

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; color: blue;">2</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="font-size: 1.5em; color: blue;">Mr.</span>	FIRST <span style="font-size: 1.5em; color: blue;">Devon</span>	MI <span style="font-size: 1.5em; color: blue;">L</span>
	NICKNAME <span style="font-size: 1.5em; color: blue;">Cubby</span>	LAST <span style="font-size: 1.5em; color: blue;">Washington</span>	SUFFIX
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <span style="font-size: 1.2em; color: blue;">4019 Summit Ridge Dr.</span>	APT / SUITE #;	CITY; <span style="font-size: 1.2em; color: blue;">Dallas</span>
	STATE; <span style="font-size: 1.2em; color: blue;">TX</span>	ZIP CODE <span style="font-size: 1.2em; color: blue;">75216</span>	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <span style="font-size: 1.5em; color: blue;">(214)</span>	PHONE NUMBER <span style="font-size: 1.5em; color: blue;">564-9105</span>	EXTENSION
	<b>6</b> CAMPAIGN TREASURER NAME		
	MS / MRS / MR <span style="font-size: 1.5em; color: blue;">Mr.</span>	FIRST <span style="font-size: 1.5em; color: blue;">Devon</span>	MI <span style="font-size: 1.5em; color: blue;">L</span>
	NICKNAME <span style="font-size: 1.5em; color: blue;">Cubby</span>	LAST <span style="font-size: 1.5em; color: blue;">Washington</span>	SUFFIX
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <span style="font-size: 1.2em; color: blue;">4019 Summit Ridge Dr.</span>	APT / SUITE #;	CITY; <span style="font-size: 1.2em; color: blue;">Dallas</span>
	STATE; <span style="font-size: 1.2em; color: blue;">TX</span>	ZIP CODE <span style="font-size: 1.2em; color: blue;">75216</span>	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <span style="font-size: 1.5em; color: blue;">(214)</span>	PHONE NUMBER <span style="font-size: 1.5em; color: blue;">564-9105</span>	EXTENSION
	<b>9</b> REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month	Day	Year
	<span style="font-size: 1.5em; color: blue;">2</span>	<span style="font-size: 1.5em; color: blue;">/ 14</span>	<span style="font-size: 1.5em; color: blue;">/ 2025</span>
THROUGH		Month	Day
		<span style="font-size: 1.5em; color: blue;">3</span>	<span style="font-size: 1.5em; color: blue;">/ 24</span>
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<span style="font-size: 1.5em; color: blue;">5</span>	<span style="font-size: 1.5em; color: blue;">/ 3</span>
		<span style="font-size: 1.5em; color: blue;">/ 25</span>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>12</b> OFFICE	OFFICE HELD (if any) <span style="font-size: 1.5em; color: blue;">N/A</span>		<b>13</b> OFFICE SOUGHT (if known) <span style="font-size: 1.5em; color: blue;">District 5 Trustee</span>
	<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>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.</small>		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	<span style="font-size: 1.5em; color: blue;">N/A</span>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

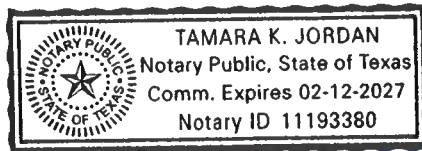
<b>15 C/OH NAME</b> <u>Devon Washington</u>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**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.

*Devon Washington*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Devon Washington this the 3<sup>rd</sup> day of April, 2025, to certify which, witness my hand and seal of office.

*Tamara K. Jordan* Signature of officer administering oath  
Tamara K. Jordan Printed name of officer administering oath  
Notary Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)