CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00088421		2 Total pages f	iled: 19
3 CANDIDATE / OFFICEHOLDER		-IRST Makala L.		MI	OFFICE	USE ONLY
NAME	·	vianaia E.			Date Received ELECTRONIC	ALLY FILED
		AST Washington		SUFFIX	10/07/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	163 Town Pl.					•
ADDRESS	Suite 162				Receipt #	Amount
Change of Address	Fairview, TX 75069				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	Ms. N	1akala L.				
	NICKNAME L	 AST		SUFFIX		
	v	Vashington				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP	T / SUITE #; CITY	; ST.	ATE; ZIP CODE
TREASURER ADDRESS	301 N. Greenville Ave.	•				
(Residence or Business)	#93					
(Residefice of Busiless)	Allen, TX 75002					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(469) 301-0225					
8 REPORT TYPE	January 15	30th day before	election	Runoff 	15th day after ca	ampaign treasurer
					appointment (off	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year		D011011	Month Day	Year	
COVERED	07/01/2024	IH	ROUGH	09/26/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11/05/2024		imary	Runoff	Other	
	11/00/2021	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
				State Represen	tative District 67	
	1			1		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Washington, Makala	L.	14 Filer ID (00088421	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made without d officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Leii ie			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
	IS)	\$ 2,681.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 745.40	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,681.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 6,233.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 3,323.25
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
			kala L. Washington of Candidate or Officehol	der
AFFIVAIO	TARY (TAMP / 05AL AR			
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
		aid	, this the	day
01	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 19			
18 FILER N	AME gton, Makala L.	19 Filer ID 00088421	(Ethics Commi	ssion Filers)			
	JLE SUBTOTALS OF SCHEDULE		SUBTOTA	AL AMOUNT			
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,431.00						
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	2,357.64			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,323.25			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10. X	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	1.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$				
			•				

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/19	
2	FILER NAME Washington,	Makala L.			3	Filer ID (Ethics Commission 00088421	n Filers)
4	Date 09/21/2024	Bennett, David 6 Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	McKinney, TX 75071 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:) 07/10/2024 Casavant, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	5	Plano, TX 75075-4009			Ĺ		
	Principal occup	pation / Job title (See Instructions) ager		Employer (See Instructions JPMorgan & Chase	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/08/2024 Cryo Boost Allen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Allen, TX 75002					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor ou ou Fitzgerald, Tyron Contributor address; City; State; Zi Allen, TX 75002	p Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/16/2024 Fox, Brian Contributor address; City; State; Zip Code Plano, TX 75023			Amount of Contribution (\$)	\$25.00		
	Principal occu Medical Billir	pation / Job title (See Instructions)		Employer (See Instructions American Medical Billing		artners LLC	
			1			·	

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/19	
2	FILER NAME Washington,	Makala L.			3	Filer ID (Ethics Commission 00088421	n Filers)
4	Date 08/18/2024	Frietze, Roxanne 6 Contributor address; City; State; Zip C			7	Amount of Contribution (\$)	\$40.00
8	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	9	Employer (See Instructions	:)		
	Not Employe			Not Employed	,		
	Date 07/30/2024	Full name of contributor out-of- Gosewehr, Rocio Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$100.00
		Frisco, TX 75034					
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Snellings Law PLLC	5)		
	Date 07/23/2024	Guiffault, Lisa Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Business Ma			Siemens	,		
	Date 08/23/2024	Guiffault, Lisa Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$10.00
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Business Ma	·		Siemens	,		
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2024 Guiffault, Lisa Contributor address; City; State; Zip Code Allen, TX 75002			Amount of Contribution (\$)	\$10.00		
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Business Ma	nager		Siemens			

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/19	
2	FILER NAME Washington,	Makala L.			3	Filer ID (Ethics Commission 00088421	n Filers)
4	Date 08/22/2024	6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$67.00
8	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)	l g	Employer (See Instructions) 		
Ü	Network Eng			AT&T	')		
	Date Full name of contributor out-of-state PAC (ID#:) 109/25/2024 Hendricks, John Contributor address; City; State; Zip Code Plano, TX 75074			Amount of Contribution (\$)	\$100.00		
	Principal occu	Plano, TX 75074 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Not Employed Not Employed			,			
	Date Full name of contributor out-of-state PAC (ID#:) 08/15/2024 Hunt County Democrats Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Greenville , TX 75401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor Johnson, Bruce Contributor address; City; State Princeton, TX 75407	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Finance	pation / Job title (See Instructions)		Employer (See Instructions US Bank	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 09/04/2024 Johnson, Michael Contributor address; City; State; Zip Code McKinney, TX 75070			Amount of Contribution (\$)	\$200.00		
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Michael Johnson Statefa		1	
				mental someon cutter			

	MONET	ONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/19	
2	FILER NAME Washington,	Makala L.				3	Filer ID (Ethics Commission 00088421	n Filers)
4	Date 07/02/2024	5 Full name of contributor Lemmond, byron6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Katy, TX 77449-7504 pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed			Not Employed			
Date Full name of contributor out-of-state PAC (ID#:) 08/02/2024 Lemmond, byron Contributor address; City; State; Zip Code Katy, TX 77449-7504			Amount of Contribution (\$)	\$5.00				
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	<u>L</u> 5)		
	Not Employed Not Employed							
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Lemmond, byron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7.00			
		Katy, TX 77449-7504						
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/10/2024 M CROSBY, SHEILA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00			
	Principal occu IT Project Mo	Plano, TX 75093 pation / Job title (See Instructions gr	s)		Employer (See Instructions Allstate	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:) 08/04/2024 McKinney Area Democrats Contributor address; City; State; Zip Code McKinney , TX 75070			Amount of Contribution (\$)	\$500.00				
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		
			I					

	MONET	ONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/19			
2	FILER NAME Washington,	Makala L.				3	Filer ID (Ethics Commission 00088421	Filers)		
4	Date 08/27/2024	5 Full name of contributor Merrill, Walter6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$35.00		
		Allen, TX 75002								
8	Principal occu Engineer	pation / Job title (See Instructions	5)	9	Employer (See Instructions KBR	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 07/20/2024 Michel, Liz Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00					
	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions	2)		Employer (See Instructions	=)				
	Not employe		5)		none))				
	Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 Michel, Liz Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00					
		McKinney, TX 75070								
	Principal occu Not employe	pation / Job title (See Instructions d	5)		Employer (See Instructions none	5)				
	Date 09/17/2024	Full name of contributor Nance, Gary Contributor address; City; S Anna, TX 75409	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00		
	Principal occu Realtor	pation / Job title (See Instructions	5)		Employer (See Instructions Keller Williams McKinne					
	Date O9/04/2024 Full name of contributor out-of-state PAC (ID#:) Neason, Bakari Contributor address; City; State; Zip Code Hurst, TX 76054		•	Amount of Contribution (\$)	\$67.00					
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	5)				

	MONET	IONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	rn	n.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/19	
2	FILER NAME Washington,	Makala L.				3	Filer ID (Ethics Commission 00088421	Filers)
4	Date 07/06/2024	 5 Full name of contributor Patterson, Trish 6 Contributor address; City; S Allen, TX 75002 	out-of-state PAC (ID#: tate; Zip Code			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	pation / Job title (See Instructions	5) 9)	Employer (See Instructions	<u> </u> ;)		
	Self employe	ed			Bionic Tax Consulting			
	Date 08/08/2024	Full name of contributor Patterson, Trish Contributor address; City; S)		Amount of Contribution (\$)	\$25.00
	Dringing conu	Allen, TX 75002			Employer (See Instructions	·/-		
	Self employe	pation / Job title (See Instructions ed	s) 		Bionic Tax Consulting)		
	Date 07/24/2024	Full name of contributor Prilliman, Angela Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00
		Fort Worth, TX 76107				Ĺ		
	Entrepreneu	pation / Job title (See Instructions r	5)		Employer (See Instructions Self Employed	5)		
	Date 08/20/2024	Full name of contributor Prilliman, Angela "Heli" Contributor address; City; S Fort Worth, TX 76107					Amount of Contribution (\$)	\$67.00
	Principal occu Entrepreneu	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employed	<u> </u> 		
	Date Full name of contributor out-of-state PAC (ID#:) Rater, James Contributor address; City; State; Zip Code Princeton, TX 75407			Amount of Contribution (\$)	\$25.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions			5)				
	Systems Engineer Independent Financial				Independent Financial			

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/19	
2	FILER NAME Washington,	Makala L.			3	Filer ID (Ethics Commission 00088421	n Filers)
4	Date 09/14/2024	5 Full name of contributor Siegel, Nancy6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$75.00
8	Principal occu	Plano, TX 75023 pation / Job title (See Instructions)	اه	Employer (See Instructions	·)		
0	Not Employe		9	Not Employed	·)		
	Date 08/20/2024	Full name of contributor Solomon, Yemi Contributor address; City; State)		Amount of Contribution (\$)	\$67.00
		Frisco, TX 75034		5 1 (0 1 : "	<u>L</u>		
	Principal occupation / Job title (See Instructions) Entrepreneur Employer (See Instruction Natural Life Frisco			Employer (See Instructions Natural Life Frisco	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/19/2024 Sutka, Jeremy Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$300.00		
		McKinney, TX 75070					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions KJMB Solutions	s)		
	Date 07/18/2024	Full name of contributor Treat, Alena Contributor address; City; State McKinney, TX 75070	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) ud/Teach Superviso & Online Ir	estructor	Employer (See Instructions Upper Iowa University	5)		
Date Full name of contributor out-of-state PAC (ID#:) 08/18/2024 Treat, Alena Contributor address; City; State; Zip Code McKinney, TX 75070			Amount of Contribution (\$)	\$10.00			
		pation / Job title (See Instructions)	estructor	Employer (See Instructions	5)		
	ran unie. St	ud/Teach Superviso & Online In	เรน นับเบเ	Upper Iowa University			

MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
The Instru	action Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/19	
2 FILER NAME Washington			3	Filer ID (Ethics Commission 00088421	n Filers)
4 Date 09/05/2024	 Full name of contributor out-of-state PAC (ID#:_ Waddell, Christopher Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$4.00
· ·	Frisco, TX 75036 upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Walker, Michaela Contributor address; City; State; Zip Code McKinney, TX 75071-6579	not currently employed		Amount of Contribution (\$)	\$67.00
Principal occu Registered I	upation / Job title (See Instructions) Nurse	Employer (See Instructions HCSC	s)		
Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ Wayne, Hattie Contributor address; City; State; Zip Code Dallas, TX 75203)		Amount of Contribution (\$)	\$100.00
Principal occu President	upation / Job title (See Instructions)	Employer (See Instructions Hattie Wayne's Publicat		Relations And Advertisem	nent

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Washington, Makala L. 00088421 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/04/2024 McKinney Area Democrats \$250.00 I text credit 7 Contributor address; City; State; Zip Code McKinney, TX 75070 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 13/19	Washington, Makala L.		00088421
4	Date	5 Payee name		
	09/10/2024	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$169.28	410 Terry Ave N		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign event items
				campaign event items
9	Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office held
ľ	expenditure to benefit C/OI		agiit	Cince Hold
-	Date	Payee name		
	07/01/2024	Artistic Endeavors		
	Amount (\$)	Payee address; City; State; Zip Ci	ode	
	\$193.22	336 Town Place	oue	
	Ψ133.22	330 TOWIT Idee		
		Fairview, TX 75069		
	DUDDOCE		(b)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				campaign merchandise
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office held
	experience to benefit Gree			
	Date	Payee name		
	07/09/2024	Artistic Endeavors		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$225.00	336 Town Place		
		Fairview, TX 75069		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				printing literature
				pintang menatare
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		-	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 2/5 Rpt: 14/19	Washington, Makala L. 00088421			
4	Date	5 Payee name			
	08/15/2024	Chick Fil A			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$25.32	902 McDermott Dr.			
		Allen, TX 75013			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Food for volunteers			
		1 odd for Voldingoro			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/Ol	1			
	Date	Payee name			
	08/15/2024	Dollar Tree			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.73	170 E Stacey Rd Ste 2120			
		Allen, TX 75002			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		items needed for campaign event			
		Rome meddal for eampaign event			
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
⊨	Date	Davida nama			
	07/22/2024	Payee name Extra Storage			
		<u> </u>			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$77.00	820 Greenville Ave			
		Allen, TX 75002			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense storing campaign items/road signs ect.			
		storing campaign items/road signs ect.			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
\vdash					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Cabadula F1:	1						12	Filer ID	(Ethios Commission Filore)	\dashv
	Total pages Schedule F1:							3		(Ethics Commission Filers)	
	Sch: 3/5 Rpt: 15/19		Washington	, макаіа L.					00088421		
4	Date	5	Payee name								
	09/09/2024			owntown McKin	ney						
_	Amount (\$)	-			State; Zip (20do					\dashv
6 Amount (\$) 7 Payee address; City;					State, Zip	Joue					
	\$86.60		207 E. Virgi	nia St.							
			McKinney, 7	TX 75069							
8	PURPOSE	(a)	Category	e Categories listed at th	as top of this ashadula)	(b)	Description				-
	OF	``	Event Expe		ie top of this schedule)	()	:	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Event Exper	130				heck if Austin, TX, officeholder living expense			
							Beverages pu	urc	hased throu	gh event venue	
							establishmen			-	
9	Complete ONLY if direct	<u> </u>	Candidato/Offic	ceholder name	Office s	ought			Office h	ald	_
9	expenditure to benefit C/OI		Sanuluale/Oni	centituel flame	Office S	ougni			Office fi	ciu	
											_
	Date		Payee name								
	09/03/2024		PNC Bank								
	Amount (\$)	H	Payee addres	ss; City;	State: Zip (Code					_
	\$36.00		801 Christia		, ,						
	Ψ00.00		COT CHIISUA	00							
			Philadelphia	ı, PA 19147							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE		Accounting/				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE							Check if Austin, TX, officeholder living expense				
							campaign ba	nk	account fee		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						eld					
expenditure to benefit C/OH											
-	Data	Г	D								=
	Date		Payee name								
	07/10/2024		Poppy's Wir	igs							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$200.00		163 Fountai	n Ct.							
			Fairview, TX	(75069							
	DUDDOGE	(-)				10.3					_
	PURPOSE OF	(a)		e Categories listed at the	ne top of this schedule)	(a)	Description	otoi	do of Toyon Com	nplete Schedule T.	
	EXPENDITURE		Event Exper	ıse			ш		officeholder living	•	
							catering for fu				
							catering for it	ai IU	indiaci everi	•	
											4
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office s	ought			Office h	eld	
L		_									
I											

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 4/5 Rpt: 16/19	Washington, Makala L. 00088421					
4	Date	5 Payee name					
	08/26/2024	Quick Trip					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$40.00	802 W.McDermott Dr.					
		Allen, TX 75013					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense gas for transportation to/from campaign events in the					
		month of August					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	D :	·					
	Date	Payee name					
	07/01/2024	Staples					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$195.48	812 W. McDermott Dr.					
		Allen, TX 75013					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Printing Expense					
		Check if Austin, TX, officeholder living expense					
		campaign printing materials					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	D .						
	Date	Payee name					
	08/15/2024	Target					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$47.61	150 E. Stacy Rd.					
		Suite 2400					
		Allen, TX 75002					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		items needed for campaign event					
	0 1. 0						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	p = 1 2 25 3/01						
L							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Washington, Makala L. 00088421
5 Payee name
Venture X
7 Payee address; City; State; Zip Code
163 Town Pl. Suite 162
Fairview, TX 75069
(a) Category (See Categories listed at the top of this schedule) (b) Description
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
campaign meeting space
Candidate/Officeholder name Office sought Office held

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 18/19 Washington, Makala L. 00088421 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 08/20/2024 **Artistic Endeavors** Amount (\$) Payee address; State; Zip Code City; \$1,873.25 336 Town Place Fairview, TX 75069 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Road Signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/18/2024 **Texas Victory Consulting** Amount (\$) Payee address; City; State; Zip Code \$1,450.00 Boxhill Dr. Houston, TX 77066 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense reaching voters, strategy, ect. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Conf	·	Travel in District Travel Out of Di	
	Credit Card Payment		The Instruction Guide explain	s how to complete th	nis form.		
1	Total pages Schedule H: Sch: 1/1 Rpt: 19/19	2 FILER NAME Washingtor			3	Filer ID 00088421	(Ethics Commission Filers)
4	Date	5 Business nar					
•	07/05/2024	Collin Alred					
6	Amount (\$)	7 Business add	dress; City; Stat	e; Zip Code			
	\$1.00	100 N.Cent	ral Expressway				
		Suite 602					
		Richardson	, TX 75080				
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this s	chedule) (b) Des	scription 🔲	Check if travel outsi	ide of Texas. Complete Schedule T.
	OF EXPENDITURE	Contribution	ns/Donations Made By			Check if Austin, TX	, officeholder living expense
		Candidate/	Officeholder/Political Com	mittee doi	nation		
9	Complete ONLY if direct	Candidate/Off	ceholder name	Office sought		Office he	ald
J	expenditure to benefit C/OF		CENTRICE HATTIE	Omee sought		Office III	Jiu