

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <span style="font-size: 1.5em; color: blue;">6</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="color: blue;">(C)</span>	FIRST <span style="font-size: 1.5em; color: blue;">Robert</span> MI <span style="font-size: 1.5em; color: blue;">L</span>	<b>OFFICE USE ONLY</b>  Date Received <span style="font-size: 1.5em; color: blue;">4-27-23</span>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged <span style="font-size: 1.5em; color: blue;">4-28-23</span>
	NICKNAME <span style="font-size: 1.5em; color: blue;">Bobby</span> LAST <span style="font-size: 1.5em; color: blue;">Watson</span> SUFFIX <span style="font-size: 1.5em; color: blue;">Jr.</span>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; color: blue;">410 Spruce St. Fredericksburg TX 78624</span>	
<input type="checkbox"/> Change of Address	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.5em; color: blue;">(830) 456-8190</span>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	MS / MRS / MR <span style="color: blue;">(C)</span>	FIRST <span style="font-size: 1.5em; color: blue;">Stephen</span> MI	
	NICKNAME <span style="font-size: 1.5em; color: blue;">Harris</span> LAST SUFFIX	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; color: blue;">77 Smokehouse Rd Fredericksburg TX 78624</span>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.5em; color: blue;">(830) 998-4647</span>	<b>6 CAMPAIGN TREASURER NAME</b>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<b>9 REPORT TYPE</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	<b>11 ELECTION</b>		
Month      Day      Year <span style="font-size: 1.5em; color: blue;">4 / 7 / 2023</span> THROUGH      Month      Day      Year <span style="font-size: 1.5em; color: blue;">4 / 28 / 2023</span>	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <span style="font-size: 1.5em; color: blue;">5 / 6 / 2023</span> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <span style="font-size: 1.5em; color: blue;">City Council</span>	<b>13 OFFICE SOUGHT (if known)</b> <span style="font-size: 1.5em; color: blue;">City Council</span>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

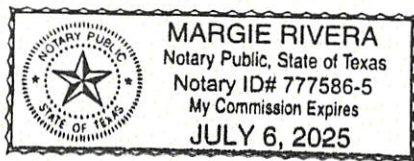
15 C/OH NAME <i>Robert L Watson Jr.</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 826.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5100.00

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.

*Robert L Watson Jr.*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert L. Watson Jr. this the 27 day of April, 2023, to certify which, witness my hand and seal of office.

Margie Rivera                      Margie Rivera                      Notary  
Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> <i>Robert L Watson Jr.</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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	<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>775.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>826.00</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**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: <u>1</u>
2 FILER NAME <u>Robert L Watson Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/12/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mickey Dunn</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>3829 Boot Ranch Circle FBG, TX 78624</u>		
8 Principal occupation / Job title (See Instructions) <u>CEO</u>		9 Employer (See Instructions) <u>ML Industries, Inc.</u>
Date <u>4/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill Johnson</u>	Amount of contribution (\$) <u>75.00</u>
Contributor address; City; State; Zip Code <u>PO Box 2288 Frederickburg TX 78624</u>		
Principal occupation / Job title (See Instructions) <u>Agent</u>		Employer (See Instructions) <u>State Farm</u>
Date <u>4/14/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve McAnally</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>8318 Ranch Rd. 1376 FBG, TX 78624</u>		
Principal occupation / Job title (See Instructions) <u>owner</u>		Employer (See Instructions) <u>Frederickburg Farms</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

# LOANS

# SCHEDULE E

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 E: <u>1</u>
2 FILER NAME <i>Robert L Watson Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>4/25/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Robert L Watson</i>	9 Loan Amount (\$) <i>1000.00</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>410 Spruce St. Fredericksburg Tx 78624</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>0</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# EXPENDITURES MADE BY CREDIT CARD *(debit)* SCHEDULE F4

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

## EXPENDITURE CATEGORIES FOR BOX 10(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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>Robert L Watson Jr</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>826.00</i>
5 Date <i>4/20/23</i>	6 Payee name <i>Fredericksburg Publishing Co.</i>	
7 Amount (\$) <i>826.00</i>	8 Payee address; City; State; Zip Code <i>PO Box 1639 Fredericksburg TX 78624</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Advertising</i>	<i>Ads</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED