CAMPAIGN FINANCE REPORT			FORM JC/OH COVER SHEET PG 1	
The JC/OH Instruction	Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	MS NICKNAME NONE	Ubrd	SUFFIX None	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X: APT / SUITE #:	CITY; STATE; ZIP CODE	AUG 25 2022
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	1/2h / AREA CODE (832) (PHONE NUMBER 671-6990	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	Dustin	SUFFIX	Date Processed
4. 4	None	Burt	None	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT/S	hive Rosenberg	STATE: ZIP CODE 17471
(Residence or Business)	ar we	1200 2 Oly		
CAMPAIGN TREASURER PHONE	AREA CODE (732) 3	PHONE NUMBER 847-6678	EXTENSION	
REPORT TYPE	January 15 July 15	30th day before else	- Supported Mark Sad	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 DEDICE			Reporting Limit	
10 PERIOD COVERED	Month O/	/15 / 2021	_ THROUGH 07	/15 /2022
11 ELECTION	ELECTION DAY	ATE Year Primary	ELECTION TYPE Runoff Other Description	
	11/06	2018 General	Special	1 Ex
2 OFFICE	OFFICE HELD (if any	e of the Peace	13 OFFICE SOUGHT (if know	m)
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	None	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRA	ASURER ADDRESS	
		GO TO	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

				100 100 1 1071
15 JC/OH NAME	, S. Ward		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED P	POLITICAL CONTRIBUTIONS (R GUARANTEES OF LOANS, C DE ELECTRONICALLY)		* None
		ONTRIBUTIONS ES, LOANS, OR GUARANTEE	S OF LOANS)	\$ None
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	OLITICAL EXPENDITURE.		* None
*	4. TOTAL POLITICAL EX	XPENDITURES		* None
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	TRIBUTIONS MAINTAINED A	S OF THE LAST DAY	\$1,880.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REF	OUNT OF ALL OUTSTANDING PORTING PERIOD	LOANS AS OF THE	\$ 17,304.00
ragi	rear, or affirm, under penalty of per uired to be reported by me under Title		report is true and corre	ect and includes all information
. Carlo	S. 14. 19. 20. 1	Mary S	. Ward	
		Sig	nature of Candidate/C	Officeholder
		26.	A	
		. , 4	1 10 14	
	Diagona	amalata aithar anti	an halauu	
	riease c	complete either opti	on below.	
Seac	STATES AND THE STATES OF THE S	S-72		A.
S CHE	BRIANA MENDEZ	&		
(1) Affidavit	NOTARY PUBLIC, STATE OF TEXAS Notary ID #13094489-8 Expires December 30, 2024	8		
NOTARY STAMP/SEAL			oc T	
~ ~	before me by MARY	5.82	this the	day of MAUST,
holl of	which, witness my hand and seal of o	MENDEZ	NOTA	Ry PUBLIC
Signature of officer administer	no oath Printed nam	e of officer administering oath		Title of officer administering oath
		OR	元的社会社会科学	MARKET SHOWN IN THE
(2) Unsworn Declaratio	n3	115 3		
My name is	I k	, and my da	ate of birth is	-
		,	1	
	(street)	(city)	(state) (z	zip code) (country)
Executed in	County, State of	, ,,		. , , , , , , , , , , , , , , , , , , ,
		Signati	ure of Candidate/Office	holder (Declarant)

FORM JC/OH

5	COVER S	SHEET PG 3
19	FILER NAME Nary 5. Ward 20 Filer ID (Ethics Con	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)	\$17,304.00
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	\$ -0 -
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	\$-6-

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) Out-of-state PAC ID#: Contributor addre State; Zip Code 8 Contributor's principal occupation 9 Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If conhibutor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:___ Contributor address: City; State; Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state Amount of contribution (\$) City Zip Code Contributor address; Contributor's job title Contributor's principal occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)

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 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Mary J. Ward		3 Filer ID (Ethics Commission Filers)
4 Date	Mary J. Ward 5 Payee name None		7.177
5 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract L	sement Solicitation/Fundraising Expense trense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME 2. FILER NAME 5. Ward	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM 5 Date	1IZED UNPAID INCURRED OBLIGATIONS 6 Payee name None	\$
7 Amount (\$)	8 Payee address; City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T.	tion
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Descrip Check if travel outside of Texas. Complete Schedule T.	eck Mustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC ID#: 6 Contributor address; State; Zip Code 8 Contributor's principal occupation 9 Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:_ Contributor address; City; State; Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any Date Full name of contributor Amount of contribution (\$) State: Zip Code Contributor address; Contributor's job title Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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OUTSTANDING LOANS

SCHEDULE L

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule Ling
2 FILER NAME		3 File ID (Ethics Commission Filers)
1 1/	lary 5. Ward	1114
LENDER V	4 Name of lender	70 0 1
INFORMATION	Mary J. Ward	2,000.00
	P.O. Box 617, Rich mond TX	State; Zip Code 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:	3,000.00
	P.O. Box 619 Richmond	State: Zip Code TeX55 77406
GUARANTOR INFORMATION	Name of guarantor NAM	
not applicable	Guarantor address; City;	State; Zip Code
LENDER INFORMATION	Name of lender Mary 5. Ward Lender address;	400.00
	P.O. Box 617 Richmond	State; Zip Code
GUARANTOR INFORMATION	Name of guarantor NIA	
not applicable	Guarantor address; City;	State; Zip Code
LENDER INFORMATION	Name of lender Many 5. Wand 7. Lender address; City;	Stage #1,700,00 State: Zip Code
	P.O. Box 619 Richmond	12 77406
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address: City:	State, Zip Code
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

OUTSTANDING LOANS

SCHEDULE L

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule L:	
2 FILER NAME	Mary J. Ward	3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender Mary 5. Ward 5 Lender address: City;	136.00 State: Zip Code	
	P.O. Box 617, Richmond	17x 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; P.O. Box 617, Rich mon	Postage 68.00 State: Zip Code	
	P.O. Box 617 Richmon	1, TX 77406	
GUARANTOR INFORMATION	Name of guarantor		
not applicable	Guarantor address: City:	State; Zip Code	
LENDER INFORMATION	Mary 5. Ward	10,000.00	
	Ro, Box 6/1, Richmor	2d TX, 77406	
GUARANTOR INFORMATION	Name of guarantor MA	,	
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 ad dr ess: City:	State: Zip Code	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			