR PRINT)	NICKNAME	LAST		SUFFIX (SR.,	JR., III, etc.)		
	1						
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 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.

		4 61. 15		2 Total pages filed:
The C/OH Instruction G	uide explains how to complete this	form.	(Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MBS. HEAT	HER	MI Ø	OFFICE USE ONLY
NAME	NICKNAME LAST	HNGTON	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUI R.O. BOX. 2651		state; zip code TX: 76244	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (46-8010	R	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	7	R.	Date Processed
NAME		NGTON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE 904 N. PEAPSON LAN); APT / SUITE #;	CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE (817) 991-264		EXTENSION	
9 REPORT TYPE		day before election	Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED		ear 024 THRO	Month	Day Year 25 2024
11 ELECTION	ELECTION DATE Month Day Year D 05 24 2024	Primary Run General Spe	Description	SCHOOL BOARD
12 OFFICE	OFFICE HELD (if any) KELLER ISD BOARD O		OFFICE SOUGHT (if known	DOFTRUSTEES REACE 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER THESE F	XPENDITURES MAY HAVE BE IS ARE REQUIRED TO REPORT	FN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL COMMITTEE ADD	DRESS MPAIGN TREASURER NAM	E	
		MPAIGN TREASURER ADI		

15 C/OH NAME	ATHER C	P. WASHINGTON		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PL	DTAL UNITEMIZED POLITICAL CON LEDGES, LOANS, OR GUARANTEES ONTRIBUTIONS MADE ELECTRONI	S OF LOANS, OR	۹ \$	70.00
		TAL POLITICAL CONTRIBUTIO		\$	19,240.00
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL EXPE	ENDITURE.	\$	0
	4. TO	TAL POLITICAL EXPENDITURE	S	\$	0
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIONS N	AINTAINED AS OF THE LA	ST DAY \$	24,240.00
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ALL C ST DAY OF THE REPORTING PERI		F THE \$	5,000.∞
18 SIGNATURE I s	wear or affirm	, under penalty of perjury, that the	accompanying report is tru	e and correc	t and includes all information
		orted by me under Title 15, Election		- 4.14 001100	
	yanou to vo rop				
			Signature of Ca	andidate or C	Officeholder
		120			
		Please complete	either option below	V:	
			•		
(1) Affidavit					
NOTARY STAMP/SEA	L				
	1. f.		4		lov of
			this the	c	idy 01,
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	ering oath	Printed name of officer adm	ninistering oath	Tit	le of officer administering oath
		OR			
(2) Unsworn Declarati	on				
16nHr	nola	Amoton		12-2:	1-71
My name is	n	Con Lana	and my date of birth is	V H	267 125
My address is	1.10	HJUN LONK,	Ne ince , 1	<u>1</u>	
Thoras	nt	(street)	A.	hil	code) (country)
Executed in	Cou	nty, State of, on	the day of mont		20 <u>(year)</u> .
			Uler/UL	VIDYI	
			Signature of Candi	date/Officeho	lder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers) 19 FILER NAME HEATHER O. WASHINGTON SUBTOTAL 21 SCHEDULE SUBTOTALS AMOUNT NAME OF SCHEDULE \$ 19,240.00 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 0 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. \$ 0 З. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 5,000.00 SCHEDULE E: LOANS V 4. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 5. \$ 🚯 81860 6. 1 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 0 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 7. \$ 0 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 0 9. \$ 0 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 0 12. TO FILER

	ARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page in the	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT include this page in the	
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	107 W. UD LOCKETT PD. LOLLEKULLE TX. 76034	7 Amount of contribution (\$) 5,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor General out-of-state PAC (ID#:) COVERNEN OUVER	Amount of contribution (\$)
3/10/2024	Contributor address; City; State; Zip Code 747. FEGASVS LANE LEAGUE LTY TX 17513	\$1,000.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#) SHANA & KEVIN MENCH	Amount of contribution (\$)
3 25 2021	Contributor address; City; State; Zip Code 504 STRATTON DRIVE VELLER TX 76248	\$ 300.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	
Forms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/20

Date 5 1/10/2024 6	Full name of contributor ROSS MCNIVULN Contributor address;	out-of-state PAC	(ID#:	,	3 Filer ID (Ethics Commission Filers)
1/10/2024 6	Ross MCMUUN	_	(ID#:)	
6				7 Amount of contribution (\$)	
				Zip Code	\$250.00
	PO BOX 1444	HELLER	TX	76248	
Principal occupati	on / Job title (See Instructions)		9 Empl	oyer (See Instruct	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Jun 1000	Ross McMulun				4000 00
1/18/2024	Contributor address;	City;	State;	Zip Code	\$ 250.00
	PO Box 1444	HELLER	TX	76248	
Principal occupatio	on / Job title (See Instructions)		Empl	oyer (See Instruct	ons)
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of contribution (\$)	
Laland	CUFF DONNELLY			6	
1/19/2024	Contributor address;	City;		Zip Code	\$ 200."
	905 EUGN LANE	ROANOKE	TX	76262	
Principal occupation	on / Job title (See Instructions)		Empl	loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:) Amount of contribution (Amount of contribution (\$)
1/19/2024	Contributor address;	City;	State;	Zip Code	\$ 250.00
	1144 BANCROFT ROM	AD KELLER	T	76248	
Principal occupation	on / Job title (See Instructions)		Empl	loyer (See Instruct	ions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	HERTHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
1/20/2024	6 Contributor address; City; 326 MATERAMERE DR. SOUTHUA	State; Zip Code	\$ 250.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	JORNNA WALLER	(ID#)	Amount of contribution (\$)
120/2024	Contributor address; City;	State; Zip Code	\$ 500.00
	O GLEN DALE CT. TROPHY CUB	TX 76262	
Date	FRANGS DICARLO	(ID#:) State; Zip Code TX 76748 Employer (See Instruc	Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/22/2024	Contributor address; City;	State; Zip Code	\$50.00
	9741 APMOUR DRIVE HELLER	TX 76244	1.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 2 FILER NAME HEARTHER 0. WASHINGTON 3 File ID (Effec Commission Files) 2 FILER NAME HEARTHER 0. WASHINGTON 3 File ID (Effec Commission Files) 3 Date 5 Full name of contributor Include the PPC (CP) 7 Amount of contribution (S) 4 Date 5 Full name of contributor Out-of-state PPC (CP) 7 Amount of contribution (S) 3 Principal occupation / Job tills (See Instructions) 9 Employer (See Instructions) Amount of contribution (S) 2 FUL name of contributor Out-of-state PPC (CP) Amount of contribution (S) 2 FUL name of contributor Out-of-state PPC (CP) Amount of contribution (S) 2 FUL name of contributor Out-of-state PPC (CP) Amount of contribution (S) 2 Full name of contributor Out-of-state PPC (CP) Amount of contribution (S) 2 Full name of contributor Out-of-state PPC (CP) Amount of contribution (S) 2 Full name of contributor Out-of-state PPC (CP) Amount of contributon (S) 2 <th>MONET</th> <th>ARY POLITICAL CONTRIBU</th> <th>JTIONS</th> <th>SCHEDULE A1</th>	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form. 15 FILER NAME HEARTHER 0. WASHINGTON 3 Fier ID (Ethes Commission Files) Date 5 Full name of contributor	If the reques	sted information is not applicable, DO NOT in	nclude this page in the	report.
Principal occupation / Job title (See Instructions) Participal occupation / Job title (See Instructions) Participal occupation / Job title (See Instructions) Participal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (DF Amount of contribution (S) Principal occupation J bitle (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (DF Amount of contribution (S) Z17 [2024 Contributor address; City; State; Zip Code Z17 [2024 Contributor address; City; State; Zip Code Z17 [2024 Contributor address; City; State; Zip Code \$ 1000 . * Date Full name of contributor Out-of-state PAC (DF Amount of contribution (S) \$ 1000 . * Date Full name of contributor Out-of-state PAC (DF Amount of contribution (S) \$ 250 . * Date Full name of contributor Out-of-state PAC (DF Amount of contribution (S) \$ 250 . * Date Full name of contributor Out-of-state PAC (DF Y 162/HS \$ 250 . * Date Full name of contributor Sute-state PAC (DF <	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
IZE/2021 Image: State of Contributor address; City; State; Zip Code #560. ** Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (S) Date Full name of contributor 0 eu-ot-state PAC (DP Amount of contribution (S) 217/8024 Contributor address; City; State; Zip Code 217/8024 Contributor address; City; State; Zip Code 2328 Epi20EEWX000 FR- LELLEFF TX T62.62 Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) # 1000. ** Date Full name of contributor 0 eu-of-state PAC (DP Amount of contribution (S) 218/2024 Contributor address; City; State; Zip Code 812 GAULANT Fo/TPL VELLEF TX T62.48 Principal occupation / Job title (See Instructions) Employer (See Instructions) # 2560. ** Date Full name of contributor 0 eu-of-state PAC (DP Amount of contribution (S) 128/2024 Contributor address; City; State; Zip Code 218/2024 Ful	FILER NAME	HEATTHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
IZE/2021 6 Contributor address: City: State: Zip Code \$560, ** Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (S) Date Full name of contributor out-of-state PAC (DE:	Date	FLOND BURNSIDE		7 Amount of contribution (\$)
Date Full name of contributor	1/28/2024	6 Contributor address; City;	State; Zip Code	\$500.00
UPISTEN MITCHELL City: State: Zip Code \$1000.00 21712024 Contributor address: City: State: Zip Code \$1000.00 2329 BERDEEWADD ER KELLEF TX TL262 \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
2171/2024 Contributor address; City; State: Zip Code \$ 1000.6° Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#	Date	KRISTEN MITCHELL		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 219/2024 Contributor address; City; State; Zip Code BIZ GAULAWT FOXTEL VELUEP TX 716748 \$ Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ \$ Date Full name of contributor out-of-state PAC (ID#	2/7/2024	Contributor address; City;	State; Zip Code	\$ 1000.00
219/2021 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 250.** Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor	Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
219/2024 Contributor address; City; State; Zip Code \$ 250.6° 912 GAULANT FONTRL VELUEP TX 716748 \$ 250.6° Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	Date		C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 2/8/2024 SHAVNON TORBETERN Contributor address; City; State; Zip Code \$ 250.00 2/19 Aump DP- VELUER TX 762.49 \$ 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	218/2024	Contributor address; City;		\$ 250.00
SHAWNON DUBBERON Contributor address: City; State; Zip Code \$ 250.00 21012021 Contributor address: VELUER TX 762.48 \$ 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
2/0/2024 Contributor address; City; State; Zip Code \$ 250.00 2/19/2024 2/19/2024 VELUER TX 7/62.49 \$ 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			C (ID#:)	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	2/8/2024	Contributor address; City;		\$ 250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	lstions)
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

FILER NAME	HEATHETZ D. WASHINGTON		
Date	rightale v. Mashindivin		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor JOHN JERBICH)	7 Amount of contribution (\$)
2/16/2024		tate; Zip Code X 16762	\$ 100.°°
Principal occi	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor MANN MURIEL)	Amount of contribution (\$)
2/16/2024		tate; Zip Code	\$ 100.00
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	TRISHA JENSEN)	Amount of contribution (\$)
2/16/2024	Contributor address; City; St 1444 MELDON LANE VELLEE TX	tate; Zip Code K 76262	\$250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
2/19/2024	Contributor address; City; S 332 LONGVIEW DRVE KELLER 7	state; Zip Code	\$ 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONET	ARY POLITICAL CONTRIBUTIONS	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 CHERIL DRENNON	7 Amount of contribution (\$)
2/22/2024	6 Contributor address; City; State; Zip Code 9705 SAM BASS TRAIL FOR WORK TX 76744	\$ 25.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
2/22/2024	Contributor address; City; State; Zip Code 3724 MONIGALIANE FOR WORH TX 76244	\$ 100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/23/2024	Contributor address; City; State; Zip Code 901 GQ DEN ROD LN. FEUER TX 76748	\$ 100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/23/2021	Contributor address; City; State; Zip Code 17.12 STERLING TRACE DR. VELLER TX 76248	\$ 25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	l tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	
Forms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/202

The	Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1:
FILER NAME	HEATHER O. WASHIN	GTON			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state P/			7 Amount of contribution (\$)
2/23/2024	6 Contributor address; 1528 HAWTHORNE LN.		State;	Zip Code	\$ 100.00
Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state P/	AC (ID#:		Amount of contribution (\$)
2/25/2024	Contributor address;	City;	State;	Zip Code 76262	\$ 500.00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
Date	Full name of contributor				Amount of contribution (\$)
2/25/2024	Contributor address; 501 CHAPLES ST-	City;	State;	Zip Code 76248	\$ 100 .00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	lictions)
Date	Full name of contributor	out-of-state P	AC (ID#:		Amount of contribution (\$)
2/26/2024	Contributor address;	City;	State;	Zip Code	\$ 100.00
	2037 COVENTRY CT.	KELLER	TX	76262	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	ictions)

The	Instruction Guide explains how to complete th	nis 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 P	vac (ID#:)	7 Amount of contribution (\$)
2/26/2024		State; Zip Code	\$ 250 . 00
B Principal occu	upation / Job title (See Instructions)	9 Employer (See Instru-	ctions)
Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)	Amount of contribution (\$)
2/27/2024	Contributor address; City; 1809 KINSALE DR. BOANDLE		\$ 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	' ctions)
Date	Full name of contributor Out-of-state F	Amount of contribution (\$)	
2/28/2024	Contributor address; City; 2031 MEACOW VIEW CR. KELLER	State; Zip Code	\$ 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
2/28/2024	Contributor address; City; 1710 FLOPENCE ROAD KELLEP	State; Zip Code TX 76262	\$ 1000,00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ttions)

The	Instruction Guide explains how to complete the	is 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 PA	AC (ID#:)	7 Amount of contribution (\$)
2/28/2024	6 Contributor address; City;	State; Zip Code TX 16262	\$ 400.00
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	MELINDA SMITH	AC (ID#:)	Amount of contribution (\$)
2/20/2024	Contributor address; City; 521 EAGLETRAL KELLER	State; Zip Code	\$ 100 .00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	LAVEINDA TANKEPSLEY	AC (ID#)	Amount of contribution (\$)
3/4/2024	Contributor address; City; 208 SINGING QUAILTRAIL HASTET	State; Zip Code TX 76052	\$ 100 .00
Principal occu	 pation / Job title (See Instructions)	Employer (See Instru	I Inctions)
Date	Full name of contributor Out-of-state P	AC (ID#:)	Amount of contribution (\$)
3/6/2024	Contributor address; City; 1725 BEUCHASE DR. ROANDU	State; Zip Code	\$ 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	lictions)
			NEEDED

MONET	ARY POLITICAL CONTR	RIBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO N	OT include this page in the	e report.
The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
FILER NAME	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)	
Date	KATHLEEN HUTSON	itate PAC (ID#:	7 Amount of contribution (\$)
3/6/2024	6 Contributor address; City; 1520 HAWTHORNE LN. BOAN	State; Zip Code	\$ 100.00
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date	Full name of contributor i out-of-s	state PAC (ID#:	Amount of contribution (\$)
3/1/2024	Contributor address; City; 538 STILL MEADOW D2- VEU	State; Zip Code	\$ 100 . 00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor SAM SWINGLE	state PAC (ID#:	Amount of contribution (\$)
3/7/2024	Contributor address; City; 8920 THORN MEADOW CT. N.	State; Zip Code	\$ 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor Out-of-	state PAC (ID#) Amount of contribution (\$)
3/1/2024	Contributor address; City;	State; Zip Code	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	uctions)
		1	
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS se Instruction guide for addition	
rme provided by	Texas Ethics Commission www	w.ethics.state.tx.us	Revised 11/15/2

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#:	
318/2024		Zip Code \$500.00
	1414 HAWTHORNE LN. ROANDLE TX	
Principal occ	upation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
Date	Full name of contributor Dout-of-state PAC (ID#:) Amount of contribution (\$)
318/2024		Zip Code \$ 100.00
	704 GREENBRIAR DR. VELLER TX	
Date	1528 CREEKVIEW DR. KELLER TX	Zip Code \$ 50.00 767.48
Principal occu	pation / Job title (See Instructions)	loyer (See Instructions)
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	pation / Job title (See Instructions) Emp	loyer (See Instructions)

Т

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
FILER NAME	HEATHER O. WASHINGTON	3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor CHPISTOPHER COOPER	D#:)	7 Amount of contribution (\$)
318/2024	6 Contributor address; City; 1743 STERLING TRACE DR. 14EUER	State; Zip Code TX 76248	\$ 500.00
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC (I BRYON ARITA	ID#)	Amount of contribution (\$)
3/9/2024	Contributor address; City;	State; Zip Code	\$ 200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (STEPHANIE BAPTVCH	Amount of contribution (\$)	
3/19/2024	Contributor address; City; IBU FIPENZE ST. LETTER 1	State; Zip Code X 767.62	\$500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (Amount of contribution (\$)
3/22/2024	Contributor address; City; 1612 BEUBCHASE DR. BOANDLE 7	State; Zip Code	\$ 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to e	complete this	s form.		1 Total pages Schedule A1:
FILER NAME	HEATHER D. WASHING	3 Filer ID (Ethics Commission Filers)			
Date	5 Full name of contributor		C (ID#:		7 Amount of contribution (\$)
3/23/2024	6 Contributor address;		State; Zip Co	ode	\$ 250.00
	P.a. Box 93984 4	OUTHLAKE	TX 7600	22	
Principal occu	pation / Job title (See Instructions)		9 Employer (Se		ons)
Date		out-of-state PA	LC (ID#:		Amount of contribution (\$)
alayla y	DAVIQ GERDA				
3 24 2024	Contributor address;	City;	State; Zip Co		\$ 200.00
	700 NORTHERN TRACE	HELLER	TX 7621	18	
Principal occu	pation / Job title (See Instructions)		Employer (Se	e Instructio	ons)
Date	Full name of contributor [] out-of-state PAC (ID#:) BRITTA(NY FINK)	Amount of contribution (\$)
3/24/2024	Contributor address;	City;	State; Zip Co	ode	\$50,00
	313 SOUX ST. 1	HELLER	TX 762	48	
Principal occu	 pation / Job title (See Instructions)		Employer (Se	ee Instruction	ons)
Date	Full name of contributor] out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/24/2024	Contributor address;	City;	State; Zip Co	de	\$ 25.00
	BOA BODEGA BAN DR.	KELLER	TX 7624	8	
Principal occu	oation / Job title (See Instructions)		Employer (Se	ee Instructi	ons)
			1		
	ATTACH ADDITION If contributor is out-of-state PAC, pl				
	Texas Ethics Commission		s.state.tx.us		Revised 11/

A1
Filers)
)

VZANNE SAMPSON Intributor address; A WHITE WILLOW DR Job title (See Instructions)	out-of-state PAC City;	State; I TX	Zip Code	 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 50,000
VZANNE SAMPSON ntributor address; A WHITE WILLOW DR Job title (See Instructions)	City;	State; I TX	Zip Code	
ntributor address; A WHITE WILLOW DR Job title (See Instructions)	City;	f TX		\$ 50 00
		9 Empl	10 cura	- 20
		5 cmp	oyer (See Instruc	tions)
ATTHY WARZEN	out-of-state PAC	(ID#:)	Amount of contribution (\$)
ntributor address; OA SHELLY BAY RD.	City;			\$ 25,00
ob title (See Instructions)		Empl	oyer (See Instruc	tions)
)	Amount of contribution (\$)
	City;			\$20.00
lob title (See Instructions)		Emp	loyer (See Instruc	tions)
	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	City; KELLER		Zip Code 76244	\$ 25.00
Job title (See Instructions)		Emp	loyer (See Instruc	tions)
	In a contributor In a contrib	Image: Image	Image: Image of contributor Iname of contributor Iname of contributor Intributor address; City; State; II7 CAPE(IL CIPCLE Job title (See Instructions) Employ Intributor address; City; State; II7 CAPE(IL CIPCLE Job title (See Instructions) Employ In name of contributor City; State; City; <td>Image: Image: Image:</td>	Image:

If the requested information is not applicable, DO NOT include this page in the report. I Total pages Schedule E: The Instruction Guide explains how to complete this form. I Total pages Schedule E: FILER NAME MBS. HEATHER 0. WASHINGTON 3 Filer ID (Ethics Commission I TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender aud-state PAC (DB) I/B3/D04U 7 Name of lender aud-state PAC (DB) is lender a differes; City; State, Zip Code Institution? 8 Lender address; City; Y Y Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) If once 19 Amount Guaranteed (\$) 19 Amount Guaranteed (\$) Y N II Name of guaranter 19 Amount Guaranteed (\$) If once 19 Quaranter address; City; State; Zip Code Institution? Y N Employer (See Instructions) Interest rate Is lender a address; City; State; Zip Code Maturity date 9 Principal Occupation / Job title (See Instructions) Employer (See Instructions) Interest rate Is lender a address; <	LOANS				SCHEDULE E
The Instruction Guide explains how to complete this form. I FILER: NAME MS. HEATHER 0. WASHINGTON 3 Filer ID (Ethics Commission I TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name oftender out-ot-state PAC (DE) 9 LoanArnount (\$) Ibit 121/2024 7 Name oftender out-ot-state PAC (DE) 9 LoanArnount (\$) Ibit 121/2024 7 Name oftender out-ot-state PAC (DE) 9 LoanArnount (\$) Is Interfer is financial matututon? 8 Lender address; City; State; Zip Code 10 Interest rate Y IV 13 Employer (See Instructions) 13 Employer (See Instructions) 14 Maturity date Y N 17 Name of guarantor 15 Check if personal funds were deposited into political account (See Instructions) 3 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) Y N 18 Guarantor address; City; State; Zip Code Is lender in napplicable Lender address; City; State; Zip Code Interest rate Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Lean Amount (\$) Date of loan Name of lender Out-of-state PAC (DE) Interest rate Infrarcall Instruction? Lender addr	If the requested	information is not applicable	e, DO NOT	include this page in the re	port.
MS: HEATHER 0. W45HM/6T6N TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender out-of-state PAC (DF) \$	The	nstruction Guide explains hov	w to comple	te this form.	1 Total pages Schedule E:
Date of loan IIS 10074 7 Name of lender a financial institution? 7 Name of lender a financial institution? 9 Loan Amount (\$) \$ 5000.00 Is lender a financial institution? 8 Lender address; Date of loan City: N State; State; N Zip Code 10 10 Interest rate 2 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 11 Maturity date 3 GUARANTOR INFORMATION 17 Name of guarantor 15 Check if personal funds were deposited into political account (See Instructions) 3 GUARANTOR INFORMATION 18 Guarantor address; City; City; State; Zip Code 9 Interest rate affinancial institution? Interest rate Interest rate 0 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) 18 Lender address; financial institution? Lender address; N City; State; Zip Code Interest rate 9 N Employer (See Instructions) Employer (See Instructions) Interest rate 15 Inder a financial institution? Lender address; City; State; Zip Code		3. HEATHER O. WASH	3 Filer ID (Ethics Commission Filer		
Date of notall Darko DP Watch ID R 4 5000.00 Is lender a financial institution? 8 Lender address; City; State; Zip Code 10 Interest rate Y N Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 11 Maturity date 2 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 19 Amount Guaranteed (\$) 4 Description of Collateral M none 17 Name of guarantor 19 Amount Guaranteed (\$) 3 GUARANTOR INFORMATION 17 Name of guarantor address; City; State; Zip Code 18 Guarantor address; City; State; Zip Code Interest rate 3 GUARANTOR INFORMATION 17 Name of lender out-of-state PAC (DE:) Loan Amount (\$) 2 Drincipal Occupation (See Instructions) 21 Employer (See Instructions) Interest rate 3 Institution? Lender address; City; State; Zip Code 18 lender a financial institution? Lender address; City; State; Zip Code Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Maturity date Description of Collater	TOTAL OF UN	ITEMIZED LOANS			\$
Billender a financial Institution? 8 Lender address; City; State; Zip Code 11 904 N. PARSON LANE Julie (See Instructions) 13 Employer (See Instructions) 11 Maturity date 2 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 11 Maturity date 2 Principal occupation of Collateral Mone 15 Check if personal funds were deposited into political account (See Instructions) 18 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) 19 Principal Occupation (See Instructions) 21 Employer (See Instructions) 19 Name of lender out-of-state PAC (D#) Loan Amount (\$) 11 Lender address; City; State; Zip Code 11 Interest rate Maturity date Maturity date 12 Interest			and the second second		1
Image: State (see instructions) 15 Check if personal funds were deposited into political account (See Instructions) Is GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) Is Guarantor address; City: State; Zip Code Interest rate affinition 19 Amount Guaranteed (\$) Is lender a financial institution? Name of lender out-of-state PAC (IO#:) Loan Amount (\$) Is lender a financial institution? Lender address; City: State; Zip Code Y N Employer (See Instructions) Interest rate Maturity date Principal occupation of Collateral City: State; Zip Code Maturity date Y N Employer (See Instructions) Employer (See Instructions) Maturity date Guarantor of Collateral Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) GUARANTOR Name of guarantor Amount Guaranteed (\$) Amount Guaranteed (\$) Guarantor address; City; State; Zip Code Amount Guaranteed (\$)	a financial				
Image: Check if personal funds were deposited into political account (See Instructions) GURANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City; State; 21 Employer (See Instructions) 21 Employer (See Instructions) Date of Ioan Name of lender out-of-state PAC (IO#) Loan Amount (\$) Is lender a financial institution? Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Description of Collateral institution? Once Guarantor address; City; State; Zip Code Interest rate a financial institution? Y N Description of Collateral One GUARANTOR Name of guarantor Guarantor address; City; State; Zip Code Information of collateral Check if personal funds were deposited into political account (See Instructions) GUARANTOR	Principal occupation	n / Job title (See Instructions)		13 Employer (See Instructions)	
GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of Ioan Name of lender out-of-state PAC (ID#) Loan Amount (\$) Is lender 4 financial Interest rate Interest rate Institution? V N Employer (See Instructions) Maturity date Y N Employer (See Instructions) Maturity date Description of Collateral Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) GUARANTOR Name of guarantor Amount Guaranteed (\$) GUARANTOR Name of guarantor Amount (See Instructions)		ateral		Check if personal fun	
Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of Ioan Name of lender out-of-state PAC (ID#:) Loan Amount (\$) Is lender a financial Institution? Lender address; City; State; Zip Code Interest rate Y N Employer (See Instructions) Employer (See Instructions) Maturity date Y N City; State; Zip Code Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Description of Collateral	GUARANTOR INFORMATION				19 Amount Guaranteed (\$)
Date of roam Interindent Dut-on-state PAC (tor) Is lender a financial Institution? Lender address; City; State; Zip Code Y N Maturity date Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Maturity date Description of Collateral		ion (See Instructions)		21 Employer (See Instructions)	
Is lender Lender address; City; State; Zip Code Institution? Maturity date Y N Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; Inot applicable City;	Date of loan	Name of lender] out-of-state F	PAC (ID#)	Loan Amount (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral	a financial	Lender address;	City;	State; Zip Code	
Image: Check if personal funds were deposited into pointed account (See Instructions) GUARANTOR INFORMATION Name of guarantor Guarantor address; City; State; Zip Code		on / Job title (See Instructions)		Employer (See Instructions)	
GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code not applicable Tot applicable Tot applicable Tot applicable		ateral			
Guarantor address; City; State; Zip Code	GUARANTOR				Amount Guaranteed (\$)
Principal Occupation (See Instructions) Employer (See Instructions)	not applicable				
	Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica							
1 Total pages Schedule F2:	2 FILER NAME						
4 TOTAL OF UNITEN	NIZED UNPAID INCURRED OBLIGATIONS \$ \$180.66						
5 Date 31524	Edgetton Stratcopes UC						
7 Amount (\$)	8 Payee address; City; State; Zip Code						
58180.66	1540 Keller Flory Ste 10324° Keller TX 46248						
9 TYPE OF EXPENDITURE	Political Non-Political						
10	(a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF EXPENDITURE	consulting priviting expense signs, cards						
	(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/OI	Candidate / Officeholder name Office sought Office held						
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						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
Forms provided by Texas Ethi	cs Commission www.ethics.state.tx.us Revised 11/15/202						

