CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00088421	ssion Filers)	2 Total pages fil	led: 27
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Makala L.		MI	OFFICE (JSE ONLY
NAME		Maraia E.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/14/2024	
		Washington				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	301 N Greenville Ave., #93	1			Receipt #	Amount
Change of Address	Allen, TX 75002					
	Alleri, TA 73002				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Makala L.				
	NICKNAME	LAST		SUFFIX		
		Washington		SUFFIX		
		vvasimigton				
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP1	/ SUITE #; CITY;	; STA	ATE; ZIP CODE
TREASURER ADDRESS	301 N. Greenville Ave.					
(Residence or Business)	#93					
	Allen, TX 75002					
7 CAMPAIGN	AREA CODE PHONI	E NUMBER E	EXTENSION			
TREASURER PHONE	(469) 301-0225					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	mnaign treasurer
		J Court day Belore			appointment (offi	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	ROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/03/2024	χG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Represent	tative district 67	
	1			1		
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Washington, Makala	L.	14 Filer ID 00088421	(Ethics Commissio	n Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informat	it the candidate's or office	eholder's knowledg	ge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Plano Area Democrats			
		COMMITTEE ADDRESS			
	SPECIFIC	P.O. Box 251373			
		Plano, TX 75025			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Barrett, Irvin			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS		
		1119 Shadow Lakes Blvd.			
		Allen, TX 75002		_	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 2	2,477.98
EXPENDITURE TOTALS					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1	1,820.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	657.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$	750.00
17 AFFIDAVIT	<u></u>			•	
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t		
		Mo	kala L. Washington		
			kala L. Washington of Candidate or Officeho	ldor	
		Signature	of Candidate of Officerio	iuei	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	,
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oat	<u>.</u>
i					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLK SHLLI	3 of 27
18 FILE		ME on, Makala L.	19 Filer ID 00088421	(Ethics Commission	Filers)
20 SCH NAM	HEDULI ME OF	SUBTOTAL AM	10UNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,477.98
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	1,820.71
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/6 Rpt: 4/27	
2	FILER NAME Washington,	FILER NAME Washington, Makala L.			3	Filer ID (Ethics Commission 00088421	on Filers)
4	03/14/2024 Achusi, Aeriol 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Hurst, TX 76054 pation / Job title (See Instructions)	l g	Employer (See Instructions	<u> </u>		
•	Not Employed Not Employed		-,				
	Date Full name of contributor out-of-state PAC (ID#:) 04/14/2024 Achusi, Aeriol Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Hurst, TX 76054 Principal occupation / Job title (See Instructions) Employer (See Instructions				<u>s)</u>		
			Not Employed	-,			
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$10.00	
		Princeton, TX 75407					
	Principal occu Plano ISD	pation / Job title (See Instructions)		Employer (See Instructions Teacher	S)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/19/2024 Bennett, David Contributor address; City; State; Zip Code McKinney, TX 75071			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 2/6 Rpt: 5/27	
2	FILER NAME Washington,	Makala L.				3	Filer ID (Ethics Commission 00088421	ı Filers)
4	Date 02/26/2024 Dangerfield, Tonya 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00			
		Mckinney, TX 75070						
8	Principal occu Self	pation / Job title (See Instruction	5)	9	Employer (See Instructions Real estate	5)		
Date Full name of contributor out-of-state PAC (ID#:) Hoock, Gunther Contributor address; City; State; Zip Code McKinney, TX 75070		•	Amount of Contribution (\$)	\$25.00				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u> 5)			
Not Employed Not Employed			Not Employed					
Date Full name of contributor out-of-state PAC (ID#: 05/06/2024 Lemmond, byron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00			
		Katy, TX 77449						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		
Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$5.00			
	Principal occu Not Employe	pation / Job title (See Instruction	5)		Employer (See Instructions Not Employed	<u>I</u> S)		
Date Full name of contributor out-of-state PAC (ID#:) 04/07/2024 Matthews, Jeremy Contributor address; City; State; Zip Code Plano, TX 75025		•	Amount of Contribution (\$)	\$50.00				
	Principal occu Not Employe	pation / Job title (See Instruction ed	5)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBI		SCHEDULE A1			
	The Instruc	The Instruction Guide explains how to complete this form.					
2	FILER NAME Washington,	Makala L.			3	Filer ID (Ethics Commission 00088421	n Filers)
4	03/28/2024 McGhee, Matthew 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$310.98		
_	Deinsinal	Gainesville, TX 76240	lo.	Franksian (Cookastu ations			
8	Principal occu PACCAR	pation / Job title (See Instructions)	9	Employer (See Instructions Maintenance	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2024 Merrill, Walter Contributor address; City; State; Zip Code Allen, TX 75002		•	Amount of Contribution (\$)	\$100.00		
				Employer (See Instructions	<u> </u> S)		
Date Full name of contributor out-of-state PAC (ID#:) 03/20/2024 Michel, Liz Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00		
	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	none			Not employed			
Date Full name of contributor out-of-state PAC (ID#: 05/02/2024 Michel, Liz Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10.00	
	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)		Employer (See Instructions Not employed	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 05/20/2024 Michel, Liz Contributor address; City; State; Zip Code McKinney, TX 75070			Amount of Contribution (\$)	\$10.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
			1				

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 4/6 Rpt: 7/27	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Washington,					00088421	
06/20/2024		5 Full name of contributor out-of-state PAC (ID#:) Michel, Liz 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	<u> 19</u>	Employer (See Instructions)		
•	none Not employed		,				
Date Full name of contributor out-of-state PAC (ID#:) 02/25/2024 Nickens, Frederick Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		Melissa, TX 75454					
Principal occupation / Job title (See Instructions) Prosper ISD Employer (See Instruction Educator)				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$67.00		
		Dallas, TX 75249					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Nissan Moto	r Acceptance Corp		Analyst			
Date Full name of contributor out-of-state PAC (ID#: 03/06/2024 Patterson, Trish Contributor address; City; State; Zip Code Allen, TX 75002				Amount of Contribution (\$)	\$25.00		
	Principal occu Bionic Tax C	pation / Job title (See Instructions) consulting		Employer (See Instructions Self employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/06/2024 Patterson, Trish Contributor address; City; State; Zip Code Allen, TX 75002			Amount of Contribution (\$)	\$25.00		
	Principal occu Bionic Tax C	pation / Job title (See Instructions) onsulting		Employer (See Instructions Self employed)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/6 Rpt: 8/27	
2	FILER NAME Washington,			3	Filer ID (Ethics Commission I 00088421	Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 05/06/2024 Patterson, Trish 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Allen, TX 75002	9 Employer (See Instructions			
•	Bionic Tax C		Self employed	,		
Date Full name of contributor out-of-state PAC (ID#:) 06/06/2024 Patterson, Trish Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Allen, TX 75002 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Principal occupation / Job title (See Instructions) Bionic Tax Consulting Employer (See Instructions) Self employed					
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00	
		Anna, TX 75409				
	Principal occu Concentra	pation / Job title (See Instructions)	Employer (See Instructions Referral Coordinator)		
Date Full name of contributor out-of-state PAC (ID#:_ 03/06/2024 Tinsley, Bart Contributor address; City; State; Zip Code Allen, TX 75002				Amount of Contribution (\$)	\$50.00	
	Principal occu Alder Develo	pation / Job title (See Instructions) ppment	Employer (See Instructions Real Estate)		
	Date Full name of contributor out-of-state PAC (ID#:) O4/18/2024 Treat, Alena Contributor address; City; State; Zip Code McKinney, TX 75070			Amount of Contribution (\$)	\$10.00	
	Principal occu Upper Iowa	upation / Job title (See Instructions) University	Employer (See Instructions Student Teacher Superv		or & Online Adjunct Instructor	r

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/27	
2	FILER NAME Washington,			3 Filer ID (Ethics Commission Filers) 00088421	
4	05/18/2024 Treat, Alena 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$10.00		
_	Daine in all a second	McKinney, TX 75070	D. Faralana (On Jantana)		
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Upper Iowa University Student Teacher Supervision 				s) visor & Online Adjunct Instructor	
Date Full name of contributor out-of-state PAC (ID#:) 06/18/2024 Treat, Alena Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00			
	Dringing agg	McKinney, TX 75070 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	Upper Iowa		visor & Online Adjunct Instructor		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Treat, Alena Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00	
	Deinsinal assu	Princeton, TX 75407	Familia ya y (Can Ingahu yakin ya		
	Upper Iowa	pation / Job title (See Instructions) University	Employer (See Instructions Student Teacher Super	visor & Online Adjunct Instructor	
Date Full name of contributor out-of-state PAC (III 05/06/2024 Wolf, Brandon		Wolf, Brandon		Amount of Contribution (\$) \$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	USAA		Software Engineer		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpens Wages	e /Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:							Filer ID (Ethics Commission	Filers)
L	Sch: 1/18 Rpt: 10/27	Washingto	n, Makala L.					00088421	
4	Date	5 Payee name	9						
L	06/20/2024	Abuelos							
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Co	ode				
	\$20.00	3420 N Ce	ntral Expwy						
		Plano, TX	75075						
8	PURPOSE	(a) Category (S	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense					le of Texas. Complete Schedule T.	
