	Contraction of the second	CEHOLDER CE REPORT			FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M(.	Watson		MI	
	NICKNAME	Robinson			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	apt / suite #.			APR 062023 BY: A. Boats
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (808)	223-659	EXT	TENSION	Date and delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME		LISA LAST Montgon (NO PO BOX PLEASE): APT / S	rery	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT / S Conflans R		CITY:	STATE: ZIP CODE TX 75061
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER		ENSION	
9 REPORT TYPE	January 15	30th day before e		Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED	July 15 Month	Day Year	THROUGH	Reporting Limit Month	Day Year 6 / 2023
11 ELECTION	ELECTION DA Month Day 5/6/	Year Primary	Runoff	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	elesna de	13 OFF	FICE SOUGHT (if known)	Azso Place 7
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE.	S MAY HAVE BEEN M	ADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME			and the second
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
	an Attai	COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS throtal from the	0/37615
(herrice)	nglaneartCrafebien	GO TO	PAGE 2		

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	E / OFFICEHOLDE		FORM C COVER SHEET P	
15 C/OH NAME	atson Robinson	JR.	16 Filer ID (Ethics Commission F	ilers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL	THAN \$ S	1982	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	ANS) \$		
	3. TOTAL UNITEMIZED POLITI	\$ \$		
	4. TOTAL POLITICAL EXPER	NDITURES	\$ 0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS / ING PERIOD	AS OF THE \$	
	Please com	plete either option be	low:	
	quired to be reported by me under Title 15	2/20 a	of gandidate or Officeholder	
(1) Affidavit	KATHYE GC Notary Public, S Comm. Expires Notary ID 12	tate of Texas 07-31-2024		
NOTARY STAMP/SEA			· · · ·	
Sworn to and subscribed		Doundon yr this	the day of	L.
20 2 , to certify Signature of officer administer	which, witness my hand and seal of office	MUSE CLONZA	es notony Pul Title of officer administeri	
		OR		
(2) Unsworn Declarati	on			
My name is	and the second	, and my date of bi	rth is	
My address is		Carling Street Compy		
Executed in	(street)County, State of	(city) , on the day of (r	(state) (zip code) (country) , 20 nonth) (year))
		Signature of C	andidate/Officeholder (Declarant)	

AFFIDAVIT FOR	OFFICE USE ONLY		
CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION	APR 06 2023		
An exemption affidavit must be submitted with each paper report.	BY: Josephine Postmarked		
Beginning on January 1, 2022, a candidate or officeholder who has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.	Receipt # Amount \$		
Filer name Watson Robinson JR	Date Processed Date Imaged		

- 1. I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the \underline{CFR} report due on $\underline{4/6/23}$ I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit						
NOTARY STAMP/SEAL	KATHYE G Notary Public, Comm. Expire Notary ID	s 07-31-2024	Signature of Filer			
Swom to and subscribed before	re me by Watson	Relainso	NN this	the Le	day_of(<u>Ipril</u>
20 <u>23</u> , to certify which <u>Hottey</u> <u>Hon 20</u> Signature of officer administering	alos Katt	office.	cales		Nota Title of officer	ry Public administering oath
		OR				
(2) Unsworn Declaration						
My name is		, an	d my date of bi	rth is		
My address is	(street)		(city)	-' -(state) '	(zip code)	(country)
Executed in	County, State of	, on the	day of	(month)	, 20 (year)	
			Sig	nature of Fil	er (Declarant)	
	WHO ARE EXEMPT FRO					