	E / OFFICEH					ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how to comple	ete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		MI 🕟	OFFICE	USE ONLY
NAME		LAST LASHINGTON		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; A Po Boy 2651		CITY; STATE;	ZIP CODE	4)26	, [~~~(
Change of Address CANDIDATE/ OFFICEHOLDER PHONE		NUMBER	EXTENS	ION	Date Hand-delivered	t or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR			R.	Date Processed	Amount \$
NAME		LAST ASHINGTON		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX 904 N. PEAPSON		UITE #; CITY		STATE;	ZIP CODE 76262
8 CAMPAIGN TREASURER PHONE		NUMBER 7647	EXTENS	ION		
9 REPORT TYPE	January 15] 30th day before e	lection Ru	noff	15th day at treasurer a (Officeholde	
	July 15	8th day before ele		ceeded Modified porting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year	THROUGH	Month	Day Yea	
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024	Primary General	Runoff	ELECTION TYPE Other Description	SCHOOL BO	480
12 OFFICE	OFFICE HELD (if any)	OF TRASTEES	RACE 7 VEL	SOUGHT (if known	APP OF TRUST	ES RACE 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITIC THE CANDIDATE / OFFICEHOLDER. I CONSENT. CANDIDATES AND OFFICE COMMITTEE TYPE COMMITT	THESE EXPENDITURES	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
	GENERAL	EE ADDRESS				
Additional Pages		EE CAMPAIGN TRE	ASURER NAME	for a first start of the second start of the s		
	СОММІТТ	TEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2		Miller -	. U

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15 C/OH NAME HE	ATHER	0. 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)	4	5 D				
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,995.00				
EXPENDITURE TOTALS	3.	\$	50					
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	3,296.09				
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	5,000.00				
		rm, under penalty of perjury, that the accompanying report is true reported by me under Title 15, Election Code.	and correct	t and includes all information				
	Horthie nochington							
		Signature of Car	didate or (Officeholder				
		Please complete either option below	n =					
(1) Affidavit								
NOTARY STAMP/SEAL	-							
Sworn to and subscribed	before me	by this the _	c	day of,				
20, to certify	which, witne	ss my hand and seal of office.						
Signature of officer administer	ring oath	Printed name of officer administering oath	Tit	le of officer administering oath				
		OR						
(2) Unsworn Declaratio	on							
My name is Heath My address is 904	PPP Y	Ashington, and my date of birth is	12-	27-71 262 US				
	nt _c	ounty, State of TEXAS, on the 26 day of A0	211	2021. (country) (vear).				
		Signature of Candid	ate/Officeho	older (Declarant)				

SUBTOTALS - C/OH

19	FILER NAME HEATHER O. WASHINGTON	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	\$ 0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS	\$ 0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 26,938.91
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 FUN	IDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ ()
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ 🕖

	ARY POLITICAL CONTRIB sted information is not applicable, DO NOT i		SCHEDULE A1 report.	
The	Instruction Guide explains how to complete th	is 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 P	7 Amount of contribution (\$)		
3 26 2024	6 Contributor address; City; 19317 GRANHAWK LN, KELLER	\$ 100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor 🔲 out-of-state P	AC (ID#:)	Amount of contribution (\$)	
3 26 2024	Contributor address; City; 9732 SAM BASS TPAIL FORTWO		\$30.00	
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state P	AC (ID#:)	Amount of contribution (\$)	
3/21/2021	Contributor address; City; 1201 BOURLAND BOHD KELLER	State; Zip Code TX 76248	\$ 100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)	
3/29/2024	Contributor address; City; 729 WHSPEANG OAVS PRIVE VELLE	State; Zip Code	\$ 50.00	
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruc	l ctions)	
		. 1		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins			

Forms provided by Texas Ethics Commission

The	e Instruction Guide explains how t	1 Total pages Schedule A1:				
FILER NAME	HEATHER. O. WASHING	STON			3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor	7 Amount of contribution (\$)				
4/2/2024	6 Contributor address;	City;	State;	Zip Code	\$ 15.00	
	312 GLOPHASTREET					
Principal occ	upation / Job title (See Instructions)		9 Emp	loyer (See Instru	ctions)	
Date	Full name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)	
4/3/2024	Contributor address;	City;	State:	Zip Code	A 100 00	
	4279 ROARING FORK 1				\$ 100.00	
Principal occu	pation / Job title (See Instructions)		1	loyer (See Instruc	ctions)	
Date	Date Full name of contributor out-of-state PAC (ID#: BRIAN HARLAN)	Amount of contribution (\$)	
413/2024	Contributor address;	City;	State;	Zip Code	\$ 500	
	HOS FOREST BEND LANE	KELLER	TX	76248	7.560	
Principal occu	upation / Job title (See Instructions)		Emp	loyer (See Instru	l ctions)	
Date	Full name of contributor GUE NEGAW)	Amount of contribution (\$)	
413/2024	Contributor address;	City;	State;	Zip Code	\$ 2000.00	
	332 LONGVIEW PIZIVE	VELLER	TX	76248		
Principal occu	upation / Job title (See Instructions)		Emp	loyer (See Instru	tions)	
· · · · · · · · · · · · · · · · · · ·				1475 - Hatterson		

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#:)	7 Amount of contribution (\$)	
4/4/2024	6 Contributor address; City; 1521 SPANISH BAN DP. HELLER	•	\$ 250.00	
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	itions)	
Date	AMBER HALL	· (ID#:)	Amount of contribution (\$)	
4/4/2024		State; Zip Code	\$ 250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor 🗌 out-of-state PAC	Amount of contribution (\$)		
4/10/2024	Contributor address; City; B96 RAN POL MILL AVE. VELLED	\$ 500.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4/10/2024	Contributor address; City; ISO9 NEWTON RANCH RP. FELLER	State; Zip Code	\$ 50.00	
Principal occu	pation / Job title (See Instructions)	TX 76248 Employer (See Instruc	tions)	

The	Instruction Guide explains how	1 Total pages Schedule A1:			
FILER NAME	HEATHER O. WASH	3 Filer ID (Ethics Commission Filers)			
Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
4/11/2024	6 Contributor address; 1722 BILIMORE DR.	\$ 100.00			
Principal occu	upation / Job title (See Instructions)		9 Emp	loyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/17/2024	Contributor address; 1323 BRIAR PLOGE			Zip Code	\$ 500.00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor)	Amount of contribution (\$)
4/21/2024	Contributor address; DBB VASEN DAV	City;	State;	Zip Code 76248	\$ 250.00
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4122/2024	Contributor address; 2123 PINE PIOGE LOU	City; G KEUER		Zip Code 76748	\$ 100.00
Principal occu	 pation / Job title (See Instructions)		Empl	oyer (See Instruc	l ctions)

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 United and the state PAC	7 Amount of contribution (\$)	
4122/2024	6 Contributor address; City;	State; Zip Code	\$ 250.00
	1865 BARZINGTON CT. KELLER		
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	Full name of contributor Control out-of-state PAC	Amount of contribution (\$)	
4/9/2024	Contributor address; City;	State; Zip Code 7 TX 76248	\$ 300.00
Principal occu	bation / Job title (See Instructions)	Employer (See Instruc	ttions)
Date	Full name of contributor Out-of-state PAC	Amount of contribution (\$)	
4/17/2024	Contributor address; City; 1314 NCENTRECT. 14EUER	State; Zip Code TX 76248	\$ 200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instrue	I ctions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/24/2024	Contributor address; City;	State; Zip Code	\$ 100.00
	1601 BRENTWOOD TRAIL KELLER	TX 76248	
Principal occu	pation / Job title (See Instructions)	Employer (See Instrue	tions)

MONETARY POLITICAL CONTRIBUTIONS 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	DO NOT IN	iciude thi	s page in the	report.		
The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:		
2 FILER NAME	HEATHER O. WASHIN	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor BOB J [2HONDA JOHNS	7 Amount of contribution (\$)					
4/17/2024	6 Contributor address;	Zip Code	\$ 250.00				
	1828 FOREST BEND	KELLER	TX	76248			
8 Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	tions)		
Date	Full name of contributor)	Amount of contribution (\$)				
	Contributor address;	City;	State;	Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;		Zip Code			
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	tions)		
Date	Full name of contributor	🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State;	Zip Code			
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruct	tions)		
				25479 m 0			
	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						EDULE F1
If the requested inf	ormation is	s not applicable, DO NO	T include t	his page in the re	port.	
		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	ayment/Reimbursement arhead/Rental Expense pense kyense Vages/Contract Labor complete this form.	Keense Transportation Equipment & Related Expense Travel In District Travel Out Of District Cabor Other (enter a category not listed above)			
1 Total pages Schedule F1: 3	2 FILER N	HEATHER O. 1	JASHING1	TON	3 Filer ID (Ethic	s Commission Filers)
4 Date 4/10/2024	5 Payee name NIS MARKETING					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$ 595.38	36 301 N. MIHIN STEEET SUITE E KELLEN					76248
8	(a) Catego	ry (See Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	UTING EXPENSE		PUSH CAR	125		
	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austir	n, TX, officeholder living	j expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
4/10/2024	EDE	ERTON STRATEG	ies uc			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$9916.70	1540	KELLER PARKMAY	#108	KELLER	TX	76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description 51GNS, GRAGHIC DESIGN, PALM CAR PRINTING		BALM GARDS	
	Check if travel outside of Texas. Complete Schedule T. Check if Austi			n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	iame				
4/19/2024	M5	MARKETING				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$ 3372.64	310	N. MAIN STREET :	SUITEE	KELLEZ	TX	76248
	Categor	y (See Categories listed at the top of t	his schedule)	Description		
PURPOSE OF EXPENDITURE	PRIN	ITING /ADVETZTISIN	6	POSTLAPP 1	MAILER +1	Rostage
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEE	DED	

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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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense		
1 Total pages Schedule F1: 3	2 FILER NAME HEATHER D. WASHING	TEN	3 Filer ID (Ethic	s Commission Filers)		
4 Date 4/24/2024	5 Payee name EPGEBTON STRATEGIES UN	V				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$ 2193.28	1540 KELLER PARMAN #108	KELLER	TX	76248		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	PRINTING/ADVERTISING	MAILER	+ communic	ciations		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
4/24/24	mis marketing					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$3372.64	310 N. MIAIN STIZEET SUITE E	KELLER	TX	76248		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	PRINTING / AQUERTISING	POSTCARD	MIAILER +	POSTAGE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
4/19/2024	ns margueting					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$ 6745.27	310 N. MAIN STREET SUITE E	KELLER	TX	76248		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	PEINTING/ADVERTISING	POSTLAR	7 MAILER	- POSTAGE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

Forms provided by Texas Ethics Commission

		DITURES MADE	S		SCH	IEDULE F1	
If the requested inf	ormation i	s not applicable, DO NOT	include t	his page in the re	port.		
		EXPENDITURE CATE	EGORIES F	FOR BOX 8(a)	and a physical sector		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule F1: 3	2 FILER N	HEATHER O. W	tshingt	GN	3 Filer ID (Ethi	cs Commission Filers)	
4 Date 3/26/24 - 4/24/24	4 Date 3/26/24 - 4/24/24 5 Payee name REVV						
6 Amount (\$) \$743. °°	7 Payee a	ddress;		City;	State;	Zip Code	
8	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FEES TRANSACTION FEES						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF	Categor	y (See Categories listed at the top of this	schedule)	Description			
EXPENDITURE		Charle it travel a staids of Taura Consulate	0-1				
Complete ONLY if direct	Candie	Check if travel outside of Texas. Complete	Schedule I.	Office sought	n, TX, officeholder livir	Office held	
expenditure to benefit C/OF			10-11-20.20.20.	Onice sought		Onice held	
Date	Payee r	ame			4-24		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
	٦A	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED		

