

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ORIGINAL

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs</u>	FIRST <u>Casey</u>	MI <u>L</u>
	NICKNAME	LAST <u>Watson</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: <u>666 Maloma Rd</u>		
	APT / SUITE #: <u>Tool, TX 75143</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(903)</u>		
	PHONE NUMBER <u>222-1227</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs</u>	FIRST <u>Sharon</u>	MI
	NICKNAME	LAST <u>Woods</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>912 Lohainact</u>		
	APT / SUITE #: <u>Tool, TX 75143</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(817)</u>		
	PHONE NUMBER <u>680-5192</u>		
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)		
	☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>8 / 14 / 2026</u> THROUGH <u>10 / 5 / 2026</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 4 / 26</u>		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known) <u>City Council</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ORIGINAL

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 3637. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2184. ³⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1452.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Casey Watson
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Casey Watson, and my date of birth is [REDACTED].
My address is 1111 Maloma Rd Tool, TX 75143
(street) (city) (state) (zip code) (country)

Executed in Henderson County, State of Texas, on the 5th day of October, 2021
(month) (year)

Casey Watson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

ORIGINAL

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Casey Watson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3437.5
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.5
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2184.20
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	\$

MONETARY POLITICAL CONTRIBUTIONS

ORIGINAL

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Watson		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kelly Casey	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 1105 Redbud Arlington TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marsha Goforth	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code Tool TX 75143		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jackye Cortez	Amount of contribution (\$) \$35
Contributor address; City; State; Zip Code 4423 Wheeler GP, TX 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) La Mon Chaney	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1112 Holiday Dr Tool, TX 75143		
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.		

MONETARY POLITICAL CONTRIBUTIONS **ORIGINAL** SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Watson		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Steve Terry	7 Amount of contribution (\$) \$750
6 Contributor address; City; State; Zip Code Dallas TX		
8 Principal occupation / Job title (See Instructions)		9 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 ☐ 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)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS **ORIGINAL** SCHEDULE A1

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2 FILER NAME Casey Watson		3 Filer ID (Ethics Commission Filers)
4 Date 8/21/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sharon Woods	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 912 Lohaina Tool, TX 75143		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/25/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ashley Cook	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code Dallas TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/29/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jacqui Moses	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code Tool, TX 75143		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sarah Britt-Bush	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1710 Pecan Park Arlington, TX 76012		
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.		

MONETARY POLITICAL CONTRIBUTIONS

ORIGINAL

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Watson		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/26	5 Full name of contributor ☐ out-of-state PAC (ID#: Kimberly Burger 6 Contributor address; City; State; Zip Code 2888 FM3206 SFTJ TX 76245	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/20/26	Full name of contributor ☐ out-of-state PAC (ID#: Roberta Watson Contributor address; City; State; Zip Code 6390 Pawnee Colorado Spgs, CO 80915	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/21/26	Full name of contributor ☐ out-of-state PAC (ID#: Cheryl Reiter Contributor address; City; State; Zip Code 8462 Saddleman Peyton, CO 80831	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/21/26	Full name of contributor ☐ out-of-state PAC (ID#: Roy Ahl Contributor address; City; State; Zip Code 1470 Maraza St Eugene, OR 97404	Amount of contribution (\$) \$36
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.		

MONETARY POLITICAL CONTRIBUTIONS

ORIGINAL

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Watson		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lori Gamez	7 Amount of contribution (\$) \$21
6 Contributor address; City; State; Zip Code 111 Carolyn Cir Tool, TX 75143		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/9/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jeri Ward	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 110 Arnez Dr Euler TX 76040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Diann Carroll	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code Tool, TX 75143		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jonathan Bowman	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code 6221 Danbury Dallas, TX 75214		
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

ORIGINAL

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Casey Watson</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>200</i>	
5 Date <i>9/11/2016</i>	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Jacqui Moses</i>	8 Amount of Contribution \$ <i>200</i>	9 In-kind contribution description <i>consulting</i>
7 Contributor address; City; State; Zip Code <i>7001 TX 75143</i>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ORIGINAL

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Casey Watson	3 Filer ID (Ethics Commission Filers)
4 Date 9/25/26	5 Payee name 48 Hour print	
6 Amount (\$) 205.32	7 Payee address: 8000 Haskell Ave City: van Nuys State: CA Zip Code: 91406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing	
	(b) Description flyers	
(c) ☐ Check if individual's residence address. ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> 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 individual's residence address. ☐ 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/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 individual's residence address. ☐ 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/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

ORIGINAL

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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	2 FILER NAME Casey Watson	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/26	5 Payee name U2 Marketing	
6 Amount (\$) 529.98	7 Payee address; City; State; Zip Code 5900 Bingle Rd. Houston, TX 77092 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Bandit signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 9/8/26	Payee name U2 Marketing	
Amount (\$) 740.94	Payee address; City; State; Zip Code 5900 Bingle Rd. Houston, TX 77092 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Bandit signs ! Banner
	☐ 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		
Candidate / Officeholder name Office sought Office held		

Date 9/25/26	Payee name Iron Cotton	
Amount (\$) 707.96	Payee address; City; State; Zip Code 420 S. Seven Points Blvd, Seven Pts, TX 75143 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Shirts
	☐ 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		
Candidate / Officeholder name Office sought Office held		

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