

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: 24	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Kristen C.R.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024	
	NICKNAME LAST SUFFIX Washington			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3404 Oneal St. Greenville, TX 75401		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Shawnice D.			
	NICKNAME LAST SUFFIX Thomas			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5649 Craneybrook Ln Apt D Portsmouth, VA 23703			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 939-3190			
8 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)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024			
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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

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

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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)	\$	8,383.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,176.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,206.64
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**

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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	\$	8,283.36
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	100.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,176.72
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: 1/15 Rpt: 4/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell , Christopher <hr/> 6 Contributor address; City; State; Zip Code Commerce , TX 75428	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Aircraft Mechanic		9 Employer (See Instructions) L-3 MID
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell , Christopher <hr/> Contributor address; City; State; Zip Code Commerce , TX 75428	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Aircraft Mechanic		Employer (See Instructions) L-3 MID
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolin, Donald <hr/> Contributor address; City; State; Zip Code Greenville , TX 75402	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown , Emily <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Blanco , TX 78606	Amount of Contribution (\$) \$250.00
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: 2/15 Rpt: 5/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckels, Denise <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75402	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager of Ticketing and Patron		9 Employer (See Instructions) Texas Ballet Theater
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canchola , Jamie <hr/> Contributor address; City; State; Zip Code Royse City , TX 75189	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Speech language pathologist		Employer (See Instructions) Hunt regional medical center
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowgill, Donnette <hr/> Contributor address; City; State; Zip Code Caddo Mills , TX 75135	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowgill, Donnette <hr/> Contributor address; City; State; Zip Code Caddo Mills , TX 75135	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowgill, Donnette <hr/> Contributor address; City; State; Zip Code Caddo Mills , TX 75135	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowgill, Donnette <hr/> 6 Contributor address; City; State; Zip Code Caddo Mills , TX 75135	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowgill, Donnette <hr/> Contributor address; City; State; Zip Code Caddo Mills , TX 75135	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Vicki <hr/> Contributor address; City; State; Zip Code Campbell, TX 75422	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennehy , Michael <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Brookhaven College
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, JoAnna <hr/> Contributor address; City; State; Zip Code Sulphur Springs , TX 75482	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) SSISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover , Kristen <hr/> 6 Contributor address; City; State; Zip Code Lone Oak , TX 75453	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Unite Methodist Church
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki <hr/> Contributor address; City; State; Zip Code Austin , TX 78739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self; Goodwin & Goodwin Real Estate
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOVER, Kimberly <hr/> Contributor address; City; State; Zip Code Greenville , TX 75401	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) City
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jana <hr/> Contributor address; City; State; Zip Code Cumby , TX 75433	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt County Democratic Party <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Lisa <hr/> 6 Contributor address; City; State; Zip Code Royse City, TX 75189	7 Amount of Contribution (\$) \$66.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James-DeHaan, Susan <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Vera whole Health
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jayroe, Cathy <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) L3 Harris Technologies
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Travers <hr/> Contributor address; City; State; Zip Code Austin , TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 07/21/2024	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: 6/15 Rpt: 9/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones , Karon <hr/> 6 Contributor address; City; State; Zip Code Point , TX 75472	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) GISD
Date 09/21/2024	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 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneybrew, Hermonica <hr/> Contributor address; City; State; Zip Code Balch Springs , TX 75180	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krantz , Catherine <hr/> Contributor address; City; State; Zip Code Emory , TX 75440	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Broadband Solutions Manager		Employer (See Instructions) Connective Nation
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kweiler , Home Lake <hr/> Contributor address; City; State; Zip Code Greenville , TX 75402	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layton, Shirley <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75713	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linden , Greg <hr/> Contributor address; City; State; Zip Code Oakland , CA 94602	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UC Berkely School of Business
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConnell , Lori <hr/> Contributor address; City; State; Zip Code Greenville , TX 75401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) McConnell Orthopedic Clini
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer III, Fred <hr/> Contributor address; City; State; Zip Code Sherman , TX 75092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Anne <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428	Amount of Contribution (\$) \$50.00
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: 8/15 Rpt: 11/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Ann <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) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Ann <hr/> Contributor address; City; State; Zip Code Wills Point , TX 75169	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/17/2024	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 08/17/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/17/2024	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 (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieman , Tommie <hr/> Contributor address; City; State; Zip Code Quinlan , TX 75474	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ojeda , Kathy <hr/> Contributor address; City; State; Zip Code Merritt Island , FL 32952	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin , TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin , TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owsley, James <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75402	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) History Professor		9 Employer (See Instructions) Paris JC/ Greyson College
Date 08/03/2024	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 09/03/2024	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 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pamela <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice , Conor <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Advocacy Field Organizer		Employer (See Instructions) TFN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Judy <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75401	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Marianne <hr/> Contributor address; City; State; Zip Code Lone Oak, TX 75453	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Marianne <hr/> Contributor address; City; State; Zip Code Lone Oak, TX 75453	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Marianne <hr/> Contributor address; City; State; Zip Code Lone Oak, TX 75453	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy <hr/> Contributor address; City; State; Zip Code Santa rosa beach, FL 32459	Amount of Contribution (\$) \$10.00
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: 12/15 Rpt: 15/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnoonover, Ruth <hr/> 6 Contributor address; City; State; Zip Code Spring , TX 77380	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Steve and Teena <hr/> Contributor address; City; State; Zip Code Greenville , TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Delaina <hr/> Contributor address; City; State; Zip Code Wills Point , TX 75169	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, William <hr/> Contributor address; City; State; Zip Code Terrell , TX 75160	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Noy Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Aaron <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Specialist		Employer (See Instructions) Vistra Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Christopher 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Susan Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Norman Contributor address; City; State; Zip Code Lancaster, TX 75146	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton , Antoinette Contributor address; City; State; Zip Code Mansfield , TX 76063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Collections Manager		Employer (See Instructions) Drivetime
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton , Antoinette Contributor address; City; State; Zip Code Mansfield , TX 76063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Collections Manager		Employer (See Instructions) Drivetime

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 08/12/2024	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 (\$) \$54.36
8 Principal occupation / Job title (See Instructions) minister		9 Employer (See Instructions) Bethlehem Missionary Baptist Church
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Kristen <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) minister		Employer (See Instructions) Bethlehem Missionary Baptist Church
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooldridge , Sandra <hr/> Contributor address; City; State; Zip Code Greenville , TX 75401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zvanut, Bettina <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Historian/Archivist		Employer (See Instructions) Commerce Public Library
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zvanut, David <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) artist/sound technician		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/24
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) schofield , Patricia 6 Contributor address; City; State; Zip Code Greenville, TX 75402	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) texas afl-cio state cope fund Contributor address; City; State; Zip Code Austin , TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/24	
2 FILER NAME Washington, Kristen C.R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087741	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/20/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Strategy session, endorsement, social media, email promotion
	7 Contributor address; City; State; Zip Code Austin , TX 78278	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 20/24	2 FILER NAME Washington, Kristen C.R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087741
4 Date 08/14/2024	5 Payee name Anderson , William	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 5200 Private Road 1162 Farmersville, TX 75442	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2024	Candidate/Officeholder name Office sought Office held	
Payee name Daisy Chain Inc		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1399 Ulster Ave #104 Kingston, NY 12401	
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 Daisy chain Account - Monthly Subscription (Small)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Office sought Office held	
Payee name Daisy Chain Inc		
Amount (\$) \$23.50	Payee address; City; State; Zip Code 1399 Ulster Ave #104 Kingston, NY 12401	
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 MMS/SMS FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 21/24	2 FILER NAME Washington, Kristen C.R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/17/2024	5 Payee name Dollar Tree	
6 Amount (\$) \$26.42	7 Payee address; City; State; Zip Code 4103 Wesley St Greenville , TX 75401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense napkin, paper plates, cutlery, table cover, serving set foam cups for Postcard writing gathering
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name GoDaddy Website	
Amount (\$) \$21.99	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GoDaddy 1 Year +.com Domain Renewal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name GoDaddy Website	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Full Domain Protection
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 22/24	2 FILER NAME Washington, Kristen C.R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087741
4 Date 07/19/2024	5 Payee name GoDaddy Website	
6 Amount (\$) \$9.50	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website & Market Monthly Renewal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2024	Candidate/Officeholder name Office sought Office held	
Payee name GoDaddy Website		
Amount (\$) \$9.50	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website & Marketing Renewal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2024	Candidate/Officeholder name Office sought Office held	
Payee name GoDaddy Website		
Amount (\$) \$9.50	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website & Marketing Renewal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 23/24	2 FILER NAME Washington, Kristen C.R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/04/2024	5 Payee name North Compass Political LLC	
6 Amount (\$) \$483.91	7 Payee address; City; State; Zip Code 405 West Greenlawn Ave Suite G11 #1711, Lansing, MI 48910	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 5000 Union Printed Push cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name USPS	
Amount (\$) \$73.00	Payee address; City; State; Zip Code 2600 WESLEY ST GREENVILLE, TX 75401-9994	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postal Stamps to mail postcards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postal Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name USPS	
Amount (\$) \$151.98	Payee address; City; State; Zip Code 2600 WESLEY ST GREENVILLE, TX 75401-9994	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) postal stamps to mail postcards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 Rolls of Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 24/24	2 FILER NAME Washington, Kristen C.R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087741
4 Date 09/17/2024	5 Payee name walmart	
6 Amount (\$) \$30.12	7 Payee address; City; State; Zip Code 4715 Wesley St Greenville , TX 75401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fruit Tray, Veg Tray x Postcard writing event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name walmart	
Amount (\$) \$24.31	Payee address; City; State; Zip Code 4715 Wesley St Greenville , TX 75401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water, Tea and lemonade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held