

FORM C/OH  
COVER SHEET PG 1

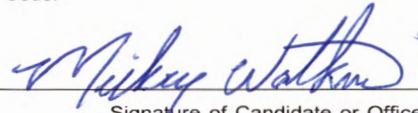
Revised 1/1/2026

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |          |
|---------------------------------------|---|---|----------|
| <b>15 C/OH NAME</b><br>MICKEY WATKINS |   | <b>16 Filer ID</b> (Ethics Commission Filers) |          |
| <b>17 CONTRIBUTION TOTALS</b>         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  | 0.00     |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  | 0.00     |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  | 0.00     |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$  | 1,626.83 |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  | 0.00     |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  | 0.00     |

**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.

  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

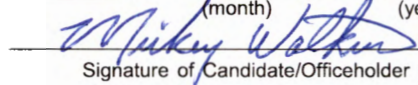
OR

**(2) Unsworn Declaration**

My name is MICKEY WATKINS, and my date of birth is 12/08/65.

My address is 7923 DOVE LANE, DENVER CITY TX, 79323 USA  
(street) (city) (state) (zip code) (country)

Executed in YOAKUM County, State of TEXAS, on the 9TH day of JANUARU, 2026.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****MICKEY WATKINS****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

\$ 876.83

9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 750.00

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

\$

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |  |  |
|--|--|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: 1  | 2 FILER NAME<br>MICKEY WATKINS   | 3 FILER ID (Ethics Commission Filers)      |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD                  |  | \$ 0.00                                    |
| 5 CREDIT CARD<br>ISSUER  | Name of financial institution<br>CAPITAL ONE   |  |
| 6 PAYMENT  | (a) Amount Charged<br>\$ 876.83  | (b) Date Expenditure Charged<br>12/10/2025 |
| 7 PAYEE  | (a) Payee name<br>SIGNARAMA  | (c) Date(s) Credit Card Issuer Paid<br>N/A |
| 8 PURPOSE OF<br>EXPENDITURE  | (b) Payee address; City, State, Zip Code<br>8807 COUNTY ROAD 6820 LUBBOCK, TX 79407<br><input type="checkbox"/> Check if individual's residence address. |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>ADVERTISING  | (b) Description<br>SIGNS                   |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH                     | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |
| PAYMENT  | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged               |
| PAYEE  | (a) Payee name   | (c) Date(s) Credit Card Issuer Paid        |
| PURPOSE OF<br>EXPENDITURE  | (b) Payee address; City, State, Zip Code<br><input type="checkbox"/> Check if individual's residence address.  |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)   | (b) Description                            |
| Complete ONLY if direct<br>expenditure to benefit C/OH                       | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |
| PAYMENT  | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged               |
| PAYEE  | (a) Payee name   | (c) Date(s) Credit Card Issuer Paid        |
| PURPOSE OF<br>EXPENDITURE  | (b) Payee address; City, State, Zip Code<br><input type="checkbox"/> Check if individual's residence address.  |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)   | (b) Description                            |
| Complete ONLY if direct<br>expenditure to benefit C/OH                       | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |
| PAYMENT  | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged               |
| PAYEE  | (a) Payee name   | (c) Date(s) Credit Card Issuer Paid        |
| PURPOSE OF<br>EXPENDITURE  | (b) Payee address; City, State, Zip Code<br><input type="checkbox"/> Check if individual's residence address.  |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)   | (b) Description                            |
| Complete ONLY if direct<br>expenditure to benefit C/OH                       | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br><b>1</b>  | <b>2</b> FILER NAME<br><b>MICKEY WATKINS</b>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>11/25/2025</b>  | <b>5</b> Payee name<br><b>YOAKUM COUNTY REPUBLICAN PARTY</b>  |  |
| <b>6</b> Amount (\$)<br><b>750.00</b><br><small>Reimbursement from political contributions intended</small>   | <b>7</b> Payee address;<br><div style="display: flex; justify-content: space-between;"> <span><b>PO BOX 132</b></span> <span><b>PLAINS</b></span> <span><b>TX</b></span> <span><b>79355</b></span> </div> <small>Check if individual's residence address.</small> |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>OTHER</b>   | <b>(b)</b> Description<br><b>FILING FEE</b>  |
|   | <small>(c) Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>   |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div> |   |  |
| Date  | Payee name  |  |
| Amount (\$)   | Payee address;<br><div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> <span></span> </div> <small>Check if individual's residence address.</small>   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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<br><div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>          |   |  |
| Date  | Payee name  |  |
| Amount (\$)   | Payee address;<br><div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> <span></span> </div> <small>Check if individual's residence address.</small>   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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<br><div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>          |   |  |

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