

# 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: **11**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Joseph</b>	MI <b>A</b>	<b>OFFICE USE ONLY</b>			
	NICKNAME <b>Joe</b>	LAST <b>Washam</b>	SUFFIX				<b>RECEIVED</b>
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; <b>PO Box 193</b>	APT / SUITE #;	CITY; <b>Justin</b>	STATE; <b>TX</b>	ZIP CODE <b>76247</b>	<b>APR 25 2025</b> <i>AS</i>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>975-7530</b>	EXTENSION			<b>NORTHWEST ISD</b> <b>Superintendent's Office</b>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>Joseph</b>	MI <b>A</b>	<small>Date Hand-delivered or Date Postmarked</small> <b>4-25-25</b>		Receipt #	
	NICKNAME <b>Joe</b>	LAST <b>Washam</b>	SUFFIX	<small>Date Processed</small> <b>4-25-25</b>		Amount \$	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); <b>120 W 5th</b>		APT / SUITE #; <b>#193</b>	CITY; <b>Justin</b>	STATE; <b>TX</b>	ZIP CODE <b>76247</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>975-7530</b>	EXTENSION			<small>Date Imaged</small> <b>4-25-25</b>	
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10 PERIOD COVERED</b>	Month <b>03</b>	Day <b>25</b>	Year <b>25</b>	THROUGH	Month <b>04</b>	Day <b>23</b>	Year <b>25</b>
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE				
	Month <b>05</b>	Day <b>03</b>	Year <b>25</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
				<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>None</b>			<b>13 OFFICE SOUGHT (if known)</b> <b>Northwest ISD Board of Trustees Place 3</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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>Additional Pages</small>	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Joe Washam		<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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,983.65
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,341.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,623.26
<b>OUTSTANDING LOAN TOTALS</b>	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.

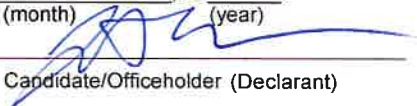
Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

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 Texas, on the 25 day of April, 2025  
(street) (city) (state) (zip code) (country)  
(month) (year)

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Joe Washam		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,983.65
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,341.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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: <b>5</b>
2 FILER NAME <b>Joe Washam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Crissa Stinnett</b>	7 Amount of contribution (\$)  <b>312.65</b>
	6 Contributor address; City; State; Zip Code <b>16121 Texas 114 Justin TX 76247</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/26/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alice Nalepka</b>	Amount of contribution (\$)  <b>31.55</b>
	Contributor address; City; State; Zip Code <b>8725 Granite Path Fort Worth TX 76244</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Rauch</b>	Amount of contribution (\$)  <b>260.22</b>
	Contributor address; City; State; Zip Code <b>2 Overhill Dr Trophy Club TX 76262</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Swanzy</b>	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code <b>2219 Virginia Ln Haslet TX 76052</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>
--

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Joe Washam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/29/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jeanna Lawrence</b>	7 Amount of contribution (\$)  <b>104.42</b>
6 Contributor address; City; State; Zip Code <b>1205 Riverside Road, Roanoke, TX, 76262</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/31/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Holly Stump</b>	Amount of contribution (\$)  <b>104.42</b>
Contributor address; City; State; Zip Code <b>13425 Quail View Dr Haslet TX 76052</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/02/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kate Johnson</b>	Amount of contribution (\$)  <b>26.34</b>
Contributor address; City; State; Zip Code <b>1036 Mesa Crest Drive Haslet TX 76052</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/12/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Rauch</b>	Amount of contribution (\$)  <b>260.90</b>
Contributor address; City; State; Zip Code <b>2 Overhill Dr. Trophy Club TX 76262</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Joe Washam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>David Ballard</b>	7 Amount of contribution (\$)  <b>521.29</b>
	6 Contributor address; City; State; Zip Code <b>10 Nevins 22j Brooklyn NY 11201</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/15/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dale Petroskey</b>	Amount of contribution (\$)  <b>209.08</b>
	Contributor address; City; State; Zip Code <b>5445 Caruth Haven Lane #826 Dallas TX 75225</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/15/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Gwen Parker</b>	Amount of contribution (\$)  <b>521.29</b>
	Contributor address; City; State; Zip Code <b>3517 Lexington Ave Dallas TX 75205</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/15/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Pam Gerber</b>	Amount of contribution (\$)  <b>104.70</b>
	Contributor address; City; State; Zip Code <b>4435 Holland Ave Dallas TX 75219</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Joe Washam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Moore</b>	7 Amount of contribution (\$)  <b>1,042.07</b>
6 Contributor address; City; State; Zip Code <b>1333 Eagle Bend Drive, Southlake, TX 76092</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/18/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Delaney</b>	Amount of contribution (\$)  <b>25.00</b>
Contributor address; City; State; Zip Code <b>2124 Loreto Dr Fort Worth TX 76177</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/21/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Constance Watts</b>	Amount of contribution (\$)  <b>52.51</b>
Contributor address; City; State; Zip Code <b>2889 Redfern Dr Trophy Club Texas 76272</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/22/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joshua Wright</b>	Amount of contribution (\$)  <b>104.70</b>
Contributor address; City; State; Zip Code <b>4741 South FM 14 Hawkins TX 75765</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Joe Washam</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/22/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia Hilborn</b>	7 Amount of contribution (\$) <b>52.51</b>
6 Contributor address; City; State; Zip Code <b>2207 Virginia Lane Haslet TX 76052</b>		
8 Principal occupation / Job title (See Instructions)		9 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)

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)

--	--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Joe Washam</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date 25Mar25-23Apr25	<b>5</b> Payee name <b>Donorbox</b>
----------------------------------	--

<b>6</b> Amount (\$) <b>80.57</b>	<b>7</b> Payee address; <b>1520 Belle View Blvd #4106</b>	City; <b>Alexandria</b>	State; <b>VA</b>	Zip Code <b>22307</b>
--------------------------------------	--	----------------------------	---------------------	--------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	<b>(b)</b> Description <b>Merchant Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 25Mar25-23Apr25	Payee name <b>Stripe Payments Company</b>
Amount (\$) <b>43.56</b>	Payee address; <b>354 Oyster Point Blvd</b> <b>South San Francisco</b> <b>CA</b> <b>94080</b>

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 25Mar25-23Apr25	Payee name <b>PayPal Holdings</b>
Amount (\$) <b>77.77</b>	Payee address; <b>2211 North First Street</b> <b>San Jose</b> <b>CA</b> <b>95131</b>

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Joe Washam</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>27MAR25</b>	<b>5</b> Payee name <b>Civitech PBC</b>			
<b>6</b> Amount (\$) <b>21.65</b>	<b>7</b> Payee address;	City;	State;	Zip Code
	<b>1023 Springdale Rd. Suite 1J</b>	<b>Austin</b>	<b>TX</b>	<b>78721</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Database</b>		<b>(b)</b> Description <b>Database</b>	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

Date <b>02APR25</b>	Payee name <b>NationBuilder</b>			
Amount (\$) <b>41.00</b>	Payee address;	City;	State;	Zip Code
	<b>6515 W Sunset Blvd, Ste 440</b>	<b>Los Angeles</b>	<b>CA</b>	<b>90028</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Database</b>		Description <b>Database</b>	
	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 <b>21APR25</b>	Payee name <b>GoodParty.org</b>			
Amount (\$) <b>4.66</b>	Payee address;	City;	State;	Zip Code
	<b>916 Silver Spur Rd</b>	<b>Rolling Hills Estates</b>	<b>CA</b>	<b>90274</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Database</b>		Description <b>Database</b>	
	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Joe Washam	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 14APR25	<b>5</b> Payee name Lendan Communications Inc.	
<b>6</b> Amount (\$) 3,050.49	<b>7</b> Payee address; PO Box 185031	City; State; Zip Code Ft. Worth TX 76118
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Postcards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 15APR25	Payee name QR Code Generator	
Amount (\$) 21.81	Payee address; City; State; Zip Code Spichernstraße 1 Berlin Germany 10777	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Custom QR Code
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED