

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: **12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MR Joe
NICKNAME LAST SUFFIX
Watters

OFFICE USE ONLY

Date Received

FEB 03 2026

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

Date hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR Ray
NICKNAME LAST SUFFIX
LeBlanc

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

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
8 / 1 / 25 THROUGH 2 / 3 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 3 / 26 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner Precinct 2

14 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.

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

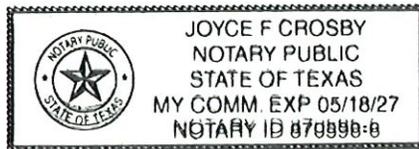
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,163.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,328.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,965.88
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.

Joe Watters
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by JOE WATTERS this the 3 day of FEBRUARY,

20 26, to certify which, witness my hand and seal of office.

Joyce F. Crosby JOYCE F. CROSBY COLLECTION CLERK
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.	■ 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	\$
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 <i>AS</i>
2 FILER NAME Joe Watters		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2025	5 Full name of contributor Melody Macha <small>out-of-state PAC ID# _____</small> 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 Robert Hargrove <small>out-of-state PAC ID# _____</small> 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 Amanda Davis <small>out-of-state PAC ID# _____</small> 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 Willa Row <small>out-of-state PAC ID# _____</small> 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

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

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

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

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 Joe Watters		3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2025	5 Full name of contributor Richard Sexton <small>out-of-state PAC (ID#)</small>	7 Amount of contribution (\$) 104.10
6 Contributor address; City; State; Zip Code 3617 Michigan, Midland TX 79703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor Amanda Luehring <small>out-of-state PAC (ID#)</small>	Amount of contribution (\$) 52.05
Contributor address; City; State; Zip Code 6213 FM 715, Midland TX 79706		
Principal occupation / Job title (See Instructions) oil and gas		Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor Reba Watters <small>out-of-state PAC (ID#)</small>	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2100 Castleford RD, Midland TX 79705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/24/2025	Full name of contributor Alan Thompson <small>out-of-state PAC (ID#)</small>	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 10521 ECR 109, Midland TX 79706		
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Self

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

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 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	7 Amount of contribution (\$) 260.25
	6 Contributor address; City; State; Zip Code 3001 W Loop 250, Midland TX 79705	
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	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 3408 SCR 1067, Midland TX 79706	
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	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 2221 SCR 1130, Midland TX 79706	
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	Amount of contribution (\$) 2,000.00
	Contributor address; City; State; Zip Code 10521 ECR 109, Midland TX 79706	
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

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
Joe Watters

3 Filer ID (Ethics Commission Filers)

4 Date
01/21/2026

5 Full name of contributor out-of-state PAC (ID# _____)
Connie Claybrook

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
12810 ECR 103, Midland TX 79706

260.25

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
02/01/2026

Full name of contributor out-of-state PAC (ID# _____)
Jenny Delkfikes

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4107 Irvin Dr, Midland TX 79705

104.10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/20/2026

Full name of contributor out-of-state PAC (ID# _____)
Rafters oilfield services

Amount of contribution (\$)

Contributor address; City; State; Zip Code
POB 52112, Midland TX 79710

500.00

Principal occupation / Job title (See Instructions)
oil field

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)

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 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 | Substitution/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 Candidate/Officeholder/Political Committee | Gift/Award/Accommodations Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 84	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 F.</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 Office held:				
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 F.</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 Office held:				
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 F.</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:				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Bookkeeping | 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) |
| Direct Cost Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 34	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 outside of Texas. Complete Schedule F</small> <small>Check if Austin, TX officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Watters	Office sought 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
	(c) <small>Check if outside of Texas. Complete Schedule F</small> <small>Check if Austin, TX officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Watters	Office sought 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
	(c) <small>Check if outside of Texas. Complete Schedule F</small> <small>Check if Austin, TX officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | CAR/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Poll Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Direct Cost Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <u>74</u>	2 FILER NAME Joe Walters	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 used 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 Walters	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
	(c) <small>Check if used 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 Walters	Office sought 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
	(c) <small>Check if used 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 4	2 FILER NAME Joe Watters	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2026	5 Payee name Winred	
6 Amount (\$) 10.25	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) solicitation/fundraising 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 02/01/2026	Payee name Winred	
Amount (\$) 4.10	Payee address; City; State; Zip Code 1776 Wilson BLVD, Arlington VA 22209 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation/fundraising expense	Description online contributions
	<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	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED