# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

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The JC/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  MS. Mary NICKNAME LAST	SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #:  P.O. Box 6/7  Richmond, Texas  AREA CODE PHONE NUMBER  (832) 67/-6790	CITY: STATE: ZIP CODE  - 77406  EXTENSION	JAN 18 2022 RC
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  MY  NICKNAME  NONE  But	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT 1	SUITE #; CITY;	STATE: ZIP CODE  7 2747/
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 347-667	<b>E</b> XTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7HRC	DUGH OI / 15 /	Year 7022
11 ELECTION	ELECTION DATE Month Day Year Primary  11 / 06/30/8  12 General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	office HELD (If any) Tustice of the Peace Pet#1, Place #2 Fort Bend County	13 OFFICE SOUGHT (if known)	
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME  Ma	rv 5	Word	<b>15</b> Fil	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED O DATE / OFFICEHOLDER, THESE EXPENDITURES MA VSENT, CANDIDATES AND OFFICEHOLDERS ARE REC	Y HAVE BEEN MADE WITHOUT	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	None		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		NA		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTION ES, LOANS, OR: GUARANTEES OF LOANS IBUTIONS MADE ELECTRONICALLY)		\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL	JNITEMIZED POLITICAL EXPENDITURES	<b>.</b>	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	:· :·	\$ -0-
CONTRIBUTION BALANCE	1	OLITICAL CONTRIBUTIONS MAINTAINED DRTING PERIOD	AS OF THE LAST DAY	\$188030
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING OF THE REPORTING PERIOD	NG LOANS AS OF THE	\$17,304.00
18 AFFIDAVIT				
~~~~				y, that the accompanying report is join required to be reported by me
BRIANA MENDEZ  under Title 15, Election Code  Notary PUBLIC, STATE OF TEXAS  Notary ID #13094489-8  Expires December 30, 2024				
(Constant	3563336555	* '/(	Signature of Candidat	e or Officeholder
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said MARY S . WARD , this the 18 day of MARY, 20 22 , to certify which, witness my hand and seal of office.				
SMENDEZ BRIANA MENDEZ NOTAKY PUBLIC				
Signature of officer a	drivinistering oath	Printed name of officer administ	ering oath	Title of officer administering oath

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

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19	FILERNAME 20 Filer ID (Ethics Con NA)	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ -0-
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$/7,304.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>-0</b> -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0 -
: 11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ _ 0 _
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$-0-

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

	. 53	<u> </u>		
The I	nstruction Guide explains how	to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME	Mary J. U	land		3 Filer ID (Ethics Commission Filers)
4 Date 5	/	out-of-state PAC ID#:		7 Amount of contribution (\$)
6	Contributor address:	ne	State; Zip Code	_0-
8 Contributor's princ	cipal occupation	. 9	Contributor's job title	
10 Contributor's emp	loyer/law firm	11	Law firm of contributor	s spouse (if any)
12 If contributor is a	child, law firm of parent(s) (if ar	( <b>vi</b> ) ( <b>vi</b> )	•	
Date	Full name of contributor	out-of-state PAC ID#:		Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Contributor's prin	cipal occupation		Contributor's job title	
Contributor's emp	oloyer/law firm		Law firm of contributor	's spouse (if any)
If contributor is a	child, law firm of parent(s) (if an		<b>V</b>	
Date	Full name of contributor	out-of state AC ID#:		Amount of contribution (\$)
	Contributor address;	Cily:	State: Zip Code	
Contributor's prin	cipal occupation		Contributor's job title	
Contributor's emp	ployer/law firm	:	Law firm of contributor	
If contributor is a	child, law firm of parent(s) (if ar	ny)		
			· · ·	
If co	ATTACH ADDITIOn ntributor is out-of-state PAC,	ONAL COPIES OF TH please see instruction		
				* · · · · · · · · · · · · · · · · · · ·

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Date In-kind contribution 6 Full name of contributor out-of-state PAC (ID#: Contribution \$ description 7 Contributor address; State; Zip Code \_ Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of pacent(s) (if any) (FOR JUDICIAL). Amount of In-kind contribution Date · 1 Full name of contributor Dut-of-state PAC (ID# Contribution \$ description kip Code City; Contributor address: Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See In Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE 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

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 Total pages Schedule F1: 2 FILER NAVE  4 Date 5 Payee name 6 Amount (\$) 7 Payee address: City: State: Zip Code 8 PURPOSE EXPENDITURE 10 Category (See Categories Islaed at the top of this schedule) (b) Description 9 Complete QNY if direct concentration of the control outside of Texas Complete State (at the top of this schedule) City: State: Zip Code 9 Complete QNY if direct concentration of the control outside of Texas Complete State (at the top of this schedule) City: State: Zip Code 9 Complete QNY if direct control outside of Texas Complete State (at the top of this schedule) City: State: Zip Code  Purpose Office being City: State: Zip Code  Category (See Categories Islaed at the top X male outside of Texas Complete State (at the top of this schedule) Description  Complete QNY if direct control outside of Texas Complete State (at the top of this schedule) Description  Date Payee name  Complete QNY if direct control outside of Texas Complete State (at the top of this schedule) Description  PURPOSE OF Category (See Categories Islaed at the top of this schedule) Description  Candidate / Office-holder/hame  Complete QNY if direct control outside of Texas Complete State (at the top of this schedule) Description  Candidate / Office-holder flows schedule) Description  Complete QNY if direct control outside of Texas Complete State (at the top of this schedule) Description  ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Candidate/Officeholder/Politica Credit Card Payment		alaries/Wages/Contract Labor	Other (enter a category not listed above)
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#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name None Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF: **EXPENDITURE** TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Check if Austir 11 Complete ONLY if direct Office sought didate / Officeholder name Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Political Political EXPENDITURE Category (See Categories listed at the top of this schedule): Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE L **OUTSTANDING LOANS** Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME LENDER INFORMATION **GUARANTOR** INFORMATION not applicable Zip Code LENDER INFORMATION **GUARANTOR** INFORMATION 🔽 not applicable Guarantor address: Zip Code LENDER INFORMATION **GUARANTOR** INFORMATION not applicable Guarantor address; State: Zip Code LENDER Name of lender INFORMATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Forms provided by Texas Ethics Commission

Guarantor address:

**GUARANTOR** INFORMATION

not apolicable

www.ethics.state.tx.us

City.

State

Zip Code

OUTSTA	NDING LOANS	SCHEDULE L	
Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule E:	
2 FILER NAME	Mary J. Ward	3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	Mary J. Ward	\$136.00	
	FOBOX 617, Richmone	1, 18, State: 77406	
GUARANTOR INFORMATION	6 Name of guarantor		
not applicable	7 Guarantor address: City:	State; Zip Code	
LENDER INFORMATION	Name of lender  Mary 5. Ward  Lender address: City:	Postage 68.00	
	P.O. Box 617 Richmon	1/ IX 77406	
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address: City:	State; Zip Code	
LENDER INFORMATION	Name of lender  Mary 5. Ward  Lender address. City	10,000.00	
·	Po, Box 6/1, Richmon	nd TX, 77406	
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address; City:	State; Zip Code	
LENDER INFORMATION	Name of lender		
	Lender address; City	State: Zip Code	
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address: City:	State: Zip Code	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			