CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | Duide combine kausta como | lata thia farma | 1 Filer ID | | 2 Total pages f | iled: |
|-------------------------------|----------------------------|-------------------|---------------------------|-----------------------------------|---------------------|----------------------|
| | Guide explains how to comp | | (Ethics Commi 00087741 | · | : | 24 |
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| NAME | Ms. | Kristen C.R. | | | Date Received | |
| | | | | | ELECTRONIC | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 10/07/2024 | |
| | | Washington | | 30111X | | |
| | | - | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | / SUITE #; CIT | ΓY; | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| MAILING | 3404 Oneal St. | | | | Dessint // | A |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Greenville, TX 75401 | | | | Date Processed | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| | | | | | Date imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | Mrs. | Shawnice D. | | | | |
| NAME | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Thomas | | 301117 | | |
| | | monius | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PC | | ۸D. | T / SUITE #; CITY; | T | ATE; ZIP CODE |
| TREASURER | 5649 Craneybrook Ln | BOX FLEASE), | AF | TTSUTE#, CITT, | 31 | ATE, ZIF CODE |
| ADDRESS | - | | | | | |
| (Residence or Business) | Apt D | | | | | |
| | Portsmouth, VA 23703 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHOI | | EXTENSION | | | |
| TREASURER | (703) 939-3190 | | | | | |
| PHONE | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | X 30th day before | e election | Runoff | | ampaign treasurer |
| | | | | | appointment (off | |
| | July 15 | 8th day before | election | Exceeded modified reporting limit | Final Report (At | tach C/OH-FR) |
| | Marathan David Maran | | | Marshin David | | |
| 9 PERIOD COVERED | Month Day Year | | HROUGH | Month Day | Year | |
| | 07/01/2024 | 11 | HROUGH | 09/26/2024 | 4 | |
| 10 ELECTION | ELECTION DATE | | | | | |
| IU ELECTION | Month Day Year | | Primary | ELECTION TYPE | Other | |
| | 11/05/2024 | | linary | | | |
| | 11/00/2024 | X | General | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | | | | State Representa | ative District 2 | |
| | | | | | | |
| | ļ | | | I | | |
| | | | | | | |
| | | 601 | TO PAGE 2 | | | |
| | | | | | | |
| Forms provided by Te | xas Ethics Commission | www.et | thics.state.tx.u | S | Vers | sion V4.1.0.48da51f7 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

| 13 C / OH NAME | Washington, Kristen (| C.R. (Ms.) | 14 Filer ID 00087741 | (Ethics Corr | mission Filers) |
|--|----------------------------------|--|--|---------------|-----------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or politic These expenditures may have been may officeholders are required to report thi | ade without the candidate's or offic | eholder's kn | owledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASUR | ER NAME | | |
| | | COMMITTEE CAMPAIGN TREASUR | ER ADDRESS | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (C ES OF LOANS, OR CONTRIBUTIONS | | , \$ | 0.00 |
| | | AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES | S OF LOANS) | \$ | 8,383.36 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ | 1,176.72 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED A RIOD | S OF THE LAST DAY OF THE | \$ | 7,206.64 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING TING PERIOD | LOANS AS OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | under penalty of perjury, that the ad Id includes all information required ction Code. | | |
| | | | Ms. Kristen C.R. Washingto | n | |
| | | | Signature of Candidate or Officeho | older | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | | day |
| of | , 20, to ce | rtify which, witness my hand and seal | of office. | | |
| Signature of offic | er administering | Printed name of officer administe | ring Title of office | er administer | ing oath |

| SUBTOTALS - C/OH | с | FORM C/OH OVER SHEET PG 3 3 of 24 |
|---|--------------------------------|---|
| 18 FILER NAME Washington, Kristen C.R. (Ms.) | 19 Filer ID 00087741 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | • | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 8,283.36 |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 100.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ 1,176.72 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU | ITIONS | \$ |
| 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 BUSINES | SS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU | TIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | IS RETURNED | \$ |
| | | |

| | The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/24 | |
|----------|--------------------|--|------------------------------|---|-------|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filer | rs) |
| | Washington, | , Kristen C.R. (Ms.) | | 00087741 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| | 08/30/2024 | Bell , Christopher | | \$5 | 50.00 |
| | 1 | 6 Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Commerce, TX 75428 | 1 | | |
| 8 | | Ipation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| | Aircraft Mech | 1anic | L-3 MID | | |
| | Date | |) | Amount of Contribution (\$) | _ |
| | 09/06/2024 | Bell , Christopher | | \$10 | 00.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Commerce TV 75420 | | | |
| | Dringing occu | Commerce , TX 75428 Ipation / Job title (See Instructions) | Employer (See Instructions | A | |
| | Aircraft Mech | | L-3 MID |) | |
| | | | | har and a f O antribution (ft) | |
| | Date 09/21/2024 | Full name of contributor out-of-state PAC (ID#: Bolin, Donald |) | Amount of Contribution (\$) ຈຸດ | 00.00 |
| | 09/21/2024 | | | ψυτ | JU.UU |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | Greenville , TX 75402 | | | |
| \vdash | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| | Not Employe | ed | Not Employed | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 08/09/2024 | Brown , Emily | | | 50.00 |
| | I | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Nacogdoches, TX 75961 | | | |
| | • | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| | Not Employe | ed | Not Employed | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 09/16/2024 | Brown, Gloria | | \$25 | 50.00 |
| | 1 | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Blanco , TX 78606 | | | |
| | | Ipation / Job title (See Instructions) | Employer (See Instructions |) | |
| | Not Employe | 3d | Not Employed | | |
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| | | | 1 Total pages Cabadula A1 | |
|----------------|---|------------------------------|---|----------|
| The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/24 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| Washington | , Kristen C.R. (Ms.) | | 00087741 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 08/30/2024 | Buckels, Denise | | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Greenville, TX 75402 | | | |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | |
| Manager of | Ticketing and Patron | Texas Ballet Theater | | |
| Date | Full name of contributor out-of-state PAC (ID#: | · :) | Amount of Contribution (\$) | |
| 09/15/2024 | Canchola , Jamie | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Royse City , TX 75189 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) | |
| Speech lang | guage pathologist | Hunt regional medical ce | enter | |
| Date | Full name of contributor out-of-state PAC (ID#: | · :) | Amount of Contribution (\$) | |
| 07/11/2024 | Cowgill, Donnette | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Caddo Mils , TX 75135 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| Self | | Self | | |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) | |
| 08/03/2024 | Cowgill, Donnette | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Caddo Mils , TX 75135 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 3) | |
| Self | | Self | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) | |
| 08/28/2024 | Cowgill, Donnette | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Caddo Mils , TX 75135 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Self | | Self | | |
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| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/15 Rpt: 6/24 | |
|-----------------|---|------------------------------|----------------|---|-----------|
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| Washington, | Kristen C.R. (Ms.) | | | 00087741 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 09/03/2024 | Cowgill, Donnette | | | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | |
| | | | | | |
| | Caddo Mils , TX 75135 | 1 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| Self | | Self | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 09/10/2024 | Cowgill, Donnette | | | | \$75.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Caddo Mils , TX 75135 | | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> د) | | |
| Self | | Self | , | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| 07/15/2024 | Davis, Vicki | | | | \$100.00 |
| ••••• | Contributor address; City; State; Zip Code | | \mathbf{I} | | ¥=== |
| | | | | | |
| | | | | | |
| | Campbell, TX 75422 | | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| Not Employe | ،d | Not Employed | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 08/28/2024 | Dennehy , Michael | | | | \$25.00 |
| | Contributor address; City; State; Zip Code | |] | | |
| | | | | | |
| | Greenville, TX 75402 | | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| College Adm | | Brookhaven College | , | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| 07/20/2024 | Foster, JoAnna | / | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | \mathbf{I} | | · |
| | | | | | |
| | | | | | |
| | Sulphur Springs , TX 75482 | | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| Administrativ | 'e | SSISD | | | |
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| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/24 | |
|----------------------------|---|--|---|------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| | , Kristen C.R. (Ms.) | | 00087741 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 07/04/2024 | Glover , Kristen | | | \$25.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | Lone Oak , TX 75453 | | | |
| 8 Principal occu Pastor | upation / Job title (See Instructions) | 9 Employer (See Instructions Unite Methodist Church | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 08/27/2024 | Goodwin, Vikki | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | Austin , TX 78739 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Real Estate | | Self; Goodwin & Goodw | 1 | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 07/15/2024 | HOOVER, Kimberly | | | \$10.00 |
| Princinal occu | Greenville , TX 75401 upation / Job title (See Instructions) | Employer (See Instructions | c) | |
| Clerk | | City | ») | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/18/2024 | Henderson, Jana | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | Cumby , TX 75433 | | | |
| Not Employe | upation / Job title (See Instructions) ed | Employer (See Instructions Not Employed | s) | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 07/11/2024 | Hunt County Democratic Party | | \$ | \$3,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | Greenviile, TX 75401 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/24 | |
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| 2 FILER NAME | | : | 3 Filer ID (Ethics Commission | Filers) |
| Washington | , Kristen C.R. (Ms.) | | 00087741 | |
| 4 Date 08/09/2024 | 5 Full name of contributor out-of-state PAC (ID#: Jackson, Lisa 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) | \$66.00 |
| | Royse City, TX 75189 | | | |
| 8 Principal occu Not Employe | upation / Job title (See Instructions) ed | 9 Employer (See Instructions) Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/17/2024 | James-DeHaan, Susan | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| I | Greenville, TX 75402 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) | | |
| Nurse | | Vera whole Health | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/05/2024 | Jayroe, Cathy | | | \$50.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Commerce, TX 75428 | | | |
| Principal occu Editor | Commerce, TX 75428 upation / Job title (See Instructions) | Employer (See Instructions) L3 Harris Technologies | | |
| | | L3 Harris Technologies | Amount of Contribution (\$) | |
| Editor | upation / Job title (See Instructions) | L3 Harris Technologies | | \$25.00 |
| Editor Date | pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: | L3 Harris Technologies | | \$25.00 |
| Editor Date 09/15/2024 | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johnson, Travers Contributor address; City; State; Zip Code Austin , TX 78745 | L3 Harris Technologies | Amount of Contribution (\$) | \$25.00 |
| Editor Date 09/15/2024 | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: | L3 Harris Technologies | Amount of Contribution (\$) | \$25.00 |
| Editor Date 09/15/2024 Principal occu | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johnson, Travers Contributor address; City; State; Zip Code Austin , TX 78745 | L3 Harris Technologies) | Amount of Contribution (\$) | \$25.00 |
| Editor Date 09/15/2024 Principal occu Editor | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: | L3 Harris Technologies) | Amount of Contribution (\$) | \$25.00 |
| Editor Date 09/15/2024 Principal occu Editor Date | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johnson, Travers Contributor address; City; State; Zip Code Austin , TX 78745 upation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Jones , Karon Contributor address; City; State; Zip Code | L3 Harris Technologies) | Amount of Contribution (\$) | |
| Editor Date 09/15/2024 Principal occu Editor Date | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johnson, Travers Contributor address; City; State; Zip Code Austin , TX 78745 Ipation / Job title (See Instructions) Full name of contributor Ipation / Job title (See Instructions) Full name of contributor Jones , Karon | L3 Harris Technologies) | Amount of Contribution (\$) | |
| Editor Date 09/15/2024 Principal occu Editor Date 07/21/2024 | Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Johnson, Travers Contributor address; City; State; Zip Code Austin , TX 78745 upation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Jones , Karon Contributor address; City; State; Zip Code | L3 Harris Technologies) | Amount of Contribution (\$) Amount of Contribution (\$) | |

| SCHEDULE | A1 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/24 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Washington. | , Kristen C.R. (Ms.) | | 00087741 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 08/21/2024 | Jones , Karon | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Point , TX 75472 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| Teacher | | GISD | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/21/2024 | Jones , Karon | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Point , TX 75472 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ۲ ۵) |
| Teacher | | GISD | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 08/09/2024 | Kenneybrew, Hermonica | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Balch Springs , TX 75180 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Not Employe | эd | Not Employed | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 08/28/2024 | Krantz , Catherine | | \$25.00 |
| | Contributor address; City; State; Zip Code | | |
| | - | | |
| | | | |
| | Emory , TX 75440 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | ;) |
| Broadband S | Solutions Manager | Connective Nation | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/14/2024 | Kweller , Home Lake | | \$25.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Greenville, TX 75402 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Physician | | Self | |
| | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/24 | | | |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Washington, | , Kristen C.R. (Ms.) | | 00087741 | | | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | | | |
| | 09/14/2024 | Layton, Shirley | | \$50.00 | | | |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Tyler, TX 75713 | - | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | | |
| | Not Employe | ed | Not Employed | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | | | |
| | 08/28/2024 | Linden , Greg | | \$75.00 | | | |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Oakland , CA 94602 | | | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instruction | | | 5) | | | |
| | Rearcher | Rearcher UC Berkely School of I | | usiness | | | |
| | Date | Date Full name of contributor out-of-state PAC (ID#:) | | Amount of Contribution (\$) | | | |
| | 09/05/2024 | | | \$100.00 | | | |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Greenville , TX 75401 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | • | | | |
| | Administrato | r | McConnnell Orthopedic | Clini | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | | | |
| | 08/28/2024 | Meyer III, Fred | | \$25.00 | | | |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Sherman , TX 75092 | | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| | not employe | d | not employed | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | | | |
| | 09/15/2024 | Mills, Anne | | \$50.00 | | | |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Commerce, TX 75428 | | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| L | Not Employe | ed | Not Employed | | | | |
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| I | | | | | | | |

| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 8/15 Rpt: 11/24 | |
|---|--|---|---|------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |) |
| Washington, | Kristen C.R. (Ms.) | | 00087741 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 07/14/2024 | Nelson, Ann | | \$100 |).00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Wills Point , TX 75169 | | | |
| Principal occur | pation / Job title (See Instructions) | 9 Employer (See Instructions) | <u> </u> | |
| Not Employe | | Not Employed | 1 | |
| Date | Full name of contributor out-of-state PAC (ID#: | ····· | Amount of Contribution (\$) | |
| 08/29/2024 | Nelson, Ann | / | | 00 ו |
| 00/20/202 . | Contributor address; City; State; Zip Code | | +=•• | /.00 |
| | Contributor address, City, State, Zip Code | | | |
| | | | | |
| | Wills Point , TX 75169 | | | |
| Principal occur | Principal occupation / Job title (See Instructions) Employer (See Instructions) | |) | |
| Not Employe | Not Employed Not Employed Date Full name of contributor Out-of-state PAC (ID#:) | | | |
| Date | | | Amount of Contribution (\$) | |
| 08/28/2024 | 08/28/2024 Nicholls, Rosalie | | \$50 | 0.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78748 | | | |
| | Austin, TX 78748 | | | |
| Principal occur | Austin, TX 78748 pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Principal occup Not Employe | pation / Job title (See Instructions) | Employer (See Instructions) Not Employed |) | |
| | pation / Job title (See Instructions) | |) Amount of Contribution (\$) | |
| Not Employe | pation / Job title (See Instructions) d | | Amount of Contribution (\$) | 5.00 |
| Not Employe | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) | 5.00 |
| Not Employe | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#:_ Nieman , Bobby | | Amount of Contribution (\$) | 5.00 |
| Not Employe | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#:_ Nieman , Bobby Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | 5.00 |
| Not Employe Date 07/17/2024 | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#:_ Nieman , Bobby Contributor address; City; State; Zip Code Quinlan , TX 75474 | Not Employed | Amount of Contribution (\$) \$25 | 5.00 |
| Not Employe Date 07/17/2024 Principal occup | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#:_ Nieman , Bobby Contributor address; City; State; Zip Code Quinlan , TX 75474 pation / Job title (See Instructions) | Not Employed | Amount of Contribution (\$) \$25 | 5.00 |
| Not Employe Date 07/17/2024 Principal occup Not Employe | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#: | Not Employed | Amount of Contribution (\$) \$25 | 5.00 |
| Not Employe Date 07/17/2024 Principal occup Not Employe Date | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#: | Not Employed | Amount of Contribution (\$) \$25 | |
| Not Employe Date 07/17/2024 Principal occup Not Employe | pation / Job title (See Instructions) d Full name of contributorout-of-state PAC (ID#: Nieman , Bobby Contributor address; City; State; Zip Code Quinlan , TX 75474 pation / Job title (See Instructions) d Full name of contributorout-of-state PAC (ID#: Nieman , Bobby | Not Employed | Amount of Contribution (\$) \$25 | 5.00 |
| Not Employe Date 07/17/2024 Principal occup Not Employe Date | pation / Job title (See Instructions) d Full name of contributor out-of-state PAC (ID#: | Not Employed | Amount of Contribution (\$) \$25 | |
| Not Employe Date 07/17/2024 Principal occup Not Employe Date | pation / Job title (See Instructions) d Full name of contributorout-of-state PAC (ID#: Nieman , Bobby Contributor address; City; State; Zip Code Quinlan , TX 75474 pation / Job title (See Instructions) d Full name of contributorout-of-state PAC (ID#: Nieman , Bobby | Not Employed | Amount of Contribution (\$) \$25 | |
| Not Employe Date 07/17/2024 Principal occup Not Employe Date | pation / Job title (See Instructions) d Full name of contributorout-of-state PAC (ID#: Nieman , Bobby Contributor address; City; State; Zip Code Quinlan , TX 75474 pation / Job title (See Instructions) d Full name of contributorout-of-state PAC (ID#: Nieman , Bobby | Not Employed | Amount of Contribution (\$) \$25 | |
| Not Employe Date 07/17/2024 Principal occup Not Employe Date 08/17/2024 | pation / Job title (See Instructions) d Full name of contributor | Not Employed | Amount of Contribution (\$) \$25) Amount of Contribution (\$) \$25 | |

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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/24 | |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| | | Kristen C.R. (Ms.) | | 00087741 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| | 09/17/2024 | Nieman , Bobby | | \$2 | 25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Quinlan , TX 75474 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 8) | |
| | Not Employe | ed | Not Employed | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 08/29/2024 | Nieman , Tommie | / | | 0.00 |
| | | | | | |
| | | Contributor address, City, State, Zip Code | | | |
| | | | | | |
| | Quinlan, TX 75474 | | | | |
| \vdash | Principal occupation / Job title (See Instructions) Employer (See Instruction | | | 5) | |
| | Not Employed Not Employed | | | , | |
| ⊨ | | | Amount of Contribution (\$) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/31/2024 Ojeda , Kathy | | Amount of Contribution (\$) | | |
| | 08/31/2024 | | | \$2 | 25.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Marritt Island EL 220E2 | | | | |
| ⊢ | Merritt Island , FL 32952 | | | | |
| | Not Employe | Principal occupation / Job title (See Instructions) Employer (See Instruction | | >) | |
| | | | Not Employed | 1 | |
| | Date | |) | Amount of Contribution (\$) | |
| | 08/30/2024 | Overton, David | | \$10 | 00.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | | |
| | | | | | |
| | | Austin , TX 78723 | - | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | | |
| | Partner | | Opus Faveo Innovation | Development | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 09/26/2024 | Overton, David | | \$10 | 00.00 |
| | | Contributor address; City; State; Zip Code | | • | |
| | | | | | |
| | | | | | |
| | | Austin , TX 78723 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Partner | | Opus Faveo Innovation | Development | |
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| The Instruction G | uide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/24 | |
|--|--|--|---|------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | n Filers) |
| Washington, Kristen | C.R. (Ms.) | | 00087741 | |
| 07/03/2024 Ows | name of contributor out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) | \$5.00 |
| | enville, TX 75402 | | | |
| 8 Principal occupation / J History Professor | ob title (See Instructions) | 9 Employer (See Instructions) Paris JC/ Greyson Colle | | |
| Date Full r | name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 08/03/2024 Ows | sley, James | | | \$5.00 |
| | ributor address; City; State; Zip Code enville, TX 75402 | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | | | <u> </u> | |
| | History Professor Paris JC/ Greyson Col | | | |
| | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/03/2024 Owsley, James | | Amount of Contribution (\$) | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| Gree | enville, TX 75402 | | | |
| | ob title (See Instructions) | Employer (See Instructions) | | |
| | | | | |
| History Professor | | Paris JC/ Greyson Colle | | |
| Date Full r | name of contributor out-of-state PAC (ID#: | Paris JC/ Greyson Colle | Amount of Contribution (\$) | |
| Date Full r 09/03/2024 Peau | rson, Pamela | Paris JC/ Greyson Colle | Amount of Contribution (\$) | \$1,000.00 |
| Date Full r 09/03/2024 Peau | | Paris JC/ Greyson Colle | Amount of Contribution (\$) | \$1,000.00 |
| Date Full r 09/03/2024 Peau Cont | rson, Pamela | Paris JC/ Greyson Colle | Amount of Contribution (\$) | \$1,000.00 |
| Date Full r 09/03/2024 Peau Cont Aust | rson, Pamela ributor address; City; State; Zip Code | Paris JC/ Greyson Colle | Amount of Contribution (\$) | \$1,000.00 |
| Date Full r 09/03/2024 Peau Cont Principal occupation / J Not Employed Date Full r | ributor address; City; State; Zip Code tin, TX 78702 lob title (See Instructions) name of contributor out-of-state PAC (ID#:) |)) Employer (See Instructions | Amount of Contribution (\$) | |
| Date Full r 09/03/2024 Peau Cont Principal occupation / J Not Employed Date Full r | rson, Pamela ributor address; City; State; Zip Code tin, TX 78702 rob title (See Instructions) |)) Employer (See Instructions | Amount of Contribution (\$) | |
| Date Full r 09/03/2024 Pear Cont Aust Principal occupation / J Not Employed Date Full r 09/14/2024 Rice Cont | ributor address; City; State; Zip Code tin, TX 78702 ob title (See Instructions) name of contributor out-of-state PAC (ID#: |)) Employer (See Instructions | Amount of Contribution (\$) | |
| Date Full r 09/03/2024 Pear Cont Principal occupation / J Not Employed Date Full r 09/14/2024 Rice Cont | ributor address; City; State; Zip Code tin, TX 78702 lob title (See Instructions) name of contributor out-of-state PAC (ID#: e , Conor ributor address; City; State; Zip Code bus Christi , TX 78412 | Employer (See Instructions) Not Employed | Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) | |
| Date Full r 09/03/2024 Pear Cont Aust Principal occupation / J Not Employed Date Full r 09/14/2024 Rice Cont | ributor address; City; State; Zip Code tin, TX 78702 lob title (See Instructions) name of contributor out-of-state PAC (ID#: |)) Employer (See Instructions | Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) | \$1,000.00 |

| The Instru | ction Guide explains how | v to complete this f | form. | | Total pages Schedule A1: Sch: 11/15 Rpt: 14/24 | |
|-------------------|---|-------------------------|------------------------------|-----------------------------|---|-----------|
| 2 FILER NAME | | | | _ | Filer ID (Ethics Commission | n Filers) |
| | , Kristen C.R. (Ms.) | | | | 00087741 | , |
| 4 Date | 5 Full name of contributor | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| 07/18/2024 | Rich, Judy | | | | | \$10.00 |
| | 6 Contributor address; City; S | tate; Zip Code | | 1 | | |
| | | | | | | |
| | Greenville, TX 75401 | | | | | |
| 8 Principal occu | pation / Job title (See Instructions | <u></u> | 9 Employer (See Instructions | <u> </u> | | |
| Not Employe | | <i>'</i>) | Not Employed | , | | |
| Date | Full name of contributor | |) | | Amount of Contribution (\$) | |
| 07/02/2024 | Roberts, Marianne | | / | | | \$40.00 |
| 01102/202 | | | | - | | ψ10.02 |
| | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | |
| | Lone Oak, TX 75453 | | | | | |
| Principal occu | Principal occupation / Job title (See Instructions) Employer (See Instruction | | | <u> </u> | | |
| Not employe | | , | Not employed | | | |
| Date | Date Full name of contributor out-of-state PAC (ID#:) | | Π | Amount of Contribution (\$) | | |
| 08/02/2024 | | | | , uncom cr. 221 | \$40.00 | |
| 1 | Contributor address; City; State; Zip Code | | • | | - | |
| | | | | | | |
| | | | | | | |
| | Lone Oak, TX 75453 | | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Employer (See Instructions | 3) | | |
| Not employe | :d | | Not employed | | | |
| Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| 08/27/2024 | Roberts, Marianne | | | | | \$100.00 |
| | Contributor address; City; S | State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | Lone Oak, TX 75453 | | | Ĺ | | |
| | pation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | |
| Not employe | | | Not employed | <u> </u> | | |
| Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| 08/28/2024 | Rothstein, Tracy | | | | | \$10.00 |
| | Contributor address; City; S | tate; Zip Code | | | | |
| | | | | | | |
| | Conto roca boach EL 22 | 450 | | | | |
| Duin singly again | Santa rosa beach, FL 324 | | | Ĺ | | |
| | pation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | |
| Not Employe | a | | Not Employed | | | |
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| | The Instru | ction Guide explains how to complete this f | form. | | Total pages Schedule A1: Sch: 12/15 Rpt: 15/24 | |
|----------|---|---|------------------------------|----------|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Washington, | , Kristen C.R. (Ms.) | | I | 00087741 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/10/2024 | Schnoonover, Ruth | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Spring , TX 77380 | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ;d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 07/28/2024 | Shipp, Steve and Teena | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Greenville , TX 75402 | | | | |
| | Principal occupation / Job title (See Instructions) Employer (See Instruction | | | 5) | | |
| | Attorney | | Self | | | |
| Γ | Date | |) | | Amount of Contribution (\$) | |
| | 08/28/2024 Sims, Delaina | | | | \$20.00 | |
| | Contributor address; City; State; Zip Code | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | Wills Point , TX 75169 | | | | |
| | - | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | 1 | Not Employed | | | |
| | Date | |) | ľ | Amount of Contribution (\$) | |
| | 07/31/2024 | Skinner, William | |] | | \$50.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | Torroll TV 75160 | | | | |
| \vdash | Dringing ogg | Terrell, TX 75160 | | <u> </u> | | |
| | Noy Employ | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | ' | Amount of Contribution (\$) | ÷10.00 |
| | 07/20/2024 | Stewart, Aaron | |] | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Dallas TV 75910 | | | | |
| \vdash | Drinsipal apou | Dallas, TX 75218 | | -> | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Specialist | | Vistra Corp | | | |
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| The Instruc | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/24 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | ı Filers) |
| | Kristen C.R. (Ms.) | | 00087741 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 Amount of Contribution (\$) | |
| 07/18/2024 | Stewart, Christopher | | | \$50.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78739 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | |
| Not Employe | | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) | |
| 08/28/2024 | Stewart, Susan | · | | \$100.00 |
| | | | | + |
| | Continuitor address, City, State, Zip Code | | | |
| | | | | |
| | Pflugerville, TX 78660 | | | |
| Principal occu | pation / Job title (See Instructions) |) | | |
| Not Employe | d | Not Employed | | |
| Date | Date Full name of contributor out-of-state PAC (ID#:) | | Amount of Contribution (\$) | |
| 08/10/2024 | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Lancaster, TX 75146 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Not Employe | :d | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) | |
| 08/05/2024 | Walton, Antoinette | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Mansfield , TX 76063 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Collections N | /lanager | Drivetime | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 09/05/2024 | Walton , Antoinette | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Mansfield , TX 76063 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions) |) | |
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| 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 F 00087741 4 Date 08/12/2024 5 Full name of contributor or out-of-state PAC (D#: | 7/24 ommission Filers) tion (\$) \$54.36 | Sch: 14/15 Rpt: 17/24 Filer ID (Ethics Commission 00087741 Amount of Contribution (\$) Aptist Church | form. 3 | Kristen C.R. (Ms.) 5 Full name of contributor out-of-state PAC Washington, Kristen 6 Contributor address; City; State; Zip Code Greenville, TX 75401 pation / Job title (See Instructions) | 2 FILER NAME Washington, 4 Date 08/12/2024 8 Principal occup minister | |
|---|---|--|--|---|---|--|
| Washington, Kristen C.R. (Ms.) 00087741 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 08/12/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Principal occupation / Job title (See Instructions) minister 9 Employer (See Instructions) Bethlehem Missionary Baptist Church Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) minister Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) minister Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) minister Employer (See Instructions) Bethlehem Missionary Baptist Church | tion (\$) \$54.36 tion (\$) | 00087741 7 Amount of Contribution (\$) aptist Church | 9 Employer (See Instructions) Bethlehem Missionary Ba | 5 Full name of contributor out-of-state PAC Washington, Kristen 6 Contributor address; City; State; Zip Code Greenville, TX 75401 pation / Job title (See Instructions) | Washington, 4 Date 08/12/2024 8 Principal occup minister | |
| Washington, Kristen C.R. (Ms.) 00087741 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 08/12/2024 Greenville, TX 75401 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Principal occuration / Job title (See Instructions) minister 9 Employer (See Instructions) Bethlehem Missionary Bethlehem | tion (\$) \$54.36 tion (\$) | 00087741 7 Amount of Contribution (\$) aptist Church | 9 Employer (See Instructions) Bethlehem Missionary Ba | 5 Full name of contributor out-of-state PAC Washington, Kristen 6 Contributor address; City; State; Zip Code Greenville, TX 75401 pation / Job title (See Instructions) | 4 Date 08/12/2024 8 Principal occup minister | |
| 08/12/2024 Washington, Kristen 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 Greenville, TX 75401 8 Principal occupation / Job title (See Instructions) minister 9 Employer (See Instructions) Bethlehem Missionary Baptist Church Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) minister Contributor address; City; State; Zip Code Employer (See Instructions) Bethlehem Missionary Baptist Church Principal occupation / Job title (See Instructions) minister Employer (See Instructions) Bethlehem Missionary Baptist Church | \$54.36 tion (\$) | aptist Church | 9 Employer (See Instructions) Bethlehem Missionary Ba | Washington, Kristen 6 Contributor address; City; State; Zip Code Greenville, TX 75401 pation / Job title (See Instructions) | 08/12/2024 8 Principal occup minister | |
| | tion (\$) | - | 9 Employer (See Instructions) Bethlehem Missionary Ba | 6 Contributor address; City; State; Zip Code Greenville, TX 75401 pation / Job title (See Instructions) | 8 Principal occup minister | |
| 6 Contributor address; City; State; Zip Code Greenville, TX 75401 8 Principal occupation / Job title (See Instructions) minister Date Full name of contributor out-of-state PAC (ID#:) Washington, Kristen Contributor address; City; State; Zip Code Washington, Kristen Contributor address; City; State; Zip Code Greenville, TX 75401 Principal occupation / Job title (See Instructions) minister Principal occupation / Job title (See Instructions) minister | | - | 9 Employer (See Instructions) Bethlehem Missionary Ba | 6 Contributor address; City; State; Zip Code Greenville, TX 75401 pation / Job title (See Instructions) | 8 Principal occup minister | |
| 8 Principal occupation / Job title (See Instructions) minister 9 Employer (See Instructions) Bethlehem Missionary Baptist Church Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Amount of Contribution (\$) Greenville, TX 75401 Employer (See Instructions) Bethlehem Missionary Baptist Church Employer (See Instructions) Bethlehem Missionary Baptist Church | | - | Bethlehem Missionary Ba | pation / Job title (See Instructions) | minister | |
| 8 Principal occupation / Job title (See Instructions) minister 9 Employer (See Instructions) Bethlehem Missionary Baptist Church Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Amount of Contribution (\$) Greenville, TX 75401 Employer (See Instructions) Bethlehem Missionary Baptist Church Employer (See Instructions) Bethlehem Missionary Baptist Church | | - | Bethlehem Missionary Ba | pation / Job title (See Instructions) | minister | |
| 8 Principal occupation / Job title (See Instructions) minister 9 Employer (See Instructions) Bethlehem Missionary Baptist Church Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Amount of Contribution (\$) Greenville, TX 75401 Employer (See Instructions) Bethlehem Missionary Baptist Church Employer (See Instructions) Bethlehem Missionary Baptist Church | | - | Bethlehem Missionary Ba | pation / Job title (See Instructions) | minister | |
| minister Bethlehem Missionary Baptist Church Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Greenville, TX 75401 Employer (See Instructions) minister Bethlehem Missionary Baptist Church | | - | Bethlehem Missionary Ba | | minister | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Amount of Contribution (\$) Greenville, TX 75401 Greenville, TX 75401 Employer (See Instructions) minister Bethlehem Missionary Baptist Church | | - |) | Full name of contributor out-of-state PAC | | |
| 08/24/2024 Washington, Kristen Contributor address; City; State; Zip Code Greenville, TX 75401 Principal occupation / Job title (See Instructions) minister Employer (See Instructions) Bethlehem Missionary Baptist Church | | Amount of Contribution (\$) | | Full name of contributor out-of-state PAC | | |
| Contributor address; City; State; Zip Code Greenville, TX 75401 Principal occupation / Job title (See Instructions) minister Employer (See Instructions) Bethlehem Missionary Baptist Church | \$23.00 | | | | | |
| Greenville, TX 75401 Principal occupation / Job title (See Instructions) minister Employer (See Instructions) Bethlehem Missionary Baptist Church | | | | - | 08/24/2024 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) minister Bethlehem Missionary Baptist Church | | | | Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) minister Bethlehem Missionary Baptist Church | | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) minister Bethlehem Missionary Baptist Church | | | Greenville TX 75401 | | | |
| minister Bethlehem Missionary Baptist Church | | | Employer (See Instructions) | | | |
| | | antist Church | | | | |
| Date Full hame of contributor [] out-or-state PAC (ID#:) Amount of contribution (φ) | +ian (t) | | | | | |
| 09/05/2024 Wooldridge Sandra | uon (\$) \$100.00 | | ·) | 9/05/2024 Wooldridge , Sandra | | |
| | Ψ±00.00 | | | | 03/03/2027 | |
| Continuation address, City, State, Zip Code | | | Contributor address; City; State; Zip Code | | | |
| | | | | | | |
| Greenville, TX 75401 | | | | Greenville , TX 75401 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | Employer (See Instructions) | | | |
| Not Employed Not Employed | | | Not Employed | d | Not Employee | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | tion (\$) | Amount of Contribution (\$) | · :) | Full name of contributor out-of-state PAC | Date | |
| 08/26/2024 Zvanut, Bettina | \$25.00 | | | Zvanut, Bettina | | |
| Contributor address; City; State; Zip Code | \$25.00 | | | | 08/26/2024 | |
| | φ25.00 | | | | 08/26/2024 | |
| | \$23.00 | | | | 08/26/2024 | |
| | φ23.00 | | | Contributor address; City; State; Zip Code | 08/26/2024 | |
| | φ23.00 | | | Contributor address; City; State; Zip Code Commerce, TX 75428 | | |
| Commence and the line of the second | φ23.00 | | Employer (See Instructions) | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) | Principal occup | |
| | | | | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist | Principal occup | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC | Principal occur Historian/Arc Date | |
| | | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC | Principal occur Historian/Arc Date | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC Zvanut, David | Principal occur Historian/Arc Date | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Zvanut, David | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC Zvanut, David | Principal occur Historian/Arc Date | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Zvanut, David Contributor address; City; State; Zip Code | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC Zvanut, David Contributor address; City; State; Zip Code | Principal occur Historian/Arc Date | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Zvanut, David Contributor address; City; State; Zip Code Amount of Contribution (\$) Commerce, TX 75428 Commerce, TX 75428 Commerce, TX 75428 | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC Zvanut, David Contributor address; City; State; Zip Code Commerce, TX 75428 | Principal occup Historian/Arcl Date 07/10/2024 | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Zvanut, David Contributor address; City; State; Zip Code Amount of Contribution (\$) Commerce, TX 75428 Commerce, TX 75428 Employer (See Instructions) | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC Zvanut, David Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) | Principal occup Historian/Arcl Date 07/10/2024 Principal occup | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2024 Zvanut, David Contributor address; City; State; Zip Code Amount of Contribution (\$) Commerce, TX 75428 Commerce, TX 75428 Commerce, TX 75428 | tion (\$) | | Employer (See Instructions) Commerce Public Library | Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) chivist Full name of contributor out-of-state PAC Zvanut, David Contributor address; City; State; Zip Code Commerce, TX 75428 pation / Job title (See Instructions) | Principal occup Historian/Arcl Date 07/10/2024 Principal occup | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/24 | | |
|--|--------------------|---|----------------------------|---|--|--|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Washington | , Kristen C.R. (Ms.) | | | 00087741 | |
| 4 | TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | |
| 5 | Date 08/20/2024 | 6 Full name of contributor out-of-state PAC (ID#: Blue Horizon Texas PAC 7 Contributor address; City; State; Zip Code |) | 8 | Amount of contribution (\$) 9 In-kind contribution (\$) 0 Strategy session, endorsement, social media, email promotion | |
| | | Austin , TX 78278 | | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON | -JU | IDICIAL) (See instructions) | | |
| 12 | Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FC | DR JUDICIAL) (See instructions) | |
| 14 | Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's | spouse (if any) (FOR JUDICIAL) | |
| 16 | If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| _ | Sch: 1/5 Rpt: 20/24 | Washington, Kristen C.R. (Ms.) | 00087741 |
| 4 | Date 08/14/2024 | Payee name Anderson , William | |
| 6 | Amount (\$) \$200.00 | Payee address; City; State; Zip Code 5200 Private Road 1162 Farmersville, TX 75442 Farmersville, TX 75442 | |
| 8 | PURPOSE OF EXPENDITURE | | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense :aff |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/17/2024 | Daisy Chain Inc | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1399 Ulster Ave #104 Kingston, NY 12401 | |
| | PURPOSE OF EXPENDITURE | b) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if trave Check if Austi Check if Austi | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Account - Monthly Subscription (Small) |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/09/2024 | Daisy Chain Inc | |
| | Amount (\$) \$23.50 | Payee address;City;State;Zip Code1399 Ulster Ave #104 | |
| | | Kingston, NY 12401 | |
| | PURPOSE OF EXPENDITURE | | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense FEES |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Offi/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 2/5 Rpt: 21/24 | Washington, Kristen C.R. (Ms.) | 00087741 | | | | |
| 4 | Date | Payee name | | | | | |
| | 09/17/2024 | Dollar Tree | | | | | |
| 6 | Amount (\$) \$26.42 | 7 Payee address; City; State; Zip Code 4103 Wesley St Greenville , TX 75401 | | | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Event Expense Check if travel of Check if Austin, napkin, paper | Check if travel outside of Texas. Complete Schedule T. 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/OF | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date | Payee name | | | | | |
| | 07/01/2024 | GoDaddy Website | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$21.99 | 2155 E. GoDaddy Way Tempe, AZ 85284 | | | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense ear +.com Domain Renewal | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Office held | | | | | |
| | Date | Payee name | | | | | |
| | 07/01/2024 | GoDaddy Website | | | | | |
| | Amount (\$) \$12.99 | | | | | | |
| | | Tempe, AZ 85284 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense Protection | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|-------------------------------------|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 3/5 Rpt: 22/24 | Washington, Kristen C.R. (Ms.) | 00087741 | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 07/19/2024 | GoDaddy Website | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$9.50 | 2155 E. GoDaddy Way | | | | | |
| | | | | | | | |
| | | Tempe, AZ 85284 | | | | | |
| 8 | PURPOSE | · · · · · · · · · · · · · · · · · · · | | | | | |
| 0 | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | putside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | TX, officeholder living expense | | | | |
| | | Website & Ma | arket Monthly Renewal | | | | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 08/19/2024 | GoDaddy Website | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$9.50 2155 E. GoDaddy Way | | | | | | |
| | | Tempe, AZ 85284 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense arketing Renewal | | | | |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 09/19/2024 GoDaddy Website | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| | \$9.50 2155 E. GoDaddy Way | | | | | | |
| | Tempe, AZ 85284 | | | | | | |
| PURPOSE OF EXPENDITURE | | | outside of Texas. Complete Schedule T. TX, officeholder living expense arketing Renewal | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|-------------------------------------|---|---|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 4/5 Rpt: 23/24 | Washington, Kristen C.R. (Ms.) | 00087741 | | | |
| 4 | Date 09/04/2024 | 5 Payee name North Compass Political LLC | | | | |
| 6 | Amount (\$) \$483.91 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 5000 Union Printed Push cards | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 09/09/2024 | USPS | | | | |
| | Amount (\$) \$73.00 | Payee address; City; State; Zip Code 2600 WESLEY ST GREENVILLE, TX 75401-9994 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 09/11/2024 | USPS | | | | |
| | Amount (\$) \$151.98 | Payee address; City; State; Zip Code 2600 WESLEY ST | | | | |
| | | GREENVILLE, TX 75401-9994 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense NPS | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - I Committee | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | |
|------------------------------|---|---|--|-----------|-----------------|---|---|-----------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | ИЕ | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 5/5 Rpt: 24/24 | | on, Kristen C.R. (Ms. |) | | | | 00087741 | |
| 4 | Date | 5 Payee nam | 1e | | | | I | | |
| | 09/17/2024 | walmart | | | | | | | |
| 6 | Amount (\$) \$30.12 | 7 Payee add 4715 Wes Greenville | | State; Zi | p Code | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fruit Tray, Veg Tray x Postcard writing event | | | | | expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | fficeholder name | Office | e sough | t | | Office he | eld |
| | Date | Payee nam | 10 | | | | | | |
| | 09/17/2024 | walmart | | | | | | | |
| | Amount (\$) \$24.31 | | sley St e , TX 75401 | State; Zi | - | | | | |
| PURPOSE OF EXPENDITURE | | | | | Check if travel | n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ea and lemonade | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | officeholder name | Office | e sough | t | | Office he | ld |
| | | | | | | | | | |