

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

| | | | | |
|--|---|---|--------------------------------------|--|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088295 | 2 Total pages filed: 9 | |
| 3 CANDIDATE NAME | MS / MRS / MR | FIRST Natalie | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Ward | SUFFIX | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6315-B FM 1488 Rd #146 Magnolia, TX 77354 | | | Date Received ELECTRONICALLY FILED 02/05/2024 |
| | | | | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Natalie | MI | |
| | NICKNAME | LAST Ward | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6315-B FM 1488 Rd #146 Magnolia, TX 77354 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (936) | PHONE NUMBER 666-2307 | EXTENSION | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2024 | | THROUGH | Month Day Year 01/25/2024 |
| 10 CONVENTION / ELECTION DATE | Month Day Year | | 11 OFFICE SOUGHT | <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR |
| | | | | |
| 12 POLITICAL PARTY | Democrat COUNTY (If Applicable) Montgomery | | | |

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

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

2 of 9

| | |
|--|---|
| 13 CANDIDATE NAME Ward, Natalie | 14 Filer ID (Ethics Commission Filers) 00088295 |
|--|---|

| | | |
|---|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|--------------------------------|---|----|----------|
| 16 CONTRIBUTION TOTALS | 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) | \$ | 607.31 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,087.26 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 122.60 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFADAVIT

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.

Natalie Ward

Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - SC C/OH

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 CANDIDATE NAME Ward, Natalie | | 19 Filer ID 00088295 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 607.31 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ | 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 441.81 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 1,645.45 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9 |
| 2 FILER NAME Ward, Natalie | | 3 Filer ID (Ethics Commission Filers) 00088295 |
| 4 Date 01/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prim, April <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Prim and Prim PLLC |
| Date 01/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Natalie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Natalie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354 | Amount of Contribution (\$) \$57.31 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Natalie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 5/9

2 FILER NAME
Ward, Natalie

3 Filer ID (Ethics Commission Filers)
00088295

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 6/9 |
| 2 FILER NAME Ward, Natalie | | 3 Filer ID (Ethics Commission Filers) 00088295 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | | |
|--|--|---|---------------------|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/9 | 2 FILER NAME Ward, Natalie | 3 Filer ID (Ethics Commission Filers) 00088295 | |
| 4 Date 01/14/2024 | 5 Payee name ActBlue | | |
| 6 Amount (\$) \$3.85 | 7 Payee address; City; State; Zip Code 366 Summer St Summerville, MA 02144 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cr Card fees | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |
| Date 01/06/2024 | Payee name GoDaddy | | |
| Amount (\$) \$3.16 | Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |
| Date 01/10/2024 | Payee name NGPVAN | | |
| Amount (\$) \$132.25 | Payee address; City; State; Zip Code 9130 Jollyville Rd #175 Austin, TX 78759 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | | |
|--|--|---|---------------------|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/9 | 2 FILER NAME Ward, Natalie | 3 Filer ID (Ethics Commission Filers) 00088295 | |
| 4 Date 01/16/2024 | 5 Payee name The Funky Munky Agency | | |
| 6 Amount (\$) \$80.00 | 7 Payee address; City; State; Zip Code 2203 Montgomery Park Blvc Montgomery, TX 77304 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense v-card | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |
| Date 01/25/2024 | Payee name Universal Sign and Graphics | | |
| Amount (\$) \$205.63 | Payee address; City; State; Zip Code 2114 McCaleb Rd Bldg C Suite 100 Montgomery, TX 73316 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |
| Date 01/19/2024 | Payee name Zoom | | |
| Amount (\$) \$16.92 | Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 San Jose, CA 95113 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) software subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense zoom subscription | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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.

| | | | |
|--|---|---|---|
| 1 Total pages Schedule F4: Sch: 1/1 Rpt: 9/9 | 2 FILER NAME Ward, Natalie | | 3 Filer ID (Ethics Commission Filers) 00088295 |
| 4 CREDIT CARD ISSUER | Name of financial institution Credit One | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00 |
| 6 PAYMENT | (a) Amount Charged \$1,337.00 | (b) Date of Charge 01/07/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name The Funky Munky Agency | | (b) Payee address; City, State, Zip Code 2203 Montgomery Park Blvd Montgomery, TX 77304 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description advertising expense website |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |
| PAYMENT | (a) Amount Charged \$308.45 | (b) Date of Charge 01/18/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Universal Sign and Graphics | | (b) Payee address; City, State, Zip Code 2114 McCaleb Rd Bldg C Suite 100 Montgomery, TX 73316 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description printing expense flyers and biz cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Ward, Natalie | Office sought County Party Chair Place | Office held None |