CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/C COVER SHEET PC	
The C/OH Instruction (Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI MR CEDRIC D	OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX WATSON	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 20661 COCHRAN ROAD HEMPSTEAD TX 77445	Waller Co. Election FEB 2 5 2024	ns
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 466-7175	Date Hand-delivered or Date Postma	ked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$	
NAME	MS PATRICIA L NICKNAME LAST SUFFIX	Date Processed	
	MOSLEY	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 250 WASHINGTON STREET HEMPSTEAD	STATE; ZIP CODE TX 77445	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 826-1241		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR	:)
10 PERIOD COVERED	Month Day Year Month 2 / 26 / 24 THROUGH 3	Day Year / 5 / 24	
11 ELECTION	ELECTION DATE ELECTION TYPE	PE	
	Month Day Year Primary Runoff Cother Description 3 5 24 General Special		
40 055105			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know WALLER COUNTY I	PRECINCT #3 CONSTABLE	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IS	ANDIDATE'S OR OFFICEHOLDER'S KNOWLED	E OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	·	
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME CEDRIC D. WATSON 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 0.00PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 0.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 2.018.03 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0.00BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Cody Signature of Candidate or Officeholder Please complete either option below: PATRICIA LYNN MOSLEY Notary Public, State of Texas (1) Affidavit Comm. Expires 03-03-2024 Notary ID 7804824 NOTARY STAMP/SEAL _ this the 25th day of February Swom to and subscribed before me by Fatricia Mo-20 24 , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration ____, and my date of birth is ____ My name is _ My address is __ (country) (zip code) (street) (city) (state) County, State of _____, on the ___ day of Executed in ____ (month) Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Exp Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME CEDRIC D. WATSON 5 Payee name 4 Date 02/25/2024 HOUSTON SIGNS 6 Amount (\$) 7 Payee address; State; Zip Code City; 77081 2,018.03 Houston TΧ 6121 Hillcroft St t2, Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 CAMPAIGN SIGNS PURPOSE **ADVERTISEMENT** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct CEDRIC D. WATSON WALLER COUNTY PRECINT 3 CONSTABLE expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; State; Zip Code City: Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED