CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	aulde explains how to	complete this form.	1 Filer ID (Ethics Commission	9 10000	2 Total pages f	iled:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI		OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFF	FIX	Date Received	
		WATTS	· mana			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	(2) %	CITY: STATE: ZIP C	CODE		R COLLEGE 2 0 2020
Change of Address	Coppe	s Christ, 8	rexas 78411			
5 CANDIDATE/ OFFICEHOLDER PHONE	TEXT DAL	PHONE NUMBER	EXTENSION	-	PISK MANAGEMENT Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	Mi		Receipt #	Amount \$
TREASURER NAME	NICKNAME	NONE		Date Processed		
	NIÇKNAME	LAST	SUFF	"	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO	PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before a	election Runoff			fter campaign ppointment er Only)
	July 15	8th day before ele	Exceeded Mi Reporting Lin		Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	and Jame To	Day Year ZoZo	THROUGH Thy	Month V	Day Yea	and the second s
11 ELECTION	Month NonDay 3		Runoff Oth Des	ION TYPE	ADECO. Zi ADECO. Zi ADECO. Zi ADECO.	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Regent District 4- Del Max College					
		go то	PAGE 2			:

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JUL 2 0 2020

RISK MANAGEMENT FORM C/OH

14 C/OH NAME	GUY L	NAMES	15 Filter ID (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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
MAR COLLEGE JUL 2 0 2020	GENERAL	NO convittee					
	SPECIFIC	COMMITTEE ADDRESS					
MANAGEMENT	StH	COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages	east a mount						
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		· (*4.12.					
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN IES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL (OTHER	\$					
EXPENDITURE TOTALS	3. TOTAL	\$					
	4. TOTAL	\$ 500.00 (QUELY					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	THE \$					
18 AFFIDAVIT	-0.0.	- Malancam					
Thro Orders of Campaigs Cords See 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							
Ten Signs From Woor Comparant under Title 15, Election Code.							
			bire				
JESSICA A. ALANIZ Signature of Candidate or Officeholder Notary ID #: 12659368-5							
Affix the TAMP SEA BY Commission Expires OB/08/2020 NO NO Form Public Analyte - Chu							
Sworp to and subsc	*********	by the said Guy Watts	, this the _20Hh				
day of July , 20 20 , to certify which, witness my hand and seal of office.							
Ofenica a. alanx Jessica A Alaniz Notani Public							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

0505 (1 / 10)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

DEL MAR COLLEGE

JUL 2 0 2020 SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) YUIDH 1040 2425 YL 4 Date 5 Payee name Amount (\$) 7 Payee address: Zip Code 500.00 Reimbursement from political contributions intended NONE 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

DEL MAR COLLEGE

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

HISK MANAGEMENT

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) Market Market 13 m. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 5 Date State; Zip Code 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Рауее паме Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

JUL 2 0 2020

RISK MANTORMACIOH - FR

The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" ** 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file gnature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. 7 Signs Fron Mor Campaign Contr. OFFICEHOLDER · Complete this section only if you are an officeholder · I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder