CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics Con	mmission Filers)	2 Total pages f	filed: 24
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST William LAST	1	MI E SUFFIX	OFFICE	EUSEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Bill ADDRESS / PO BOX; 11545 La Grange Frisco, TX 75035		DITY; STATE;	ZIP CODE	Received: 8 City Secretary -KRM	3 April 2016 ary's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)945-3366	PHONE NUMBER	EXTENSK	ON	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Rick		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Fletcher		SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO	PO BOX PLEASE); APT / SUF	JITE#; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)689-9612	PHONE NUMBER	EXTENSIC	NC		
9 REPORT TYPE	January 15	30th day before elec		off eeded \$500 fimit	treasurer a	after campaign appointment ler Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / / / / / / /	THROUGH	Month $3/$	Day Yea / 1	
11 ELECTION	Month Day	Year Primary 16 X General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)			OUGHT (if known)		
		go то	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	-	15 Filer ID (Ethics Commission Filers)
SUPPORT THE CAND KNOWLEDGE OR CO	DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
COMMITTEE TYPE	COMMITTEE NAME	
GENERAL		
SPECIEIC	COMMITTEE ADDRESS	188617777777777777777777777777777777777
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	AN An
		\$7,450.00
		\$96.34
4. TOTAL	POLITICAL EXPENDITURES	\$5,310.74
		DAY \$3,977.03
l .		\$150.00
		perjury, that the accompanying report is
Darlene F Reagan	under Title 15, Election Code.	onnation required to be reported by me
Notary Public State of Texas	Allie a.	
otary ID# 847865-8 iretion Date 02-09-17	Mun Zamer	
		didate or Officeholder
P/SEALABOVE		
ribed before me. b	by the said WILLIAM E. WOODAR	this the 674 day
2016		
e Helder	- DARLENE F. REAGAN	NOTARY-STATE OF Title of officer administering oath
	SUPPORT THE CANE KNOWLEDGE OR CO OF SUCH EXPENDITI COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL F PLEDGE 2. TOTAL (OTHER 3. TOTAL F UNLESS 4. TOTAL F OF REP 6. TOTAL F LAST DA Darlene F Reagan Notary Public Stary ID# 847865-8 iration Date 02-09-17	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD I swear, or affirm, under penalty of the true and correct and includes all informationary Public State of Texas of Texas Orange Information Date 02-09-17 PLAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of the and correct and includes all informationary Public State of Texas orange Information Date 02-09-17 PLAST DAY OF THE REPORTING PERIOD AMAGINATION OF THE REPORT OF THE ADDRESS OF THE LAST OF THE LAST OF

TEXAS

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SUBTOTAL AMOUNT
\$ 7,450
\$
\$
\$
\$4,746.37
\$
\$
\$
\$468.03
\$
\$
\$

SCHEDULE A1

		SOMEDOLE AT
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2016	5 Full name of contributor out-of-state PAC (ID#:) Mark James 6 Contributor address; City; State; Zip Code 9803 Crown Meadow Dr, Frisco, TX 75035	Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 01/22/2016	Full name of contributor	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date 01/22/2016	Full name of contributorout-of-state PAC (ID#:) John & Terri Miller Contributor address; City; State; Zip Code 3156 White Spruce Dr, Frisco, TX 75033	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 01/22/2016	Full name of contributorout-of-state PAC (ID#:) Joseph Boduch Contributor address; City; State; Zip Code 11125 Corsicana, Frisco, TX 75035	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 7 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bill Woodard 4 Date 7 Amount of contribution (\$) 8 Full name of contributor out-of-state PAC (ID#:_ 01/22/2016 Jaime Ronderos 250.00 9 Contributor address; City; State; Zip Code 4501 Voyager Dr, Frisco, TX 75034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 01/27/2016 **Daniel Thering** 100.00 Contributor address; City; State; Zip Code 3001 Dallas Pkwy, Suite 510, Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 02/03/2016 Eric Kihl 300.00 Contributor address; City; State; Zip Code 2901 Jacobson Dr, Plano, TX 75025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 02/10/2016 Beth Singer 200.00 Contributor address; City; State; Zip Code 12103 Ashaway Ln, Frisco, TX 75035 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.

SCHEDULE A1

The	Instruction Guide explains how to con	nplete this	form.	1 Total pages Schedule A1: 7
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Bill Woodard				
4 Date	10 Full name of contributor ou	t-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
02/10/2016	Aaron Fletcher			
	11 Contributor address; C	ity; State	e; Zip Code	250.00
	5050 FM 423 #7102, Frisco, TX 75	034		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor ou	t-of-state PA	C (ID#:)	Amount of contribution (\$)
02/11/2016	George Allen			300.00
	Contributor address; C	ity; State	e; Zip Code	300.00
	9123 Clearlake Dr, Dallas,	TX 7522	25	
D-111	,			
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ons)
Date		t-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/17/2016	Tony Ewing			3,000.00
	Contributor address; C	ity; State	; Zip Code	
	6323 Karen's Ct, Frisco, TX	75034		
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor ou	t-of-state PAQ	C (ID#:)	Amount of contribution (\$)
02/17/2016	Leroy Myrben			100.00
	Contributor address; Ci	ty; State	e; Zip Code	100.00
	11451 La Grange Dr, Frisco	o, TX 75	035	
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Bill Woodard		
4 Date	12 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/12/2016	Glyn King	
02/12/2016	13 Contributor address; City; State; Zip Code	100.00
	4285 Glenhurst Ln, Frisco, TX 75033	
9 Dringing special		
8 Principal occu	pation / Job title (See Instructions) 9	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/15/2016	Jeff Postell	25.00
	Contributor address; City; State; Zip Code	
	314 Niagara Fallas Dr, Anna, TX 75409	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/19/2016	Keith Britton	100.00
	Contributor address; City; State; Zip Code	
	10106 Summit Run Dr, Frisco, TX 75035	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
02/22/2016	Lee McCormick	
	Contributor address; City; State; Zip Code	200.00
	5602 Coolwater, Frisco, TX 75034	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	actions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2016	14 Full name of contributor Tracie Shipman 15 Contributor address; City; State; Zip Code 10141 Calvery Court, Frisco, Tx 75035	7 Amount of contribution (\$) 50.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date 02/24/2016	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date 2/25/2016	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date 2/25/2016	Full name of contributor Chad Rudy Contributor address; City; State; Zip Code 12186 Kennedale Dr, Frisco, TX 75033	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME Bill Woodard 4 Date 16 Full name of contributor out-of-state PAC (IDF				
Bill Woodard 4 Date 16 Full name of contributor John Scarborough 17 Contributor address; City: State: Zip Code 100.00 8 Principal occurrence Full name of contributor address; City: State: Zip Code 1700 Pacific Ave, Dallas, TX 75201 Date O3/10/2016 Full name of contributor address; City: State: Zip Code 1700 Pacific Ave, Dallas, TX 75201 Date O3/10/2016 Full name of contributor Date Contributor address; City: State: Zip Code 1700 Pacific Ave, Dallas, TX 75201 Date Full name of contributor Date Contributor address; City: State: Zip Code 1700 Pacific Ave, Dallas, TX 75031 Principal occurrence Full name of contributor Date Contributor address; City: State: Zip Code 1900 Pacific Ave, Dallas, TX 75031 Principal occurrence Full name of contributor Date Pacific Ave, Dallas, TX 75033 Principal occurrence Full name of contributor Date Pacific Ave, Dallas, TX 75033 Principal occurrence Full name of contributor Date Pacific Ave, Dallas, TX 75033 Date Pacific Ave, Dallas, TX 75033 Principal occurrence Full name of contributor Date Pacific Ave, Dallas, TX 75033 Date Pacific Ave, Dallas, TX 75033 Date Pacific Ave, Dallas, TX 75034 Amount of contribution (\$) Date Pacific Ave, Dallas, TX 75034		The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
A Date 16 Full name of contributor Out-of-state PAC (IDP 100.00 1	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
John Scarborough 17 Contributor address; City; State; Zip Code 100.00	Bi	ll Woodard		
17 Contributor address; City; State; Zip Code 100.00 8 Principal occupation / Job title (See Instructions) Date 03/09/2016 Full name of contributor Out-of-state PAC (IDE: 1700 Pacific Ave, Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 400.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 300.00 Amount of contribution (\$) 300.00			,	7 Amount of contribution (\$)
B Principal occupation / Job title (See Instructions) Date O3/09/2016 Full name of contributor O3/09/2016 Trey Sibley Contributor address; City; State; Zip Code 1700 Pacific Ave, Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date O3/10/2016 Full name of contributor O3/10/2016 Steven and Joyce Funk Contributor address; City; State; Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (s) 100.00 Date O3/15/2016 Full name of contributor Out-of-state PAC (ID#: O3/15/2016 Barbara Williams Contributor address; City; State; Zip Code 7400 Gaylord Pkwy, Frisco, TX 75034	3/6	6/2016	_	100.00
Date 03/09/2016 Trey Sibley Contributor address; City: State: Zip Code 1700 Pacific Ave, Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 03/10/2016 Steven and Joyce Funk Contributor address; City: State: Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Employer (See Instructions) Employer (See Instructions)			16 Horizon Point Dr, Frisco, TX 75035	
O3/09/2016 Trey Sibley Contributor address; City; State; Zip Code 1700 Pacific Ave, Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date O3/10/2016 Steven and Joyce Funk Contributor address; City; State; Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor O3/15/2016 Barbara Williams Contributor address; City; State; Zip Code 7400 Gaylord Pkwy, Frisco, TX 75034	8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Contributor address; City; State: Zip Code 1700 Pacific Ave, Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 30/10/2016 Steven and Joyce Funk Contributor address; City; State; Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#		Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#		03/09/2016	Trey Sibley	400.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor O3/10/2016 Steven and Joyce Funk Contributor address; City; State; Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Date Full name of contributor Out-of-state PAC (ID#			Contributor address; City; State; Zip Code	
Date Full name of contributor out-of-state PAC (ID#:			1700 Pacific Ave, Dallas, TX 75201	
O3/10/2016 Steven and Joyce Funk Contributor address; City; State; Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#		Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Contributor address; City; State; Zip Code 11930 Sand hill Dr, Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:		Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 03/15/2016 Barbara Williams Contributor address; City; State; Zip Code 7400 Gaylord Pkwy, Frisco, TX 75034		03/10/2016	Steven and Joyce Funk	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:			Contributor address; City; State; Zip Code	
Date Full name of contributor out-of-state PAC (ID#:			11930 Sand hill Dr, Frisco, TX 75033	
03/15/2016 Barbara Williams Contributor address; City; State; Zip Code 7400 Gaylord Pkwy, Frisco, TX 75034		Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
03/15/2016 Barbara Williams Contributor address; City; State; Zip Code 7400 Gaylord Pkwy, Frisco, TX 75034		· ·		
Contributor address; City; State; Zip Code 7400 Gaylord Pkwy, Frisco, TX 75034			out of state this (is).	Amount of contribution (\$)
7400 Gaylord Pkwy, Frisco, TX 75034		03/15/2016	Barbara Williams	300.00
			Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			7400 Gaylord Pkwy, Frisco, TX 75034	
		Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7
2 FILER NAME Bill Woodard			3 Filer ID (Ethics Commission Filers)
4 Date 3/15/20216	18 Full name of contributor out-of-state PAC Warren Ruiz 19 Contributor address; City; State 10641 Astoria Dr, Frisco, TX 75035	(ID#:); Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 03/18/2016	Full name of contributor out-of-state PAC Bryan Dodson Contributor address; City; State 3554 Norwich Ln, Frisco, TX 75035		Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3/21/2016	Full name of contributor out-of-state PAC Will Sowell Contributor address; City; State 13407 Lyndhurst Dr, Frisco, TX 750	•	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)
Date 3/25/2016	Full name of contributor out-of-state PAC Gary Woodard Contributor address; City; State 4111 Oakhill, Las Vegas, NV 89121		Amount of contribution (\$) 275.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 11 Bill Woodard 4 Date 5 Payee name 01/04/2016 Recognition USA 6 Amount (\$) 7 Payee address; City; State; Zip Code 71.45 PO Box 831514, Richardson, TX 75083 (b) Description 8 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/13/2016 Punchbowl Amount (\$) Payee address; City; State; Zip Code 23.88 50 Speen St STE 202, Framingham, MA 01701 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/19/2016 Starwood HOA Amount (\$) Payee address; City; State; Zip Code 200.00 6550 Starwood Dr, Frisco, TX 75034 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 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 F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 11 Bill Woodard 4 Date 5 Payee name 01/17/2016 Frisco Area Republicans 6 Amount (\$) 7 Payee address; City; State; Zip Code 125.00 4745 Star Ridge Ln, Frisco, TX 75034 8 (b) Description (b) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/22/2016 Adrian Creasev Amount (\$) Payee address; City; State; Zip Code 300.00 15260 Regal Oak Ln, Frisco, TX 75035 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/09/2016 **RWNCC** Amount (\$) Payee address; City; State; Zip Code 25.00 PO BOX 2353, Frisco, TX 75034 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **Event Expense** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category noclisted above)
Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
·	Bill Woodard		
Date	5 Payee name		
02/18/2016	NTSRW		
Amount (\$)	7 Payee address; City; State; Zip Code		
80.00	7091 Glen Abbey Ct, Frisco TX 75034		
}	(c) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	<u></u>	Check if travel o	utside of Texas. Complete Schedule T,
OF EXPENDITURE	Event Expense	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
01/22/2016	Voom Group		
Amount (\$)	Payee address; City; State; Zip Code		
182.94	1825 E Plano Pkwy, STE 250 Plano, TX 7	5074	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel ou	itside of Texas, Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/22/2016	First Graphic Services, Inc		
Amount (\$)	Payee address; City; State; Zip Code		
1,488.44	229 Garvon St, Garland, TX 75040		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		stside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1:	2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
Date 12/24/2016	5 Payee name Fed Ex Office		
Amount (\$)	7 Payee address; City; State; Zip Code		
37.35	5062 Main Street, Frisco, TX 75033		
3	(d) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/29/2016	First Graphic Services		
Amount (\$)	Payee address; City; State; Zip Code		
1735.79	229 Garvon St, Garland, TX 75040		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	E .	de of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/08/2016	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
21.32	1601 Trapelo Rd, STE 329, Waltham, MA	02451	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		de of Texas. Complete Schedule T. TX, officeholder living expense

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1:	2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
2/12/16	Anedote		
Amount (\$)	7 Payee address; City; State; Zip Code		
4.20	PO Box 84314 Baton Rouge, LA 70884		
3	(e) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Accounting/Banking		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/15/16	Anedote		
Amount (\$)	Payee address; City; State; Zip Code		
1.27	PO Box 84314 Baton Rouge, LA 70884		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/19/16	Anedote		
Amount (\$)	Payee address; City; State; Zip Code		
4.20	PO Box 84314 Baton Rouge, LA 70884		
	Category (See Categories listed at the top of this schedule)	Description	daids of Tours Complete Cabe duty
PURPOSE OF EXPENDITURE	Accounting/Banking		utside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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

Total pages Schedule F1:	2 EN ED NAME		3 Filer ID (Ethics Commission Filers)	
1 total pages Schedule FT.			C. Let 1D (Clinics Commission Filets)	
Date	Bill Woodard 5 Payee name		I	
01/20/16	Anedote			
Amount (\$)	7 Payee address; City; State; Zip Code			
2.25				
2.23	PO Box 84314 Baton Rouge, LA 70884			
3	(f) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	A coounting/Danking	Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting/Banking	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		·	
01/22/16	Anedote			
0 (1 22) 10				
Amount (\$)	Payee address; City; State; Zip Code	 		
4.20	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	1.0003/milig/ Editioning	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/27/16				
	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
4.20	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Accounting/Banking		tside of Texas. Complete Schedule T.	
EXPENDITURE		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 NEE	:DED	

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 Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Tabel server Outradule E4.				
Total pages Schedule FT:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Bill Woodard			
Date	5 Payee name			
2/03/16	Anedote			
Amount (\$)	7 Payee address; City; State; Zip Code			
12.00	PO Box 84314 Baton Rouge, LA 70884			
·	(g) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	A	Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting/Banking 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			
02/10/16	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
18.15	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	A and a supplier of Dominian	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Accounting/Banking	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/22/16	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
8.10	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting Danking	Check if Austin	n, TX, officeholder living expense	
	Candidate / Officeholder name	Office sought	Office held	

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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	•	omplete this form.		
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Bill Woodard			
Date	5 Payee name			
2/23/16	Anedote			
Amount (\$)	7 Payee address; City; State; Zip Code			
2.25	PO Box 84314 Baton Rouge, LA 70884			
	(h) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel o	outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting/Banking Check if Austin, TX, officeholder			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/25/16	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
4.20	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Ponking	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Accounting/Banking	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			
02/29/16	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
10.05	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	

