

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/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 <u>MR.</u> FIRST <u>JELKS</u> MI <u>O.</u>	OFFICE USE ONLY	
	NICKNAME <u>WARD</u> LAST <u>WARD</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
<input type="checkbox"/> Change of Address	<u>608 FARINE DR. IRVING TX</u> <u>75062</u>	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <h2 style="margin: 0;">RECEIVED</h2> <p style="font-size: 1.2em; color: red; margin: 0;">APR 28 2017</p> <p style="margin: 0;">City Secretary's Office</p> </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<u>(972) 258-1007</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MS</u> FIRST <u>STACEY</u> MI	Receipt #	Amount \$
	NICKNAME <u>MARTIN</u> LAST <u>MARTIN</u> SUFFIX	Date Processed	Date Imaged
	<u>7/1/17</u>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
(Residence or Business)	<u>1503 IRVIN RD., IRVING, TX</u> <u>75060</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<u>(214) 477-3333</u>		
9 REPORT TYPE	<input 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) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<u>03/28/2017</u>		<u>04/26/2017</u>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<u>05/06/2017</u>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<u>IRVING City Council</u> <u>Place 5</u>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

Oscar Ward Campaign

SPECIFIC

COMMITTEE ADDRESS

608 Farine Dr
Irving, TX 75062

COMMITTEE CAMPAIGN TREASURER NAME

Stacey Martin

COMMITTEE CAMPAIGN TREASURER ADDRESS

1503 Iron Rd
Irving, TX 75060

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 380-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,530-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 256-

4. TOTAL POLITICAL EXPENDITURES

\$ 1,450.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

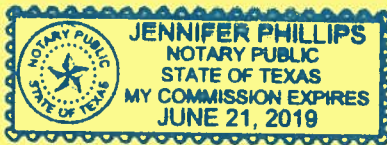
\$ 4,079.40

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,316.97

18 AFFIDAVIT



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.

Jelma Oscar Ward
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Oscar Ward, this the 29th day of April, 2017, to certify which, witness my hand and seal of office.

Jennifer Phillips
Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

notary
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME JELKS OSCAR WARD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,150
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,299.97
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,194.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

JELKS OSCAR WARD

3 Filer ID (Ethics Commission Filers)

4 Date

**4/1
2017**

5 Full name of contributor

out-of-state PAC (ID#: _____)

Michael B. Esstman

7 Amount of contribution (\$)

\$250,

6 Contributor address;

City; State; Zip Code

225 Steeplechase Dr. Irving, TX 75062

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**4/4
2017**

Full name of contributor

out-of-state PAC (ID#: _____)

Metro-Tex Assn of Realtors

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

8201 N. Stemmons Dallas, TX 75247

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/3
2017**

Full name of contributor

out-of-state PAC (ID#: _____)

Chuck & Jan Boyce

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code **75039**

330 Las Colinas Blvd #1622 Irving, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/28
2014**

Full name of contributor

out-of-state PAC (ID#: _____)

FRED O'Dell

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

501 N. Durango Irving, TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JELKS OSCAR WARD

3 Filer ID (Ethics Commission Filers)

4 Date

4/6
2017

5 Full name of contributor

out-of-state PAC (ID#: _____)

BW COLLISON REPAIR

6 Contributor address; City; State; Zip Code

208 MAVIS ST 75061 IRVING, TX

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Anne & Wayne Phaff

Contributor address; City; State; Zip Code

234 Steeplechase Irving, TX 75062

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Patricia & Linda Mc Mahon

Contributor address; City; State; Zip Code

4460 St. Andrews Blvd. Irving, TX 75038

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Tom Trotter III

Contributor address; City; State; Zip Code

2306 Pistachio Dr. Irving, TX 75063

Amount of contribution (\$)

\$100 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JELKS OSCAR WARD

3 Filer ID (Ethics Commission Filers)

4 Date

4/11
2017

5 Full name of contributor

out-of-state PAC (ID#: _____)

TOM ROBLES, JR.

6 Contributor address;

City; State; Zip Code

2716 TURN POST CT IRVING, TX 75062

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11
2017

Full name of contributor

out-of-state PAC (ID#: _____)

H.D. Memeler

Contributor address;

City; State; Zip Code

207 Steeplechase Irving, TX 75062

Amount of contribution (\$)

\$400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10
2017

Full name of contributor

out-of-state PAC (ID#: _____)

William Brown

Contributor address;

City; State; Zip Code

100 Decker Ct Irving, TX 75062

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Ignacio Medrano

Contributor address;

City; State; Zip Code

414 Old York Rd Irving, TX 75063

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JELKS OSCAR WARD

3 Filer ID (Ethics Commission Filers)

4 Date

4/10
2017

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mr./Mrs. Jerry Duwall

6 Contributor address; City; State; Zip Code

610 Via Ravello, Apt 401 Irving, TX 75039

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Michael Felan

Contributor address; City; State; Zip Code

1017 Hadrian Irving, TX 75062

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Albert Zapanta

Contributor address; City; State; Zip Code 75063

2516 Clearspring Dr Irving, TX

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3
2017

Full name of contributor

out-of-state PAC (ID#: _____)

Joe & Debra Mapes

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>JACKS OSCAR WARD</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2,299.97</u>	
5 Date <u>3/27</u> <u>2017</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Via Real - From Mathers</u> 7 Contributor address; City; State; Zip Code <u>4020 N. MacArthur Irving, TX 75038</u>	8 Amount of Contribution \$ <u>2,201</u>	9 In-kind contribution description <u>Event</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Restaurant</u>		11 Employer (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 parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brad LaMorgese</u> Contributor address; City; State; Zip Code <u>200 Huntersridge Ct Irving, TX 75063</u>	Amount of Contribution \$ <u>\$98.97</u>	In-kind contribution description <u>Event</u>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Attorney</u>		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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME: JEKKS OSCAR WARD	3 Filer ID (Ethics Commission Filers)
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4 Date: 3/7/2017	5 Payee name: Michael Owns
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6 Amount (\$): \$175	7 Payee address; City; State; Zip Code: NOT KNOWN
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Sign Placement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 3/19/2017	Payee name: PJ's Rest,
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Amount (\$): \$500	Payee address; City; State; Zip Code: 2301 N. O'Connor Rd Irving, TX 75062
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 3/23/2017	Payee name: Primary Colors, LLC
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Amount (\$): \$519.60	Payee address; City; State; Zip Code: 9239 Premier Row Dallas, TX 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED