

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:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Joseph

A

NICKNAME

LAST

SUFFIX

Joe

Washam

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 193

Justin

TX

76247

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

975-7530

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Joseph

A

NICKNAME

LAST

SUFFIX

Joe

Washam

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

120 W 5th, #1E3

Justin

TX

76247

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

975-7530

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01

/ 01

/ 24

THROUGH

Month

Day

Year

06

/ 30

/ 24

11 ELECTION

ELECTION DATE

Month

Day

Year

05

/ 03

/ 25

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Northwest ISD Board of Trustees Place 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joe Washam		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIEUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,885.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 187.53
CONTRIBUTION BALANCE	5. TOTAL PCLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,697.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000

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 Joe Washam, and my cate of birth is 23 June 1980

My address is 9310 Avery Ranch Way, Justin TX 76247 USA
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 15 day of July, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Joe Washam

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,885.04
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 187.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.10

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 Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 12JAN24	5 Full name of contributor out-of-state PAC (ID# _____) Norma Meyers	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3500 Confidence Drive FW TX 76244	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12JAN24	Full name of contributor out-of-state PAC (ID# _____) Jeremy Chwat	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 530 Park Place Cedarhurst TX 11516	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12JAN24	Full name of contributor out-of-state PAC (ID# _____) Ryan Beattie	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7408 Whisterwheel Way FW TX 76123	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12JAN24	Full name of contributor out-of-state PAC (ID# _____) Tara Key	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7731 Stone Ridge Justin TX 76247	
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.

Reset Form

Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 12JAN24	5 Full name of contributor out-of-state PAC (ID#: _____) Marti Morgan ----- 6 Contributor address; City; State; Zip Code 8259 Claremont Dr. Dallas TX 75228	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12JAN24	Full name of contributor out-of-state PAC (ID#: _____) Anne Henshaw ----- Contributor address; City; State; Zip Code 244 Main Street Chester VT 05143	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12JAN24	Full name of contributor out-of-state PAC (ID#: _____) Denese Washam ----- Contributor address; City; State; Zip Code 2022 Julep Drive #305 Cocoa Beach FL 32931	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12JAN24	Full name of contributor out-of-state PAC (ID#: _____) Mark St. John ----- Contributor address; City; State; Zip Code 8600 Matt Drive NRH TX 76182	Amount of contribution (\$) \$100.00
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:
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 21JAN24	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas Hagan ----- 6 Contributor address; City; State; Zip Code 5133 Comstock Dr FW TX 76244	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09FEB24	Full name of contributor out-of-state PAC (ID#: _____) Patrick Berry ----- Contributor address; City; State; Zip Code 2675 Westbury Ct. Suwanee GA 30024	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 17FEB24	Full name of contributor out-of-state PAC (ID#: _____) Thomas Hagan ----- Contributor address; City; State; Zip Code 5133 Comstock Dr FW TX 76244	Amount of contribution (\$) \$14.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 24FEB24	Full name of contributor out-of-state PAC (ID#: _____) Nathaniel Waggoner ----- Contributor address; City; State; Zip Code 1008 Country Club Rd. Georgetown TX 78628	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:
2 FILER NAME Joe Washam				3 Filer ID (Ethics Commission Filers)
4 Date 24FEB24	5 Full name of contributor Lyndon Nugent <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$100.00		
6 Contributor address; City; State; Zip Code 512 Charles St. Keller TX 76248				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 25JUN24	Full name of contributor Phyllis Grissom <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$26.48		
Contributor address; City; State; Zip Code 3661 Jockey Drive FW TX 76244				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 25JUN24	Full name of contributor Alyssa Edstrom <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$104.42		
Contributor address; City; State; Zip Code 4128 River Birch Road FW TX 76137				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 25JUN24	Full name of contributor Sean Hennessey <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$104.42		
Contributor address; City; State; Zip Code 1529 Jocelyn Drive Haslet TX 76052				
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:
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 25JUN24	5 Full name of contributor out-of-state PAC (ID#: _____) Sarah Blue <hr/> 6 Contributor address; City; State; Zip Code 529 Oak Hills Dr. Newark TX 76071	7 Amount of contribution (\$) \$10.72
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 26JUN24	Full name of contributor out-of-state PAC (ID#: _____) James Swanzy <hr/> Contributor address; City; State; Zip Code 2219 Virginia Ln Haslet TX 76052	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 26JUN24	Full name of contributor out-of-state PAC (ID#: _____) Stacy Forte <hr/> Contributor address; City; State; Zip Code TC TX 76262	Amount of contribution (\$) \$260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 27JUN24	Full name of contributor out-of-state PAC (ID#: _____) Maureen Hagan <hr/> Contributor address; City; State; Zip Code 1005 Oakwood Drive Keller TX 76248	Amount of contribution (\$) \$100.00
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:
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 30JUN24	5 Full name of contributor out-of-state PAC (ID#: _____) Maureen Drexel <hr/> 6 Contributor address; City; State; Zip Code PO Box 2410 Tijeras NM 87059	7 Amount of contribution (\$) \$52.45
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 30JUN24	Full name of contributor out-of-state PAC (ID#: _____) Virginia Hammond <hr/> Contributor address; City; State; Zip Code 1380 Centerville Lane Gardnerville NV 89410	Amount of contribution (\$) \$52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 30JUN24	Full name of contributor out-of-state PAC (ID#: _____) Jim Campbell <hr/> Contributor address; City; State; Zip Code 136 Parkview Dr. Saginaw TX 76179	Amount of contribution (\$) \$104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joe Washam	3 Filer ID (Ethics Commission Filers)
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4 Date 16JAN24	5 Payee name US Postal Service
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6 Amount (\$) \$92.00	7 Payee address; Washington DC
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description PO Box Rental
	(c) Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date JAN24-JUN24	Payee name PayPal Holdings
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Amount (\$) \$13.41	Payee address; 2211 North First Street	City; San Jose	State; CA	Zip Code 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Merchant Fee
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date JAN24-JUN24	Payee name Stripe Payments Company
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Amount (\$) \$49.10	Payee address; 354 Oyster Point Boulevard	City; South San Francisco	State; CA	Zip Code 94080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Merchant Fee
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joe Washam	3 Filer ID (Ethics Commission Filers)
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4 Date JAN24-JUN24	5 Payee name Donorbox
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6 Amount (\$) \$33.02	7 Payee address; 1520 Belle View Blvd #4106	City; Alexandria	State; VA	Zip Code 22307
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Merchant Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off ceholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1

2 FILER NAME
Joe Washam

3 Filer ID (Ethics Commission Filers)

4 Date
Feb-Jun24

5 Name of person from whom amount is received

USAA Federal Sav ngs Bank

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code
9800 Fredericksburg Rd. SA TX 78288

0.10

7 Purpose for which amount is received

Check if political contribution returned to filer

USAA Classic Checking account interest

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED