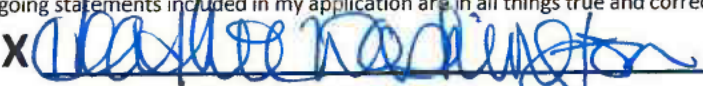

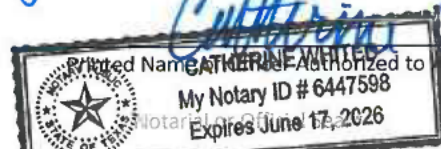



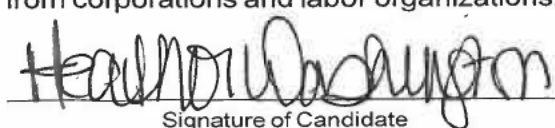

APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Keller ISD Board of Trustees Place 7				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Heather Oliver Washington			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Heather Washington		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) [REDACTED]			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) P.O. Box 2651		
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	CITY Keller	STATE TX	ZIP 76244
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) heatherforkisd@gmail.com		OCCUPATION (Do not leave blank) sales/retired		DATE OF BIRTH [REDACTED]	
VOTER REGISTRATION VOID NUMBER ² (Optional)					
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell:	
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			IN THE STATE OF TEXAS 23 year(s) 3 month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 16 year(s) 7 month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) Heather Washington , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) Heather Washington , of Tarrant County, Texas, being a candidate for the office of KISD Board of Trustees Place 7 , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X  SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the 17th day of January , 2024 , by Heather Washington (name of candidate)					
Signature of Officer Authorized to Administer Oath ⁴  Notary					
Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: N/A					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. This document and \$ N/A filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
01 / 17 / 2024		01 / 18 / 2024		(See Section 1.007)	
Date Received		Date Accepted		Signature of Filing Officer or Designee 	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: 2	
2 CANDIDATE NAME	MS / MRS / MR Mrs.	FIRST Heather	MI O.	OFFICE USE ONLY			
	NICKNAME	LAST Washington	SUFFIX				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received	
	PO Box 2651		Keller	TX	76244	Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt#	Amount \$	
	[REDACTED]					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 Place 7						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	Mr.	David	R.		Washington	Jr.	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	[REDACTED]						
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	[REDACTED]						
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.						
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.						
I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.							
 Signature of Candidate					 Date Signed		

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

**FORM CFCP
COVER SHEET**

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs.

Heather

O.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Washington

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 2651

Keller

TX

76244

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Keller ISD Board of Trustees Place 7

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

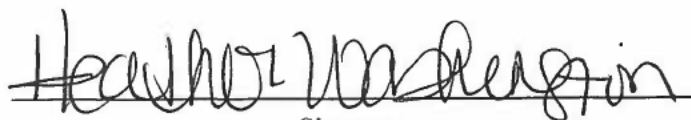
CODE OF FAIR CAMPAIGN PRACTICES

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 untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

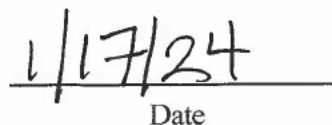
THEREFORE:

- (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.



Signature



Date

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: 1 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST HEATHER	MI 0
	NICKNAME	LAST WASHINGTON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 2651	APT / SUITE #;	CITY; STATE; ZIP CODE KELLER TX 76244
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 446-8010	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST DAVID	MI R.
	NICKNAME	LAST WASHINGTON	SUFFIX JR.
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 904 N. PEARSON LANE		CITY; STATE; ZIP CODE KELLER TX 76262
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 991-2647	EXTENSION
9 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)		
10 PERIOD COVERED	Month Day Year 01 / 03 / 2024		THROUGH Month Day Year 03 / 25 / 2024
11 ELECTION	ELECTION DATE Month Day Year 05 / 21 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special SCHOOL BOARD	
12 OFFICE	OFFICE HELD (if any) KELLER ISD BOARD OF TRUSTEES PLACE 7		13 OFFICE SOUGHT (if known) KELLER ISD BOARD OF TRUSTEES PLACE 7
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)	\$ <u>70.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,240.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>24,240.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,000.00</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.

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 Heather Washington and my date of birth is 12-27-71
 My address is 904 N. Pearson Lane, Keller, TX 76262 US
(street) (city) (state) (zip code) (country)
 Executed in Tarrant County, State of Texas, on the 4 day of April, 20 24
(month) (year)
Heather Washington
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME HEATHER D. WASHINGTON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,240.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 818.66
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS COBB	7 Amount of contribution (\$) \$ 5,000.00
6 Contributor address; City; State; Zip Code 107 W. LD LOCKETT RD. COLLEEVILLE TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COURTNEY OUIVER	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 747 PEGASUS LANE LEAGUE CITY TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANA + KEVIN MENCH	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 504 STRATTON DRIVE KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS McMULLIN	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code PO Box 1444 KELLER TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS McMULLIN	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code PO Box 1444 KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLIFF DONNELLY	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 905 EULIN WANE IRVING TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STACE VANDVER	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1144 BANCROFT ROAD KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNDA OLIVER MAYS	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 326 WATERMERE DR. SOUTHWAKE TX 76082		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOANNA WALEZ	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 8 GLENDALE CT. TROPAN CUBS TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCIS DICARLO	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 512 BRISTOL HILL KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUMMER CROW	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 9741 ARMOURIZ DRIVE KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLOID BURNSIDE	7 Amount of contribution (\$) \$500.⁰⁰
6 Contributor address; City; State; Zip Code 705 BRIAR RIDGE DR. KELLER TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRISTEN MITCHELL	Amount of contribution (\$) \$1000.⁰⁰
Contributor address; City; State; Zip Code 2328 BRIDGEWOOD DR. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT SLATTERY	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 812 GALLANT FOX TRL KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON DUBBERLY	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 2119 ALMA DR. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN JERBICH	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1301 STONEHOLLOW CT. KELLER TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANNY MURIEL	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1913 KINGSBRIDGE ROANOKE TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRISHA JENSEN	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1444 MELODY LANE KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYLE M'CAW	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 332 LONGVIEW DRIVE KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERYL DRENNON	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 9705 SAM BASS TRAIL FORT WORTH TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRISTEN MARGASON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3724 MONICA LANE FORT WORTH TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAUREN TANNER	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1901 GOLDENROD LN. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERIE EADS	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1712 STERLING TRACE DR. KELLER TX 76248		
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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIZA SHARKEY	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1528 HAWTHORNE LN. BOONVILLE TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHLEY TATUM	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1354 MELODY LN. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JE JAMES	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 501 CHARLES ST. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHEPI ERNZEN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2037 COVENTRY CT. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBELLA COLE	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2020 BANTRY DRIVE ROANOKE TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATY WHIDDEN	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1809 KINSALE DR. ROANOKE TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER HASCHICE	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2081 MEADOWVIEW DR. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS HAMMACK	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1770 FLORENCE ROAD KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERRY DONNELLY	7 Amount of contribution (\$) \$ 400.00
6 Contributor address; City; State; Zip Code 985 ELIAN LN. KELLER TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELINDA SMITH	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 521 EAGLE TRAIL KELLER TX 76249		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURINDA TANKERSLEY	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 208 SINGING QUAIL TRAIL HASLET TX 76052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEGAN CHOATE	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1725 BELLCHASE DR. DOWNSIDE TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHLEEN HUTSON	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1520 HAWTHORNE LN. ROANOKE TX 76262		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSAMY FARMER	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 538 STILL MEADOW DR. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM SWINGLE	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 8920 THORN MEADOW CT. N. RICHMOND TX 76182 HILLS		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSICA JOHNSTON	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 127 CHINABERRY KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRISTIN PEARCE	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 1414 HAWTHORNE LN. BOONVILLE TX 76262	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSICA HAWLEY	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 704 GREENBRIAR DR. KELLER TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTY DAVIS	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1528 CREEKVIEW DR. KELLER TX 76248	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON DUBBEDLY	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2119 ALMA DR. KELLER TX 76248	
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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER COOPER	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 1743 STERLING TRAKE DR. KELLER TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYON AZITA	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1616 BELLECHASE DR. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE BARTUCH	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1804 FIRENZE ST. KELLER TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT + CASSIE MATTHEWS	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1612 BELLECHASE DR. ROANOLE TX 76262		
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: 15
2 FILER NAME HEATHER D. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL GARABEDIAN	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code P.O. Box 93984 Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID GERDA	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 700 NORTHERN TRACE KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRITTAINY FINK	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 313 SOUX ST. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN BRENNAN	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 809 BODEGA BAN DR. KELLER TX 76248		
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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELEN ELLIOT	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 638 EDGAR RD. HANOVER VA 23069		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH SLOUGH	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 640 BANCROFT RD. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAYE LANGE	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 2715 AURORA CT. SOUTHLAKE TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEGIAN MARSHALL	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 2108 OLD YORK DR. KELLER TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 15
2 FILER NAME HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE SAMPSON	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 5509 WHITE WILLOW DR FORTWORTH TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHY WARREN	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 5109 SHELLY BAY RD. KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA MILLER	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 4417 CARGILL CIRCLE KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STACEY BUND	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 10229 CANTANA CT. KELLER TX 76244		
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.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME MRS. HEATHER O. WASHINGTON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 1/23/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID R. WASHINGTON JR.	9 Loan Amount (\$) \$ 5000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 904 N. PEARSON LANE KEEFER TX 76262	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Heather Washington	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 8180.66
--	------------

5 Date 3/15/24	6 Payee name Edgerton Strategies LLC
--------------------------	--

7 Amount (\$) \$8180.66	8 Payee address; 1540 Keller Pkwy Ste 108402 Keller TX 76248	City;	State;	Zip Code
-----------------------------------	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

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

11 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
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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