FORM C/OH COVER SHEET PG 1

				and the second sec	in the second
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages t	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI Ø		E USE ONLY
	NICKNAME	LAST WASHINGTON	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; Po Boy. 265		CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	мі г.	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Baterressou	
		WASHINGTON		Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / S		STATE;	ZIP CODE
ADDRESS (Residence or Business)	904 N. Pa	arson lane	KELEZ	TX	76262
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(811)	991-2647			
9 REPORT TYPE	January 15	30th day before e	lection Runoff		after campaign appointment ler Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Yea	ar
COVERED	04 /	25 / 2024	THROUGH	/ 12 / 2	024
11 ELECTION	ELECTION DA		ELECTION TYP	Έ	
	Month Day	Year Primary	Runoff V Other Description		
	05/04/	2024 General	Special S	HOOL BOARD	
12 OFFICE	OFFICE HELD (if any)	OF TRUSTEES PLAC	7	wn)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CA RED TO REPORT THIS INFORMATION ONLY II	NDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

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SUBTOTALS - C/OH

19	9 FILER NAME HEATHER O. WASHINGTON 20 Filer ID (Ethics Con						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$1,155.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0			
4.		SCHEDULE E: LOANS		\$ 0			
5.	\checkmark	\$5,869.15					
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 FUN	IDS	\$ 0			
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ <i>O</i>			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ 🕖			

		A present and the second se				
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	\$ 5,969.15				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 0				
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information				
Signature of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration		10				
My name is My address is	A PERSon Dre, Keller, Tr	-12-27-1971 - 7622 US				
Executed in <u>5000000000000000000000000000000000000</u>						
	Signature of Candid	late/Officeholder (Declarant)				

The	Instruction Guide explains how to	complete thi	s form.		1 Total pages Schedule A1:
FILER NAME	HEATHER D. WASHINGTON				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)			7 Amount of contribution (\$)	
4/20/2024	6 Contributor address; UDZU VEENO N WAY			Zip Code 76244	\$ 100.00
Principal occu	upation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor] out-of-state PA	C (ID#:)	Amount of contribution (\$)
5/1/2024	Contributor address; 707 WL LD LOCKETT ROM	City; O LOLLEY		Zip Code 76034	\$ 1000.00
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Date	Full name of contributor aut-of-state PAC (ID#:)			Amount of contribution (\$)	
4130/2024	Contributor address;	City;	State;	Zip Code	\$ 55.00
Principal occu	pation / Job title (See Instructions)			oyer (See Instruc	tions)
Date	e Full name of contributor 🗌 out-of-state PAC)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing E	Xpense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME HEATHER O. WASHING	TON	3 Filer ID (Ethic	s Commission Filers)
4 Date 5/1/2024	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$297.19	301 N. MAIN STREET	VELLEZ	TX	76248
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING	RUSH CA	apps	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	the trademanner and the		
5/20/2024	BROTHER RECON			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 149.00		ALLER	TX	76248
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ARVERTISING	CAMPAIE	in shirts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/2/2024	David WASHINGTON			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$420.54	Po Box 466	VELLER	TK	76244
	Category (See Categories listed at the top of this schedule)	Description R	BOX DENTAL	/ POSTAGE
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE	ELECTION	Day Food	+ BEVERAGE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

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/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F		Travel In District Travel Out Of Distr	ipment & Related Expense	
oroar our ar aymon	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME HEATHER O. WASHING	ON	3 Filer ID (Ethi	cs Commission Filers)	
4 Date 6/13/2021 5 Payee name HEATTHER WASHINGTON					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 1700.00	Po Box. 466	KEUER	TX	76244	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	AQUER-TISING	AOVERT	sin 6		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	1000-000-000-000-000-000-000-000-000-00			
6/13/2024	HEATHER WASHINGTON	I			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$173.00	Po Box 466	KELLER	TY	76244	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	EVENT	ELECTION	NIGHT EV	ENT	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			0	
7/10/2024	David Washington				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 234.32	PO Box 466	KELLER2	TX	76244	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	LOAN REPAILMENT	LOAN	DEPAIMENI	r	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder livi	ng 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				

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1						
If the requested inf	If the requested information is not applicable, DO NOT include this page in the report.					
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)		
1 Total pages Schedule F1:	2 FILER N	HEATHER O. WAS	HWGTO	N	3 Filer ID (Ethic	s Commission Filers)
4 Date 4/25/24 to 5/u/2024	5 Payeen	ame				
6 Amount (\$) \$44.60	7 Payee a	ddress;		City;	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE		FEES		TRANSAC	tion fees	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
5/1/2024		EDGEPATION STRATEGIES	suc			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$ 1850.00		1540 KELLEZ PKWY #	108	KEUEZ	TX	76248
	Categor	y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	F	HVERTISING		PHONE!	TEXT	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee r	name				
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	${f y}$ (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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 N	HEATHER O. WASHINGTON	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	URE				
	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.					
4		WHO IS NOT AN OFFICEHOLDER blete A & B below <i>only</i> if you are not an officeholder. ••	-			
	A.	CAMPAIGN FUNDS				
	Chec	only one:				
		I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.			
		I have unexpended contributions or unexpended interest or income earned from poli may not convert unexpended political contributions or unexpended interest or inco- personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political cont filing this final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended			
	в.	ASSETS				
	Chec	only one:				
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.			
		I do retain assets purchased with political contributions or interest or other income frection that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
			Signature of Candidate			
5			f, after filing the last required report as ntributions, or assets purchased with bbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbb			
For	ms provid	ed by Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/202			