						Campaign Me		officeholder living expense	
						Campaign Me	JUII	'9	
9	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	lapt			Office held	
9	expenditure to benefit C/O		nocholder Hame	Office 500	agrit			Office field	
	Date	Payee name							
L	02/25/2024	ActBlue							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	ode				
	\$4.95	366 Summ	er Street						
		Somerville	, MA 20144						
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Fees				ш		le of Texas. Complete Schedule T.	
	-					Card Process		officeholder living expense	
						Juliu 1 100535	, ii iy	1 00	
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	l Jaht			Office held	
	expenditure to benefit C/O			200 000	- 9''L			J33014	
_	Date	Dayoo nama	<u> </u>						
	03/03/2024	Payee name ActBlue	,						
_	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	ode				
	\$1.98	366 Summ		.e, ∠ıp C(Jue				
	φ1.30	Joo Suililli	or Jugge						
		Somerville	, MA 20144						
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Fees						le of Texas. Complete Schedule T. officeholder living expense	
						Card Process			
							9	- 	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ught			Office held	
	expenditure to benefit C/O		.		J				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/18 Rpt: 11/27	Washington, Makala L. 00088421
4	Date	5 Payee name
	03/10/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2.97	366 Summer Street
		Somerville, MA 20144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Card Processing Fee
		Cala Frocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	03/17/2024	ActBlue
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.34	366 Summer Street
L		Somerville, MA 20144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Card Processing Fee
		Cala i Toccssing i ce
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	03/24/2024	ActBlue
L	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	366 Summer Street
	Φ1.39	300 Summer Street
		0 " 11 11 10 11 11
		Somerville, MA 20144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Card Processing Fee
1		53.3
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/18 Rpt: 12/27 Washington, Makala L. 00088421 4 Date Payee name 03/31/2024 ActBlue 6 Amount (\$) Payee address; State; Zip Code \$12.29 366 Summer Street Somerville, MA 20144 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Card Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/07/2024 ActBlue Amount (\$) Payee address; City; State; Zip Code \$2.97 366 Summer Street Somerville, MA 20144 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Card Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2024 ActBlue Amount (\$) Payee address: City: State; Zip Code \$40.49 366 Summer Street Somerville, MA 20144 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Card Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/18 Rpt: 13/27	Washington, Makala L. 00088421
4	Date	5 Payee name
	04/21/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.80	366 Summer Street
		Somerville, MA 20144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Card Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration benefit C/O	
	Date	Payee name
	05/05/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer Street
		Somerville, MA 20144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Card Processing Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Programme
	Date	Payee name
	05/12/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.74	366 Summer Street
		Somerville, MA 20144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Card Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 14/27	Washington, Makala L.	00088421
4	Date	5 Payee name	
	05/19/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	366 Summer Street	
		Somerville, MA 20144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Card Processing Fee
			odia i rocessing i ce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cince Hold
_	Date	Dayaa nama	
	05/26/2024	Payee name ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.80	366 Summer Street	
	Ψ0.00	300 Sulfiller Street	
		Comonillo MA 20144	
		Somerville, MA 20144	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Card Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/02/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	366 Summer Street	
		Somerville, MA 20144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Card Processing Fee
	Complete ONLY if divert	Candidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	plete this form.
1	Total pages Schedule F1: Sch: 6/18 Rpt: 15/27	2 FILER NAME Washington, Makala L.	3 Filer ID (Ethics Commission Filers) 00088421
4	Date 06/09/2024	5 Payee name ActBlue	•
6	Amount (\$) \$3.64	7 Payee address; City; State; Zip Coo 366 Summer Street	le
8	PURPOSE OF EXPENDITURE	Somerville, MA 20144 (a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Card Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
	Date 06/23/2024	Payee name ActBlue	
	Amount (\$) \$0.80	Payee address; City; State; Zip Coo 366 Summer Street Somerville, MA 20144	le
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Card Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
	Date 06/30/2024	Payee name ActBlue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Coo 366 Summer Street	de
	PURPOSE OF EXPENDITURE	Somerville, MA 20144 (a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Card Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 16/27	Washington, Makala L. 00088421
4	Date	5 Payee name
	03/14/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.13	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/18/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.66	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/21/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.45	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memoria Legal Services The Instruction (ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
1	Total pages Schedule F1:	2			<u> </u>			1	3	Filer ID	(Ethics Commiss	sion Filers)
•	Sch: 8/18 Rpt: 17/27	_	Washington,	Makala L.)	00088421	(Lunes Commiss	sion i liotoj
4	Date	5	Payee name									
	06/24/2024		Amazon									
6	Amount (\$)	7	Payee addres	-	State;	; Zip Co	de					
	\$16.22		410 Terry Av	e N								
			Seattle, WA	98109								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scho	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper	ise				=			plete Schedule T.	
								Supplies	, IX,	officeholder living	j expense	
								Supplies				
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	aholder namo		Office soug	aht			Office he	ald	
9	expenditure to benefit C/O		Sandidate/Onic	enoluei name		Jilice Sou(grit			Office fit	ziu -	
\vdash	Date	Г	Davos same									
	06/24/2024		Payee name Amazon									
		_		- O't	01-1	7:- 0-	-1-					
	Amount (\$)		Payee addres	-	State;	; Zip Co	ae					
	\$55.17		410 Terry Av	e N								
			Seattle, WA	98109								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this scho	edule)	(b)	Description				
	EXPENDITURE		Event Exper	ise				=		de of Texas. Com officeholder living	plete Schedule T.	
								Supplies	, 1,	onicendider living	g expense	
								Саррисс				
	Complete ONLY if direct		Candidate/Offic	eholder name	C	I Office souç	ght			Office he	eld	
	expenditure to benefit C/O	Н				•						
H	Date		Payee name									
	03/28/2024		Artistic Ende	avors								
	Amount (\$)	\vdash	Payee addres		State:	; Zip Co	de					
	\$119.08		336 Town Pl		oidic,	, 2.6 00	40					
	Ψ110.00		SSS TOWNT	400								
			Fairview, TX	75069								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scho	edule)	(b)	Description				
	OF EXPENDITURE		Printing Exp					브			plete Schedule T.	
	_/							—	, TX,	officeholder living	g expense	
								Printing				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office soug	tdr			Office he	ald.	
	expenditure to benefit C/O		Januluale/Offic	Choldel Haille		zince sout	giil			Office III	oiu.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense Pri Sa	Ü	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 9/18 Rpt: 18/27		E n, Makala L.				ı	Filer ID 00088421	(Ethics Commission Filers)
Ļ		_						00000421	
4	Date 05/24/2024	5 Payee name Artistic End							
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	ip Code				
	\$291.21	336 Town	Place						
		Fairview, T	X 75069						
8	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule	e) (b)	Description			
	OF EXPENDITURE	Printing Ex				=			plete Schedule T.
						Check if Austin Printing	ı, TX,	officeholder living	g expense
						· ·····································			
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Offic	e sought			Office h	eld
	experientare to benefit G/OI								
	Date	Payee name	•						
	06/24/2024	Artistic End	leavors						
	Amount (\$)	Payee addre	•	State; Z	ip Code				
	\$38.25	336 Town	Place						
		Fairview, T	X 75069						
	PURPOSE OF		See Categories listed at the to	op of this schedule	e) (b)	Description			
	EXPENDITURE	Printing Ex	pense			=		le of Texas. Com officeholder living	nplete Schedule T. g expense
						Printing			
	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	Offic	ce sought			Office he	eld
	Date	Payee name	<u> </u>						
	06/24/2024	Artistic End							
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code				
	\$32.48	336 Town	Place						
		Fairview, T	X 75069						
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule	e) (b)	Description			
	OF EXPENDITURE	Printing Ex	pense			=			plete Schedule T.
						Printing	1, IX,	officeholder living	g expense
	Complete ONLY if direct		iceholder name	Offic	e sought			Office h	eld
	expenditure to benefit C/O	H			J				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 19/27	Washington, Makala L. 00088421
4	Date	5 Payee name
	03/28/2024	Blue Jug of Allen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	2035 W McDermott Dr Ste 410
		Allen, TX 75013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Event
		Gampaigh Evolit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	03/28/2024	Dallas Shirts
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.91	11347 Harry Hines Blvd
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Merchandise Merchandise
	Occupate ONLY if alice at	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	04/04/2024	Dallas Shirts
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.27	11347 Harry Hines Blvd
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchandise
		Metchanuse
	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	o
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee L	egal Services The Instruction Guide e	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 11/18 Rpt: 20/27	Washington,	Makala L.					00088421	
4	Date	5 Payee name							
	04/01/2024	Dollar Tree							
6	Amount (\$) \$12.18	7 Payee address		State; Zip C	ode				
	Φ12.10	170 E Staces	/ Rd Ste 2120						
		Allen, TX 750	002						
8	PURPOSE OF		Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Event Expen	se			_		officeholder living	plete Schedule T. g expense
						Supplies			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office so	ught			Office he	eld
	Date	Payee name							
	03/25/2024	Goat and Vir	ne						
	Amount (\$)	Payee address	s; City;	State; Zip C	ode				
	\$120.04	190 E Stacy	Rd						
		#1108							
		Allen, TX 750	002						
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bevera	ge Expense					de of Texas. Com officeholder living	plete Schedule T.
						Campaign Ev			y expense
						oapa.g = .		•	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Office	eholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/28/2024	In-N-Out							
	Amount (\$)	Payee address	s; City;	State; Zip C	ode				
	\$4.01	190 E Stacy	Rd #700						
		Allen, TX 750	002						
	PURPOSE OF	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bevera	ge Expense					de of Texas. Com officeholder living	plete Schedule T.
						Campaign Ev			<i>ς</i> εχρείτσε
						, 5			
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 12/18 Rpt: 21/27	Washingto	n, Makala L.					00088421		
4	Date	5 Payee name	•							
	03/19/2024	Jollibee								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$13.31	4703 Gree	nville Ave							
		Dallas, TX	75206		_					
8	PURPOSE OF	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living		
						Campaign Ev			expense	
						Jampaign Ev	٠	•		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	<u> </u>							
	06/24/2024	Just Good								
	Amount (\$)	Payee addre		State; Zip C	ode					
	\$12.99	921 W Con	nmerce St							
		Dallas, TX	75208							
	PURPOSE				(h)	Description				
	OF		See Categories listed at the t	op of this schedule)	(0)	Description Check if travel of	nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	F000/Beve	rage Expense			<u></u>		officeholder living		
						Campaign Ev	en	t		
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O				J					
	Date	Payee name)							
	03/04/2024	Lowes								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$15.06	1010 W M	Dermott Dr							
	·									
		Allen, TX 7	5013							
	PURPOSE	(a) Category (S	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense					de of Texas. Com		
	EXI ENDITORE					ш	TX,	officeholder living	expense	
						Supplies				
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office he	eld	
	experiorale to belieff C/Of									
	<u>-</u>									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 22/27	Washington, Makala L. 00088421
4	Date	5 Payee name
	04/15/2024	Luby's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.83	5040 W Park Blvd
		Plano, TX 75093
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Meeting
		Campaign weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/25/2024	Original Chop Shop
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$12.45	
	Φ12.45	829 W Stacey Rd Ste 120
L		Allen, TX 75013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Meeting
		Campaign Mooding
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	04/26/2024	PNC Bank
L		
	Amount (\$)	
	\$8.16	801 Christian St
		Philadelphia, PA 19147
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Account Fee
		Account Lec
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 14/18 Rpt: 23/27	Washington, Makala L.	00088421
4		5 Payee name	
•	03/02/2024	PNC Bank	
6	Amount (\$) \$6.95	7 Payee address; City; State; Zip Code 801 Christian St	
	40.00		
		Philadelphia, PA 19147	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Account Fee	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Or		
	Date	Payee name	
	03/02/2024	PNC Bank	
	Amount (\$) \$1.71	Payee address; City; State; Zip Code 801 Christian St	
	Ψ1.71	oot omstan st	
		Philadelphia, PA 19147	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	and the of Tanas Committee Cabadala T
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Account Fee	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_	Date	Davis norms	
	04/18/2024	Payee name PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.00	801 Christian St	
		Philadelphia, PA 19147	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Account Fee	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 24/27	Washington, Makala L. 00088421
4	Date	5 Payee name
	04/19/2024	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	801 Christian St
		Philadelphia, PA 19147
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Account Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
T	Date	Payee name
	05/05/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	801 Christian St
		Philadelphia, PA 19147
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Account Fee
		7.6666.18.7.66
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
H	Date	Payee name
	05/13/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.50	801 Christian St
l		
I		
		Philadelphia, PA 19147
	PURPOSE	Philadelphia, PA 19147
	OF	Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
		Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Account Fee
	OF	Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Account Fee Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Account Fee Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Philadelphia, PA 19147 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Account Fee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 16/18 Rpt: 25/27	2 FILER NAME Washington, Makala L. 3 Filer ID (Ethics Commission Filers) 00088421	
4	Date 06/03/2024	5 Payee name PNC Bank	
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 801 Christian St	
		Philadelphia, PA 19147	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Account Fee	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 04/04/2024	Payee name Sam Moon	
	Amount (\$) \$41.32	Payee address; City; State; Zip Code 11826 Harry Hines Blvd	
		Dallas, TX 75234	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchandise	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 04/04/2024	Payee name Sam Moon	
	Amount (\$) \$71.34	Payee address; City; State; Zip Code 2449 Preston Rd	
		Frisco, TX 75034	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchandise	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
	Sch: 17/18 Rpt: 26/27	Washington, Makala L. 00088421										
4	Date	5 Payee name										
	03/04/2024	Sams Club										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$21.09	1200 E Spring Creek Pkwy										
		Plano, TX 75074										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.										
	EXPENDITURE	Check if Austin, TX, officeholder living expense										
		Campaign Event										
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held										
	Date	Payee name										
	02/28/2024	The Data Group										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$99.00	3208 E Colonial Dr #118										
		Orlando, FL 32803										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.										
		Check if Austin, TX, officeholder living expense Data Consulting										
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/O	1										
	Date	Payee name										
	03/04/2024	U-Haul										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$214.26	4101 W Plano Pkwy										
		Plano, TX 75093										
	PURPOSE	· · · · · · · · · · · · · · · · · · ·										
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.										
	EXPENDITURE	Check if Austin, TX, officeholder living expense										
		Road Sign Placement										
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete					s/Contract Labor		Travel Out OTHER (er	t of District enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID		(Ethics Commission	n Filers)	
	Sch: 18/18 Rpt: 27/27		Washingtor	n, Makal	a L.						000884	21			
4	Date	5	Payee name												
	04/05/2024		Walmart												
6	Amount (\$)	7	Payee addre	ss; C	City;	State	e; Zip C	ode							
	\$25.68		730 W Excl	nange P	kwy										
			Allen, TX 7	5013											
8	PURPOSE	(a)	Category (S	ee Categori	es listed at th	e top of this sc	hedule)	(b)	Description						
	OF EXPENDITURE Event Expe				· · · · · · · · · · · · · · · · · · ·						el outside of Texas. Complete Schedule T.				
									Check if Austin	ı, TX,	officeholder	living	g expense		
									Supplies						
_	Complete ONLY if direct	<u> </u>		ب د اما د ما د د			Office co.				Offic		al d		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	icenoider	name		Office sou	ugnt			Offic	e ne	eiu		
_	D-4-	<u> </u>													
	Date		Payee name												
	04/05/2024		Walmart												
	Amount (\$)		Payee addre		City;	State	e; Zip C	ode							
	\$19.06		730 W Excl	nange P	kwy										
			Allen, TX 7	5013											
	PURPOSE OF	(a)	Category (S	ee Categori	es listed at the	e top of this sc	hedule)	(b)	Description						
	EXPENDITURE		Event Expe	ense					=				plete Schedule T.		
									Check if Austin	1, 1 A,	, onicendiaer	livirig	j expense		
									Саррисс						
Н	Complete ONLY if direct		Candidate/Offi	iceholder	name		Office sou	<u>l</u> ught			Offic	e he	eld		
	expenditure to benefit C/OI	Н													
_	Date	Π	Payee name												
	05/01/2024		Walmart												
	Amount (\$)	\vdash	Payee addre	ss. (City;	State	e; Zip C	ode							
	\$38.00		730 W Excl				·, _,								
	, , , , ,			3.	,										
			Allen, TX 7	5013											
	PURPOSE	(a)	Category (S		oc listed at the	o top of this so	hodulo)	(b)	Description						
	OF	```	Event Expe		es listeu at tii	e top of this sci	riedule)	'-'		outsi	de of Texas.	Com	plete Schedule T.		
	EXPENDITURE		•						Check if Austin	n, TX,	officeholder	living	g expense		
									Supplies						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder	name		Office sou	ught			Offic	e he	eld		
	- parametra 20 20 0/0/														