CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

•	hics Commission Filers)	2 Total pages filed:		OFFICI	E USE ONLY
00087640		6		Date Received	
CANDIDATE /	MS / MRS / MR	FIRST	MI	ELECTRON	ICALLY FILED
OFFICEHOLDER NAME	Mr.	John		12/17/2024	
	NICKNAME	LAST	SUFFIX		
		Washington	III	Date Hand-delivere	ed or Date Postmarked
ORIGINAL	January 15	Runoff	Other (specify)	Date Hand delivere	sa of Bate 1 ostinarica
REPORT TYPE	X July 15	Exceeded modified reporting lin	mit	Receipt #	Amount
	30th day before election	15th day after campaign treasu			
	8th day before election	appointment (officeholder only) Final Report (Attach C/OH-FR)		Date Processed	
ORIGINAL PERIOD	<u> </u>		Day Year	Data Invariant	
COVERED	01/01/2023	TURQUAL	/30/2023	Date Imaged	
EXPLANATION OF			130/2020		
AFFIDAVIT		Louvor or offi	rm under penelty of sec	juny that this saves	oted report is true
AFFIDAVIT		I swear, or affi and correct.	rm, under penalty of per	jury, that this correc	cted report is true
AFFIDAVIT		and correct.		•	cted report is true
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AFFIDAVIT		and correct. Check the box X Semiani	next to any and all appl	icable statements: or affirm that the o	riginal report
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form. 1 Filer ID (Ethics Commission Filers) 00087640			2 Total pages filed: 6			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
OFFICEHOLDER NAME	Mr.	John			Date Received			
						CALLY FILED		
	NICKNAME			CUEFIX	12/17/2024	0, (221 1 1225		
	NICKNAME	LAST		SUFFIX III	12/11/2024			
		Washington		III				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked		
OFFICEHOLDER MAILING	3919 Perrin Central Blvd							
ADDRESS	#811				Receipt #	Amount		
Change of Address	San Antonio, TX 78217				D-4- D			
🗀					Date Processed	Date Processed		
					Date Imaged			
					Date illiaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER	Mr.	John		1411				
NAME	IVII.	John						
	NICKNAME	LAST		SUFFIX				
		Washington		III				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE		
ADDRESS	3919 Perrin Central Blvd.							
(Residence or Business)	#811							
	San Antonio, TX 78217							
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION					
TREASURER								
PHONE	(202) 937-5428							
8 REPORT								
TYPE	January 15	30th day before	election	Runoff \(\bigcup \)	15th day after	campaign treasurer		
		_ coan day solors		L		officeholder only)		
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)		
				reporting innit				
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	01/01/2023	TH	IROUGH	06/30/202	23			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	P	rimary	Runoff	Other			
		XG	eneral	Special				
				Ш				
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT				
	Governor Bexar			Governor	()			
				1				
		GO T	O PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 6

13 C / OH NAME	Washington III, John	(Ethics Commission Fil	lers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. consent. Candidates and	eholder's knowledge or	-		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
—	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		 IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Mr. Jo	ohn Washington III		
	lder				
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath	-

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 6

				4 01 6
18 FILER NAME Washington	(Ethics Commis	sion Filers)		
20 SCHEDULE S	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X S	SCHEDULE E: LOANS		\$	0.00
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X S	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. X S	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00
9. X S	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

PLEC	OGED CONTRIBU	TIONS			SCHEDULE B
The Instruction Guide explains how to complete this form. 2 FILER NAME Washington III, John (Mr.)					Total pages Schedule B: Sch: 1/1 Rpt: 5/6
					3 Filer ID (Ethics Commission Filers) 00087640
4 TOTAL	OF UNITEMIZED PLEDG	SES			\$ 0.0
5 Date	6 Full name of pledgor 7 Pledgor Address;	out-of-state PAC (ID#		_) 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instru	ations)	Taa = 1 (0)]	Check if travel outside of Texas. Complete Schedul
10 Philicipal	occupation / Job title (See Institu	ctions)	11 Employer (See Ins	structi	ons)

	LOANS					S	CHEDULE E	1	
	The Instruction	he Instruction Guide explains how to complete this form.					1 Total pages Schedule E: Sch: 1/1 Rpt: 6/6		
2	FILER NAME Washington III,	John (Mr.)				er ID (Ethics Co	ommission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.0	00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan A	mount (\$)		
6	Is lender a financial institution?	8 Lender address; City	r; State;	Zip Code		10 Interes			
						11 Maturit	y Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)	•			
14	Description of Coll None	lateral		15 Check if personal funds	were dep		al account estructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amoun	t Guaranteed (\$)		
	not applicable	18 Guarantor address; City	r; State;	Zip Code					
20	Principal occupation	I on		21 Employer (See Instructi	ons)				