

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | |
|----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------|
| 1 Filer ID (Ethics Commission Filers) 00087741 | 2 Total pages filed: 10 | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms. Kristen C.R. | Date Received ELECTRONICALLY FILED 01/15/2024 | |
| | NICKNAME LAST SUFFIX Washington | | |
| 4 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit _____ | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 10/29/2023 | THROUGH | Month Day Year 12/31/2023 |
| Date Hand-delivered or Date Postmarked | | | |
| Receipt # | | Amount | |
| Date Processed | | | |
| Date Imaged | | | |

6 EXPLANATION OF CORRECTION
I forgot to put in the report that the filing fee was paid in the amount of \$750 on 12/11/2023 and once I realized the error, I immediately came back to the report to put in the missing information.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Kristen C.R. Washington

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00087741 | 2 Total pages filed: 10 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Ms. | FIRST Kristen C.R. | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Washington | SUFFIX | | Date Received ELECTRONICALLY FILED 01/15/2024 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 3404 Oneal St. Greenville, TX 75401 | | ZIP CODE | Date Hand-delivered or Date Postmarked | | | |
| | | | | Receipt # | | | |
| | | | | Amount | | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Shawnice D. | MI | | | | |
| | NICKNAME | LAST Thomas | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5656 Picadilly Ln Portsmouth, VA 23703 | | | | | | |
| | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (703) | 939-3190 | | | | | |
| 8 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) | | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 10/29/2023 | | | | 12/31/2023 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | | ELECTION TYPE | | | |
| | | | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | |
| | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Representative District 2 | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 10

13 C / OH NAME Washington, Kristen C.R. (Ms.) **14 Filer ID** (Ethics Commission Filers)
00087741

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 16 CONTRIBUTION TOTALS | 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) | \$ | 653.24 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 750.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 3,463.91 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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.

Ms. Kristen C.R. Washington

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

4 of 10

| | | |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 18 FILER NAME Washington, Kristen C.R. (Ms.) | | 19 Filer ID (Ethics Commission Filers) 00087741 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 653.24 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 600.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 750.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/10 |
| 2 FILER NAME Washington, Kristen C.R. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087741 |
| 4 Date 11/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaldson, Parie <hr/> 6 Contributor address; City; State; Zip Code Wills Point , TX 75169 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Event Designer | | 9 Employer (See Instructions) Parie Designs |
| Date 12/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaldson, Parie <hr/> Contributor address; City; State; Zip Code Wills Point , TX 75169 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Event Designer | | Employer (See Instructions) Parie Designs |
| Date 11/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay <hr/> Contributor address; City; State; Zip Code Austin, TX 78726 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Slp | | Employer (See Instructions) TSBVI |
| Date 11/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones , Karon <hr/> Contributor address; City; State; Zip Code Point , TX 75472 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) GISD |
| Date 12/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones , Karon <hr/> Contributor address; City; State; Zip Code Point , TX 75472 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) GISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/10 |
| 2 FILER NAME Washington, Kristen C.R. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087741 |
| 4 Date 10/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieman , Bobby <hr/> 6 Contributor address; City; State; Zip Code Quinlan , TX 75474 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieman , Bobby <hr/> Contributor address; City; State; Zip Code Quinlan , TX 75474 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieman , Bobby <hr/> Contributor address; City; State; Zip Code Quinlan , TX 75474 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owsley, James <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) History Professor | | Employer (See Instructions) Paris JC/ Greyson College |
| Date 12/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owsley, James <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) History Professor | | Employer (See Instructions) Paris JC/ Greyson College |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/10 |
| 2 FILER NAME Washington, Kristen C.R. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087741 |
| 4 Date 11/05/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Kimmy <hr/> 6 Contributor address; City; State; Zip Code Farmers Branch, TX 75234 | 7 Amount of Contribution (\$) \$20.24 |
| 8 Principal occupation / Job title (See Instructions) Paralegal | | 9 Employer (See Instructions) Wilson Elser Moskowitz Edelman & Dicker LLP |
| Date 10/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Patrick <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Patrick <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Susan <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Susan <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/10 |
| 2 FILER NAME Washington, Kristen C.R. (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087741 |
| 4 Date 12/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Kristen <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75401 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) minister | | 9 Employer (See Instructions) Bethlehem Missionary Baptist Church |
| Date 11/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiss, Lauri <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiss, Lauri <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bonilla, elaine <hr/> Contributor address; City; State; Zip Code binghamton, NY 13905 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 9/10

2 FILER NAME
Washington, Kristen C.R. (Ms.)

3 Filer ID (Ethics Commission Filers)
00087741

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date
12/22/2023

6 Full name of pledgor out-of-state PAC (ID#: _____)
Blue Horizon Texas

7 Pledgor Address; City; State; Zip Code

San Antonio, TX 78278

8 Amount of
pledge (\$)
\$600.00

9 In-kind description
(If applicable)
Filing Fee Grant

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 10/10 | 2 FILER NAME Washington, Kristen C.R. (Ms.) | 3 Filer ID (Ethics Commission Filers) 00087741 |
| 4 Date 12/11/2023 | 5 Payee name Tommy Glen Maxey | |
| 6 Amount (\$) \$750.00 | 7 Payee address; City; State; Zip Code 5200 Guadalupe St austin, TX 78751 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate/Officeholder name | Office sought |
| | | Office held |