CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	THOMAS	MI Z	OFFICE USE ONLY	
TVAIVILL	NICKNAME 10M	WATT	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT/SUITE #:	STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS /MR	ROBERT	МІ	Receipt #	Amount \$
NAME	NICKNAME	BRANY	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS			SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business) B CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before		treasurer (Officeho	after campaign appointment ider Only) bort (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year /15 / 23	Month	Day Ye	aar 3
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	GRAYSON CO.	13 OFFICE SOUGHT (If known)		
4 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURES.				
COMMITTEE(S) Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 177.60
CONTRIBUTION BALANCE	5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed b	efore me by this the	day of,
20, to certify w	hich, witness my hand and seal of office.	
Signature of officer administering	ng oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR .	
My name in Thomas	15 E. WATT, and my date of birth is/	1.1.58
My name is //HOMI	Dewison TX	, 15020, U.S.A.
Executed in GRAYSUN	(street) (city) (state) County, State of \(\frac{\frac{1}{X}}{\tag{(month)}} \), on the \(\frac{2}{7} \) day of \(\frac{5\infty \infty \tag{(month)}}{\tag{(month)}} \)	(zip code) (country)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19	FILER NAME 7 Homas E. Watt	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 177.60
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	\$

RHY30N CD ELECTIONS 2003 SEP 27 849:26:41

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Total pages Cabadala I	4. 2 EILED NAME	complete this form.	3 Filer ID (Ethics Commission File	
Total pages Schedule F			3 Filer ID (Ethics Commission File	
9 · 6 · 23	5 Payee name BENNET			
Amount (\$) 177.40	Payee address; Sells TX 754/4	. City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION BY OFFECT / TOLDER	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	OH Town Brown Short	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 Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	
ms provided by Texas Et	hics Commission www.ethics.state.tx.u		Revised 11/15/	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this f	form.				
L	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH I	IAME	2 Filer ID (Ethics Commission Filers)				
	7	HOMAS E. WATT					
3	SIGNA						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4	4 FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder						
	A.	CAMPAIGN FUNDS					
	Check only one:						
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B. ASSETS						
	Check only one:						
		I do not retain assets purchased with political contributions or interest or other incor	me from political contributions.				
		I do retain assets purchased with political contributions or interest or other income for that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	ner income from political contributions to				
			Signature of Candidate				
5		FICEHOLDER Complete this section o <i>nly</i> if you are an officeholder ••					
		am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political copolitical contributions or interest or other income from political contributions.	f, after filing the last required report as				