

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: **10**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr	Joe				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received		
		Watters		JAN 20 2026		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	[REDACTED]					
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or	Date Postmarked	
		[REDACTED]		<i>Marcus Valderrama</i>		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Mr	Ray		Date Processed		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged		
		LeBlanc				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	[REDACTED]					
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION			
		[REDACTED]				
11 ELECTION	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
12 OFFICE	Month	Day	Year	Month	Day	Year
	8	1	25	THROUGH	1	15
13 OFFICE SOUGHT (if known)	ELECTION DATE	ELECTION TYPE				
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<input type="checkbox"/> General	<input type="checkbox"/> Special				
	<p>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.</p>					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

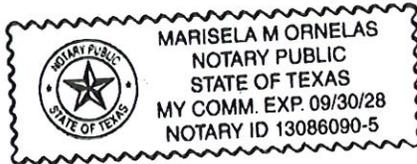
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Joe Watters		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)	\$ 7,298.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,313.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,119.98
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.


Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joe Melvin Watters this the 20 day of January, 2026, to certify which, witness my hand and seal of office.

Maurice M. Dink Marisela M. Ornelas
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****19 FILER NAME**

Joe Watters

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

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 4
2 FILER NAME Joe Watters		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2025	5 Full name of contributor out-of-state PAC (ID# _____) Melody Macha 6 Contributor address; City; State; Zip Code 4241 S FM 4, Palo Pinto TX 76484	7 Amount of contribution (\$) 52.05
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/23/2025	Full name of contributor out-of-state PAC (ID# _____) Robert Hargrove Contributor address; City; State; Zip Code 3307 SCR 1069 Midland TX 79706	Amount of contribution (\$) 520.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor out-of-state PAC (ID# _____) Amanda Davis Contributor address; City; State; Zip Code 5517 Carmel CT, Midland TX 79707	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2025	Full name of contributor out-of-state PAC (ID# _____) Willa Row Contributor address; City; State; Zip Code 4014 Monty, Midland TX 79703	Amount of contribution (\$) 104.10
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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe watters		3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Carlos Lopez <hr/> 6 Contributor address; City; State; Zip Code POB 80261 Midland TX 79707	7 Amount of contribution (\$) 1,041.02
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2025	Full name of contributor out-of-state PAC (ID# _____) Twyla Clutter <hr/> Contributor address; City; State; Zip Code 8502 FM 307, Midland TX 79706	Amount of contribution (\$) 520.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor out-of-state PAC (ID# _____) Cindy Anderson <hr/> Contributor address; City; State; Zip Code 2807 NW 68th st Seattle WA 98117	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor out-of-state PAC (ID# _____) Marci Hembree <hr/> Contributor address; City; State; Zip Code 2401 SCR 1110, Midland TX 79706	Amount of contribution (\$) 104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe Watters		3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Sexton 6 Contributor address; City; State; Zip Code 3617 Michigan, Midland TX 79703	7 Amount of contribution (\$) 104.10
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor out-of-state PAC (ID#: _____) Amanda Luehring Contributor address; City; State; Zip Code 6213 FM 715, Midland TX 79706	Amount of contribution (\$) 52.05
Principal occupation / Job title (See Instructions) oil and gas		Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Reba Watters Contributor address; City; State; Zip Code 2100 Castleford RD, Midland TX 79705	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Alan Thompson Contributor address; City; State; Zip Code 10521 ECR 109, Midland TX 79706	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Self
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Joe Watters		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2025	5 Full name of contributor out-of-state PAC (ID#: _____) John Couch 6 Contributor address; City; State; Zip Code 3001 W Loop 250, Midland TX 79705	7 Amount of contribution (\$) 260.25
8 Principal occupation / Job title (See Instructions) Oil and gas		9 Employer (See Instructions) Blackbeard
Date 11/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Trish Kessler Contributor address; City; State; Zip Code 3408 SCR 1067, Midland TX 79706	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Self
Date 12/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Keith Summerq Contributor address; City; State; Zip Code 2221 SCR 1130, Midland TX 79706	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2026	Full name of contributor out-of-state PAC (ID#: _____) Miss Mayson, LLC Contributor address; City; State; Zip Code 10521 ECR 109, Midland TX 79706	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 3		2 FILER NAME Joe Watters		3 Filer ID (Ethics Commission Filers)	
4 Date 11/22/2025		5 Payee name WinRed			
6 Amount (\$) 112.63		7 Payee address; City; State; Zip Code 1776 Wilson BLVD, Arlington VA 22209 <small>Check if individual's residence address</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution expense		(b) Description Online contributions		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name Joe Watters		Office sought County Commissioner Precinct 2	
Date 08/20/2025		Payee name Zazzle			
Amount (\$) 20.78		Payee address; City; State; Zip Code 811 Sandhill RD, Reno NV 89521 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Buttons		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name Joe Watters		Office sought County Commissioner Precinct 2	
Date 08/20/2025		Payee name Vista Print			
Amount (\$) 112.34		Payee address; City; State; Zip Code 95 Hayden Avenue, Lexington MA 02421 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Business Cards		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 | | | |

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1 Total pages Schedule F1: 3	2 FILER NAME Joe Watters	3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2025	5 Payee name Vista Print	
6 Amount (\$) 151.93	7 Payee address; City; State; Zip Code 95 Hayden Avenue, Lexington MA 02421 <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Rack cards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Watters	Office sought / Office held County Commissioner Precinct 2
Date 11/04/2025	Payee name Signs on the cheap	
Amount (\$) 1,803.07	Payee address; City; State; Zip Code 11525A Stonehollow Dr, Ste 120, Austin TX 78758 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description yard signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Watters	Office sought / Office held County Commissioner Precinct 2
Date 11/25/2025	Payee name Signs on the cheap	
Amount (\$) 2,975.69	Payee address; City; State; Zip Code 11525A Stonehollow dr, Ste 120, Austin TX 78758 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description yard signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

SCHEDULE F1

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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 | | | |

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1 Total pages Schedule F1: 3	2 FILER NAME Joe Watters	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Payee name Vista Print	
6 Amount (\$) 387.32	7 Payee address; City; State; Zip Code 95 Hayden Avenue, Lexington MA 02421 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Rack cards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Watters	Office sought County Commissioner Precinct 2
Date 07/23/2025	Payee name Midland County	
Amount (\$) 750.00	Payee address; City; State; Zip Code 2110 N A street, Midland TX 79705 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description Filing Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Watters	Office held County Commissioner Precinct 2
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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