

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |  |  |                      |
|---|--|--|----------------------|
| The JC/OH Instruction Guide explains how to complete this form.                                 |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br><i>Ms.</i><br>FIRST<br><i>Mary</i><br>MI<br><i>S.</i><br>NICKNAME<br><i>none</i><br>LAST<br><i>Ward</i><br>SUFFIX<br><i>none</i>  | <b>OFFICE USE ONLY</b>   |                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;<br><i>P.O. Box 617</i><br>APT / SUITE #;<br><i>Richmond Texas</i><br>CITY;<br><i>77406</i><br>STATE;<br><i>TX</i><br>ZIP CODE  | FEB 1 2023 RCVD  |                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE<br><i>(832)</i><br>PHONE NUMBER<br><i>671-6990</i><br>EXTENSION  | Date Received  |                      |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br><i>Mr.</i><br>FIRST<br><i>Dustin</i><br>MI<br><i>C.</i><br>NICKNAME<br><i>none</i><br>LAST<br><i>Burt</i><br>SUFFIX<br><i>none</i>  | Date Hand-delivered or Date Postmarked   | Receipt #            |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br><i>5213 Hardwood Drive</i><br>APT / SUITE #;<br><i>Rosenberg, Texas</i><br>CITY;<br><i>77471</i><br>STATE;<br><i>TX</i><br>ZIP CODE  | Amount \$  | Date Processed       |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE<br><i>(832)</i><br>PHONE NUMBER<br><i>347-6678</i><br>EXTENSION  | Date Imaged  |                      |
| <b>9 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                      |
| <b>10 PERIOD COVERED</b>  | Month    Day    Year    Month    Day    Year<br><i>07 / 15 / 2022</i> THROUGH <i>01 / 15 / 2023</i>  |  |                      |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month    Day    Year<br><i>11 / 06 / 2018</i>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><i>PA#6 D#72</i><br><i>Justice of the Peace</i>  | <b>13 OFFICE SOUGHT (if known)</b><br><i>none</i>  |                      |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><input type="checkbox"/> Additional Pages       | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |  |                      |
|   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |                      |

**GO TO PAGE 2**

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

|   |  |  |
|---|--|--|
| 19 FILER NAME<br><i>Mary S. Ward</i>  |  | 20 Filer ID (Ethics Commission Filers)<br><i>N/A</i> |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  | SUBTOTAL<br>AMOUNT                                   |
| 1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                         |  | \$ <i>— 0 —</i>                                      |
| 2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |  | \$ <i>— 0 —</i>                                      |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                     |  | \$ <i>— 0 —</i>                                      |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  |  | \$ <i>17,304.00</i>                                  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ <i>— 0 —</i>                                      |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$ <i>— 0 —</i>                                      |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$ <i>— 0 —</i>                                      |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$ <i>— 0 —</i>                                      |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$ <i>— 0 —</i>                                      |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$ <i>— 0 —</i>                                      |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$ <i>— 0 —</i>                                      |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$ <i>— 0 —</i>                                      |

# PLEGGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

The instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Mary S. Ward

N/A

4 TOTAL OF UNITEMIZED PLEDGES

\$

none

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

*MSU*

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

*MSU*

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

*MSU*

**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  
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: <b>1</b>                   |  | 2 FILER NAME<br><b>Mary S. Ward</b>         |   | 3 Filer ID (Ethics Commission Filers)<br><b>N/A</b> |  |
| 4 Date  |  | 5 Payee name<br><b>None</b>                 |   |   |  |
| 6 Amount (\$)   |  | 7 Payee address; City; State; Zip Code      |   |   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)                               |   | (b) Description   |   |  |
|   | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br><b>MSW</b> |   | 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   |   |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |   | <input type="checkbox"/> 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   |   |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |   | <input type="checkbox"/> 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   |   |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |   | <input type="checkbox"/> 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 NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |                                     |   |
|--|-------------------------------------|---|
| 1 Total pages Schedule F2:<br><b>1</b> | 2 FILER NAME<br><b>Mary S. Ward</b> | 3 Filer ID (Ethics Commission Filers)<br><b>N/A</b> |
|--|-------------------------------------|---|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

|        |                             |
|--------|-----------------------------|
| 5 Date | 6 Payee name<br><b>None</b> |
|--------|-----------------------------|

|               |  |
|---------------|--|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|---------------|--|

|                       |                                    |  |
|-----------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|-----------------------|------------------------------------|--|

|                           |  |                              |
|---------------------------|--|------------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)   | (b) Description<br><b>NA</b> |
|                           | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                              |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|---------------------|------------------------------------|--|

|                        |  |                          |
|------------------------|--|--------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)   | Description<br><b>NA</b> |
|                        | <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L  
Page 1 of 2 pages  
3 Filer ID (Ethics Commission Filers)  
N/A

2 FILER NAME

Mary S. Ward

LENDER INFORMATION

4 Name of lender

Mary S. Ward

5 Lender address;

P.O. Box 617, Richmond,

City;

\$ 2,000.00

State;

Zip Code

Texas 77406

GUARANTOR INFORMATION

6 Name of guarantor

N/A

not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Mary S. Ward

Lender address;

P.O. Box 617, Richmond,

City;

\$ 3,000.00

State;

Zip Code

Texas 77406

GUARANTOR INFORMATION

Name of guarantor

N/A

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Mary S. Ward

Lender address;

P.O. Box 617, Richmond,

City;

\$ 400.00

State;

Zip Code

Tx. 77406

GUARANTOR INFORMATION

Name of guarantor

N/A

not applicable

Guarantor address;

City;

State;

Zip Code

LENDER INFORMATION

Name of lender

Mary S. Ward

Lender address;

P.O. Box 617, Richmond,

City;

Postage \$ 1,700.00

State;

Zip Code

Tx. 77406

GUARANTOR INFORMATION

Name of guarantor

N/A

not applicable

Guarantor address;

City;

State;

Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 of 2

2 FILER NAME

Mary S. Ward

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Mary S. Ward

5 Lender address:

City:

State:

Zip Code

P.O. Box 617, Richmond, TX. 77406

GUARANTOR INFORMATION

6 Name of guarantor

N/A

not applicable

7 Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Mary S. Ward

Postage \$68.00

Lender address:

City:

State:

Zip Code

P.O. Box 617 Richmond, TX. 77406

GUARANTOR INFORMATION

Name of guarantor

N/A

not applicable

Guarantor address:

City:

State:

Zip Code

LENDER INFORMATION

Name of lender

Mary S. Ward

\$10,000.00

Lender address:

City:

State:

Zip Code

P.O. Box 617, Richmond, TX. 77406

GUARANTOR INFORMATION

Name of guarantor

N/A

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