STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete t	this form.	1 Filer ID	Filoro)	2 Total pages fil	ed:
The Go Groff modulen c	salue explains non to complete t		(Ethics Commission 00088295	Filers)	į (9
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
NAME		Natalie			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
		Ward				
					Date Hand-delivered or	r Date Postmarked
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT	/ SUITE #; C	ITY; STATE; ZII	P CODE	<u> </u>	
ADDKE22	6315-B FM 1488 Rd #146	j			Receipt #	Amount
					Date Processed	
Change of Address	Magnolia, TX 77354				Date Flocessed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI	
NAME		Natalie				
	NICKNAME	LAST			SUFFIX	
	MCKINAME	Ward			301117	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		; APT / SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS	6315-B FM 1488 Rd #146	I.				
(Residence or Business)	Manager TV 770E4					
	Magnolia, TX 77354					
7 CAMPAIGN	AREA CODE	PHONE N	NI IMPED		EXTENSION	
TREASURER	(936) 666-2307	PHONE	NUMBER		EXTENSION	
PHONE	(930) 000 2307					
2 DEDOOT TVDE						
8 REPORT TYPE	January 15	X 30th day	y before convention /	election	Runoff	
		— Oth day	before convention /	-leation I	──	\#- ab CC C/OH FD)
	July 15	∐ 8th day	before convention / e	ection [Final report (#	Attach SC C/OH-FR)
9 PERIOD	Month Day Ye	ear			Month [Day Year
COVERED	01/01/2024		THROUGH	4		25/2024
10 CONVENTION /	Month Day Ye	ear	11 OFF	FICE UGHT	STATE CHAI	R
ELECTION DATE			300	JGHI	X COUNTY CH	IAIR
12 POLITICAL	Domocrat			COUNTY (If Applica	- hla	
PARTY	Democrat			Montgomery	ine)	
				Workgome. ;		
		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 00088295	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political commit andidate's knowledge or consent. Canc penditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	GOF LOANS)	\$ 607.31
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,087.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	S OF THE LAST DAY OF THE	\$ 122.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFADAVIT			nder penalty of perjury, that the acc d includes all information required t tion Code.	
			Natalie Ward	
			Signature of Candidate	_
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal o	of office.	
Signature of offic	eer administering oath	Printed name of officer administer	ring oath Title of office	r administering oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

3 of 9

				3 01 9
18 CANDIDATE N Ward, Natalie		19 Filer ID 00088295	(Ethics Comn	nission Filers)
20 SCHEDULE SI NAME OF SCH			SUBTO	TAL AMOUNT
1. X So	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	607.31
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS				0.00
4. X SCHEDULE E: LOANS				0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	441.81
6. X S	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7. X S0	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00
8. X S0	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,645.45
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I O FILER	RETURNED	\$	
			-	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9	
2	FILER NAME Ward, Natali	е		3	Filer ID (Ethics Commission 00088295	n Filers)
4	Date 01/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Attorney	pation / Job title (See Instructions)	Prim and Prim PLLC	')		
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Natalie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Magnolia, TX 77354				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Natalie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$57.31
		Magnolia, TX 77354				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Natalie Contributor address; City; State; Zip Code Magnolia, TX 77354			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

TIONS			SCHEDULE B
plains how to comple	ete this form.		
			nics Commission Filers)
OF UNITEMIZED PLEDGES			0.00
out-of-state PAC (ID#	:	8 Amount of pledge (\$)	9 In-kind description (If applicable)
City; State; Zip Code	9	Check if travel out	I I I I I side of Texas. Complete Schedule T.
uctions)	11 Employer (See II		
	Diains how to comple GES Out-of-state PAC (ID# City; State; Zip Code	Dlains how to complete this form. GES Out-of-state PAC (ID#:	Dlains how to complete this form. 1 Total pages Sche Sch: 1/1 Rpt: 5 3 Filer ID (Eth 00088295) SES Out-of-state PAC (ID#:) City; State; Zip Code Check if travel out

	LOANS						SCHED	ULE E
	The Instruction	on Guide explains how to co	omplete this f	orm.	I		ges Schedule E: L Rpt: 6/9	
2	FILER NAME Ward, Natalie					Filer ID 000882	(Ethics Commission	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$	5)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were d	leposited	into political accour (See Instruction	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Guarar	iteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			

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)

	Credit Card F ayment	The Instruction Guide ex	plains how to co	omplete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 7/9	Ward, Natalie			00088295	
4	Date	5 Payee name			•	
	01/14/2024	ActBlue				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
	\$3.85	366 Summer St				
		Summerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	Fees	and demodality		outside of Texas. Com	plete Schedule T.
	EXPENDITORE			. —	n, TX, officeholder living	g expense
				Cr Card fees		
_	Computate ONLY if dispost	Condidate/Office halder record	Office	lat	Office le	- I al
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Ward, Natalie	Office sou	ugnı Party Chair Place	Office he None	eiu
					140110	
	Date	Payee name				
	01/06/2024	GoDaddy				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$3.16	2155 E. GoDaddy Way				
		Tempe, AZ 85284				
	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	EXPENDITURE	Advertising Expense		ı <u>—</u>	outside of Texas. Com n, TX, officeholder living	
				website expe		,
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office he	eld
	expenditure to benefit C/OI	^H Ward, Natalie	County F	Party Chair Place	None	
_	Date	Payee name				
	01/10/2024	NGPVAN				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	\$132.25	9130 Jollyville Rd				
		#175				
		Austin, TX 78759				
	PURPOSE	(a) Category (See Categories listed at the top of	this schadula)	(b) Description		
	OF	Advertising Expense	tilis scrictule)		outside of Texas. Com	plete Schedule T.
	EXPENDITURE				n, TX, officeholder living	g expense
				Mobilize		
	Complete CNUV''.	Condidate (Office Includes	Ott:	llat	0" '	المام
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Ward Natalia	Office sou	-	Office he	eia
_		Ward, Natalie	County F	Party Chair Place	None	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

	Credit Card Payment	The Instruction Guide	explains how to con	nplete this form.				
1	Total pages Schedule F1: Sch: 2/2 Rpt: 8/9	2 FILER NAME Ward, Natalie			l	Filer ID 00088295	(Ethics Commission Filers)	
4	Date 01/16/2024	5 Payee name The Funky Munky Agency						
6	Amount (\$) \$80.00	7 Payee address; City; 2203 Montgomery Park Blvc	State; Zip Coo	le				
8	PURPOSE OF EXPENDITURE	Montgomery, TX 77304 (a) Category (See Categories listed at the to Advertising Expense	op of this schedule)			le of Texas. Composition of the		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Ward, Natalie	Office soug County Pa	ht arty Chair Place		Office he None	ld	
	Date 01/25/2024 Amount (\$)	Payee name Universal Sign and Graphics Payee address; City;	State; Zip Coo	le				
	\$205.63	2114 McCaleb Rd Bldg C Suite 100 Montgomery, TX 73316	, <u>-</u>					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Printing Expense	op of this schedule)	ш	, TX, (le of Texas. Compofficeholder living		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Ward, Natalie	Office soug County Pa	ht arty Chair Place		Office he None	ld	
	Date 01/19/2024	Payee name Zoom						
	Amount (\$) \$16.92	Payee address; City; 55 Almaden Blvd Suite 600 San Jose, CA 95113	State; Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to software subscription	op of this schedule)	<u> </u>	, TX, 0	le of Texas. Comp officeholder living I n		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Ward, Natalie	Office soug County Pa	ht arty Chair Place		Office he None	ld	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

The Instruction Guide explains how to complete this form.

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)

1 Tatal marga Cabadula E4	2 FILED NAME				a Filew ID /Ethio	oo Commin	nion Filoro\	
1 Total pages Schedule F4:					3 Filer ID (Ethic	US COMMINS	sion Filers)	
Sch: 1/1 Rpt: 9/9	Ward, Natalie				00088295			
4 CREDIT CARD ISSUER		ncial institution it One	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid			
	\$1,337.00	01/07/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	The Funky Munky A	Agency		tgomery Park Bl	lvc			
				ery, TX 77304				
8 PURPOSE OF	(a) Category		(b) Descript					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	advertising	g expense webs	ite			
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	ет. Г	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held			
expenditure to benefit C/OH	Ward, Natalie	C	County Party Ch	air Place	None			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid			
	\$308.45	01/18/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			2114 McC	aleb Rd				
	Universal Sign and	Graphics	Bldg C Su	ite 100				
			_	ery, TX 73316				
PURPOSE OF	(a) Category		(b) Descript	-				
EXPENDITURE	(See Categories listed at the top	of this schedule)	printing ex	pense flyers an	d biz cards			
X Political	Printing Expense							
Non-Political	(c) Check if travel outside	of Tayas Complete Schedule		Check if Austin TX	officeholder living exp	ense		
	· · · —			Oncok ii / kustin, 17k,				
· · · · · · · · · · · · · · · · · · ·			-	air Place	None			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder Ward, Natalie		Office sought County Party Ch	air Place	Office held None			