

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> JAN 15 2025 NORTHWEST ISD Superintendent's Office <small>Date Hand-delivered or Date Postmarked</small> 1-15-25 AS Receipt # Amount \$ Date Processed 1-15-25 Date Imaged 1-15-25
	Mr	Joseph	A	
NICKNAME	LAST	SUFFIX		
Joe	Washam			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
Change of Address	PO Box 193		Justin TX 76247	
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	
(Residence or Business)	120 W 5th, #193		Justin TX 76247	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(817)	975-7530		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month Day Year
	07	01	24	THROUGH 12 / 31 / 24
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	05	03	25	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	None		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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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 CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,303.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,211.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,943.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

(2) Unsworn Declaration

My name is Joe Washam, and my date of birth is 23 June 1980
My address is 9310 Avery Ranch Way, Justin, TX, 76247, USA

Executed in Denton County, State of TX, on the 15 day of January, 2025

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 12JUL24	5 Full name of contributor out-of-state PAC (ID#: _____) Erin Rice	7 Amount of contribution (\$) 10.72
	6 Contributor address; City; State; Zip Code 6199 Oak Grove Street Timnath CO	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 25JUL24	Full name of contributor out-of-state PAC (ID#: _____) Terence Taylor	Amount of contribution (\$) 26.34
	Contributor address; City; State; Zip Code 91 Charles St 4W New York NY 10014	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 25JUL24	Full name of contributor out-of-state PAC (ID#: _____) Benjamin Jacobson	Amount of contribution (\$) 180.00
	Contributor address; City; State; Zip Code 2 North 6th Street, 24F Brooklyn NY 11249	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 19AUG24	Full name of contributor out-of-state PAC (ID#: _____) Denise Moser	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 10031 Lakeside Dr Fort Worth TX 76179	
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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2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 11DEC24	5 Full name of contributor out-of-state PAC (ID#: _____) Meredith M Reed	7 Amount of contribution (\$) 52.37
	6 Contributor address; City; State; Zip Code 3429 Saddleback Rd Park City UT 84098	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12DEC24	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Cannefax	Amount of contribution (\$) 52.45
	Contributor address; City; State; Zip Code 6912 Clift St NRH TX 76182	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 30DEC24	Full name of contributor out-of-state PAC (ID#: _____) Anne Chow	Amount of contribution (\$) 1041.44
	Contributor address; City; State; Zip Code 1333 Eagle Bend Drive Southlake TX 76092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 30DEC24	Full name of contributor out-of-state PAC (ID#: _____) Mark Thompson	Amount of contribution (\$) 1500.00
	Contributor address; City; State; Zip Code PO Box 260689 Plano TX 75026	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 31DEC24	5 Full name of contributor out-of-state PAC (ID#: _____) Jo Ann H Kuhnell	7 Amount of contribution (\$) 26.34
	6 Contributor address; City; State; Zip Code 7321 Pineberry Road Dallas TX 75249	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 31DEC24	Full name of contributor out-of-state PAC (ID#: _____) Thomas Smith	Amount of contribution (\$) 26.48
	Contributor address; City; State; Zip Code 117 Reba Rd Heath TX 75032	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 31DEC24	Full name of contributor out-of-state PAC (ID#: _____) Lauren Barrett	Amount of contribution (\$) 104.42
	Contributor address; City; State; Zip Code 1012 Berkshire Rd Southlake TX 76092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 31DEC24	Full name of contributor out-of-state PAC (ID#: _____) Christopher Hays	Amount of contribution (\$) 104.42
	Contributor address; City; State; Zip Code 202 W Tom Green St Brenham TX 77833	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date 31DEC24	5 Full name of contributor out-of-state PAC (ID#: _____) Sarah Jones	7 Amount of contribution (\$) 26.34
	6 Contributor address; City; State; Zip Code 5216 Parkplace Drive Argyle TX 76226	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 31DEC24	Full name of contributor out-of-state PAC (ID#: _____) Jesse Terry	Amount of contribution (\$) 52.37
	Contributor address; City; State; Zip Code 1321 Upland Drive, 850 Houston TX 77043	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	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 PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joe Washam	3 Filer ID (Ethics Commission Filers)
4 Date JUL24-DEC24	5 Payee name Donorbox	
6 Amount (\$) 56.08	7 Payee address; 1520 Belle View Blvd #4106	City; State; Zip Code Alexandria VA 22307
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. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date JUL24-DEC24	Payee name Stripe Payments Company	
Amount (\$) 93.91	Payee address; 354 Oyster Point Boulevard	City; State; Zip Code South San Francisco CA 94080
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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date DEC24	Payee name PayPal Holdings	
Amount (\$) 3.27	Payee address; 2211 North First Street	City; State; Zip Code San Jose CA 95131
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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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)
4 Date DEC24	5 Payee name US Postal Service	
6 Amount (\$) 84.00	7 Payee address; City; State; Zip Code Washington DC	
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
Date SEP24-DEC24	Payee name Civitech PBC	
Amount (\$) 974.24	Payee address; City; State; Zip Code 1023 Springdale Rd, Suite 1J Austin TX 78721	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Database	Description Database
	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <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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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:
2 FILER NAME Joe Washam		3 Filer ID (Ethics Commission Filers)
4 Date Jul24-DEC24	5 Name of person from whom amount is received USAA Federal Savings Bank 6 Address of person from whom amount is received; City; State; Zip Code 9800 Fredericksburg Rd. San Antonio TX 78288	8 Amount (\$) 0.18
7 Purpose for which amount is received USAA Classic Checking account interest		Check if political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		Check if political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		Check if political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		Check if political contribution returned to filer

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