# 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: 5

**3** CANDIDATE NAME

MS / MRS / MR | FIRST: Natalie | MI

NICKNAME | LAST: Ward | SUFFIX

**4** CANDIDATE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2200 N Frazier Street
Suite 120 PMB 103
Conroe, TX 77303

☐ Change of Address

**OFFICE USE ONLY**

Date Received: ELECTRONICALLY FILED 07/01/2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

**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

2200 N Frazier Street
Suite 120 PMB 103
Conroe, TX 77303

**7** CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(936) 666-2307

**8** REPORT TYPE

☐ January 15
☐ 30th day before convention / election
☐ Runoff
☒ July 15
☐ 8th day before convention / election
☐ Final report (Attach SC C/OH-FR)

**9** PERIOD COVERED

Month Day Year: 01/01/2025 THROUGH Month Day Year: 06/30/2025

**10** CONVENTION / ELECTION DATE

Month Day Year

**11** OFFICE SOUGHT

☐ STATE CHAIR
☒ 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**


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

**15** NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political expenditures by political committees to support the candidate. *These expenditures may have been made without the candidate's knowledge or consent.* Candidates are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ 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) | **$** 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | **$** 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | **$** 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | **$** 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 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

**FORM SC C/OH**
**COVER SHEET PG 3**


| **18** CANDIDATE NAME | **19** Filer ID (Ethics Commission Filers) |
|---|---|
| Ward, Natalie | 00088295 |

| **20** SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | [X] | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | **$** 0.00 |
| 2. | [X] | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | **$** 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 | **$** 0.00 |
| 6. | [X] | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | **$** 0.00 |
| 7. | [X] | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | **$** 0.00 |
| 8. | [X] | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | **$** 0.00 |
| 9. | [X] | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | **$** 0.00 |
| 10. | [ ] | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | **$** |
| 11. | [ ] | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** |
| 12. | [ ] | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | **$** |

# PLEDGED CONTRIBUTIONS

**SCHEDULE B**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:
Sch: 1/1 Rpt: 4/5

**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: 5/5

**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 ☐ 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
☐ None

**15** Check if personal funds were deposited into political account (See Instructions) ☐

**16** GUARANTOR INFORMATION
☐ not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal occupation

**21** Employer (See Instructions)