CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how f	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USE ONLY		
NAME	MR	CEDRIC	D	Date Received			
	NICKNAME	LAST	SUFFIX				
		WATSON		Waller C	ounty Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE 16521 MATHIS ROAD WALLER, TEXAS 77484			FEB 2 1 2020			
Change of Address					occived .		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION				
OFFICEHOLDER PHONE	(832)	466-7175		Date Hand-delivered	or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
TREASURER NAME	MS NICKNAME	PATRICIA	L	Date Processed			
		MOSLEY	301117	Date Imaged			
7 CAMPAIGN	STREET ADDRESS (N	IO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE;	ZIP CODE		
TREASURER ADDRESS	250 WASHI	NGTON STREET,	HEMPSTEAD,	TX	77445		
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 221-9740	EXTENSION				
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after treasurer app (Officeholder	ointment		
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report ((Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	01/	15 2020	THROUGH 02/	03 / 2020	0		
11 ELECTION	ELECTION DATE	-	ELECTION TYPE				
	Month Day	Year Primary	Runoff Other				
	03 / 03 /	2020 General	Description Special		and labourers and a second		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known))			
			SHERIFF				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 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 COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 100.00				
	Name and the second	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00				
EXPENDITURE TOTALS	3. TOTAL	\$ 0.00					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL F	\$ 100.00					
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	\$ 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. My Commission Expires December 10, 2023 NOTARY ID 13227856-9 Signature of Candidate or Officeholder							
AFFIX NOTARY STAME	P/SEALABOVE	•					
AFFIX NOTARY STAMP/ SEALABOVE							
Sworn to and subscribed before me, by the said CLOVIC D WASON , this the 21							
day of 100000, 2000, to certify which, witness my hand and seal of office.							
McKensie Kelley Notary							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CEDRIC D. WATSON 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 1/31/2020 HERSCHEL SMITH \$100.00 City; State; Zip Code 6 Contributor address; P.O BOX 653 PRAIRIE VIEW TX 77446 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics 0	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$