

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|  |   |  |  |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed<br><b>5</b>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="radio"/> FIRST<br><b>Tommy</b> E  | MI   | OFFICE USE ONLY<br>Date Received<br><b>Date Filed 7/15/14</b><br>Date Processed<br>Date Imaged |
|  | NICKNAME LAST SUFFIX<br><b>Tom/JR Watson JR</b>   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE<br><b>660 Cantwell Dr<br/>Corpus Christi TX 78408</b>   |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(361) 756 9080</b>   |  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <input checked="" type="radio"/> FIRST<br><b>Tommy</b> E  | MI   |  |
|  | NICKNAME LAST SUFFIX<br><b>Tom/JR Watson JR</b>   |  |  |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)                                     | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE<br><b>Same as Above</b>  |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>( ) Same as Above</b>  |  |  |
| 9 REPORT TYPE  | <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)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |  |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><b>1 / 1 / 2014</b> <b>6 / 31 / 2014</b>   |  |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>11 / 4 / 2014</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>None</b>   | 13 OFFICE SOUGHT (if known)<br><b>City Council<br/>Dist 1</b>  |  |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Tommy E. Watson Jr 15 ACCOUNT # (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 / 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"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |            |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0       |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 500.00  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3880.00 |
| 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                         | \$ 0       |

18 AFFIDAVIT

**MARY ANN PENA**  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. 01-28-2018

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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tommy E. Watson, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Pena  
Signature of officer administering oath

Mary Ann Pena  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A: <u>1</u>                |  |
| 2 FILER NAME<br><u>Tommy E. Watson Jr</u>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><u>2-15-2014</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>Donald Wilkey</u>                         | 7 Amount of contribution (\$)<br><u>500.00</u>    | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>5926 Crooked Creek<br/>Corpus Christi, Tx 78414</u> |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)<br><u>Retired</u>                                |  | 10 Employer (See Instructions)                    |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| 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.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                             |   |  |
|-----------------------------|---|--|
| 1 Total pages Schedule F: 2 | 2 FILER NAME<br><b>Tommy E. Watson JR</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|-----------------------------|---|--|

|                            |                                      |
|----------------------------|--------------------------------------|
| 4 Date<br><b>2-15-2014</b> | 5 Payee name<br><b>Ron Benavides</b> |
|----------------------------|--------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>250.00</b> | 7 Payee address; City; State; Zip Code<br><b>429 Southern<br/>Robstown TX 78412</b> |
|--------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Political Consulting</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                          |                                    |
|--------------------------|------------------------------------|
| Date<br><b>2-21-2014</b> | Payee name<br><b>Ron Benavides</b> |
|--------------------------|------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>250.00</b> | Payee address; City; State; Zip Code<br><b>429 Southern<br/>Robstown TX 78412</b> |
|------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Political Consulting</b> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule G<br><b>1</b>  |
| 2 FILER NAME<br><b>Tommy E. Watson JR</b>  |  | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><b>1-1-2014</b><br><br><b>T/WKly</b><br><br><b>6-31-2014</b>   | 5 Payee name<br><b>Ron. Benavides</b><br>6 Payee address; City; State; Zip Code<br><b>429 Southern<br/>Robstown TX 78412</b><br>7 Purpose of expenditure (See instructions regarding type of information required.)<br><b>Consulting, Political</b><br>(If travel outside of Texas, complete Schedule T) | 8 Amount (\$)<br><br><b>3,380.00</b><br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name<br>.....<br>Payee address; City; State; Zip Code  | Amount (\$)   |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |  | <input type="checkbox"/> Reimbursement from political contributions intended  |
| Date   | Payee name<br>.....<br>Payee address; City; State; Zip Code  | Amount (\$)   |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |  | <input type="checkbox"/> Reimbursement from political contributions intended  |
| Date   | Payee name<br>.....<br>Payee address; City; State; Zip Code  | Amount (\$)   |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |  | <input type="checkbox"/> Reimbursement from political contributions intended  |
| Date   | Payee name<br>.....<br>Payee address; City; State; Zip Code  | Amount (\$)   |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |  | <input type="checkbox"/> Reimbursement from political contributions intended  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED