CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	MR CEDRIC	D	Date Received			
	NICKNAME LAST	SUFFIX	1911			
	WATSC)N	8 6			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ✓ Change of Address	ADDRESS / PO BOX: APT / SUITE #: 33470 FM 1736 HEMPS	CITY, STATE; ZIP CODE TEAD TX 77445	Date Received Waller County Elections Received			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	ons			
OFFICEHOLDER PHONE	(832) 466-7175		Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
NAME	MS PATRICIA	L	Date Processed			
	MOSLEY	SOLLIA	Date Imaged			
- CAMBAIGNI	STREET ADDRESS (NO PO BOX PLEASE); APT	7 / SUITE #: CITY;	STATE: ZIP CODE			
7 CAMPAIGN TREASURER						
ADDRESS 250 WASHINGTON STREET HEMPSTEAD TX 77445 (Residence or Business)						
(11001001100 01 00011000)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 221-9740	EXTENSION				
9 REPORT TYPE	January 15 30th day before	ore election Runoff	15th day after campaign treasurer appointment			
	July 15 Sth day befor	e election Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
	09 / 25 / 20 20	THROUGH 10	24 / 2020			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Prim	Runoff Other Description				
	11 / 03 / 2020 🛱 Gen	eral Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	n)			
		SHERIFF				
	*					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME LORIC J	D. WATSO	V 18	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OF KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages	Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL OF REF	\$ 2523.78				
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	* 0.00				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code Notary Public, State of Texas Comm. Expires 03-03-2024 Notary ID 7804824 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said CEORIC D. WATSON , this the 26th day of Ottober , 20 20 , to certify which, witness my hand and seal of office.						
Faltricia Mosley Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
			-			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME CEDRIC D. WATSON 20 Filer ID (Ethics Con				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$494.79		
6.	3. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CEDRIC D WATSON 4 Date 7 Amount of contribution (\$) ZYPHYR ENTERPRISES LLC City; State; Zip Code 500.00 10/15/2020 6 Contributor address; 22947 PROVINCIAL BLVD KATY TX 77450 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#____ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) City; State: Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ City; State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (extra category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 CEDRIC D WATSON 4 Date 5 Payee name **ACADEMY** 09/26/2020 Zip Code 6 Amount (\$) 7 Payee address; City: State 97.40 HOUSTON TX 77095 290/FM1960 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **EVENT EXPENSE** PROPANE COOKER FOR EVENT PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 09/26/2020 RESTUARANT DEPOT Zip Code Amount (\$) Payee address: City; State 23815 TOMBALL PARKWAY TOMBALL TX 77351 216 64 Category (See Categories listed at the top of this schedule) Description FOOD/BEVERAGE EXPENSE **EVENT EXPENSE** PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/26/2020 JOE V'S FOOD Amount (\$) Payee address: City; State Zip Code 135.75 HOUSTON TX 77092 12009 NW FREEWAY Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME CEDRIC D WATSON		3 Filer ID (Ethi	cs Commission Filers)		
4 Date 10/20/2020	5 Payee name RICHARD MALONE					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
35.00	7100 REGENCY SQ # 289	HOUSTON	TX	77095		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description PUSH CARDS	SFOR ADV	ERTISING		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder livi	ng expense		
Complete ONLY if direct				Office held		
Date	Payee name					
Amount (\$)	Payee address:	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						