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

	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1	Bill Woodard			
Date	5 Payee name			
3/06/16	Anedote			
Amount (\$)	7 Payee address; City; State; Zip Code			
4.20	PO Box 84314 Baton Rouge, LA 70884			
<u> </u>	(i) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Renking	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Accounting/Banking Check if Austin, TX, officeholder liv			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/09/16	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
15.90	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	o, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/15/16	Anedote			
Amount (\$)	Payee address; City; State; Zip Code			
16.20	PO Box 84314 Baton Rouge, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking		rtside of Texas. Complete Schedule T.	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	

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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1: 11	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Bill Woodard			
Date 3/21/16	5 Payee name			
	Anedote			
Amount (\$)	7 Payee address; City; State; Zip Code			
4.20	PO Box 84314 Baton Rouge, LA 70884			
	(j) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	A accounting / Ponking	Check if travel ou	itside of Texas. Complete Schedule T.	
OF EXPENDITURE	Accounting/Banking Check if Austin, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/12/16	Costco			
Amount (\$)	Payee address; City; State; Zip Code			
224.63	5785 Eldorado Pkwy, Frisco, TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food/Beverage	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	1 odd/Deverage	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			
03/24/16	NTSRW			
Amount (\$)	Payee address; City; State; Zip Code			
110.00	7091 Glen Abbey Ct, Frisco TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1: 11	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Bill Woodard		
4 Date	5 Payee name		
03/25/2016	Frisco Tea Party		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
25.00	4992 Iroquois Dr, Frisco, TX 75034		
8	(k) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Event Expense	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin	TX, officeholder living expense
EXPENDITORE			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		•	side of Texas. Complete Schedule T.
OF		Check if Austin,	TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	l		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
•			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	3, (3		side of Texas. Complete Schedule T.
OF]	TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		- ··· uuug	1
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how to	s/Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule G: 3	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 1/08/2016	5 Payee name Constant Contact	
6 Amount (\$) \$21.32 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Trapelo Rd, STE 329, Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Pamt of Credit card for Misc Political Expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
Date 01/02/2016	Payee name Wells Fargo Card Services	
Amount (\$) 21.32 Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 51193 Los Angeles, CA 90051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card payment	(b) Description Pamt of Credit card for Misc Political Expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direc expenditure to benefit C/C		Office sought Office held
Date 01/22/16	Payee name 7-11	
Amount (\$) 10.78 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10820 Eldorado PKWY, Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	s/Wages/Contract Labor Other (enter a category not listed above)
	The manaction datae explains now t	o complete and form.
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Bill Woodard	
4 Date	5 Payee name	
2/08/2016	Constant Contact	
6 Amount (\$) \$21.32	7 Payee address; City; State; Zip Code	
721.52	 1601 Trapelo Rd, STE 329, Waltham, MA 02451	
Reimbursement from political contributions intended	1001 Trapelo Nu, 312 325, Waltham, MA 02431	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Pamt of Credit card for Misc Political Expenses
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct		Office sought Office held
expenditure to benefit C/0	эн	
Date	Payee name	
02/27/2016	Dick's Sporting Goods	
	blok o operating coods	
Amount (\$)	Payee address; City; State; Zip Code	
156.01	345 Court St, Coraopolis, PA 15108	
Reimbursement from		
political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description Pamt of Credit card for Misc Political Expenses
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Zrom Zaponos	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held
	:	
Date	Payee name	
02/27/2016	Amazon.com	
Amount (\$)	Payee address; City; State; Zip Code	
43.30	410 Terry Ave, North Seattle, WA 98109	
Reimbursement from	410 Telly Ave, Nothi Coattle, VVA 30100	
political contributions intended		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	aron appriso	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
3	Bill Woodard		
4 Date	5 Payee name		
03/02/2016	Amazon.com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$193.98	440 T. A . N. 41 O. 41 NA 00400		
/ Reimbursement from	410 Terry Ave, North Seattle, WA 98109		
political contributions intended			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Pamt	of Credit card for Misc Political Expenses
PURPOSE OF		Check if travel outsid	e of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, T.	X, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	DH		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from			
political contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description Pamt	of Credit card for Misc Political Expenses
PURPOSE OF		Check if travel outside	e of Texas. Complete Schedule T.
EXPENDITURE		ĺ	ς, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/0	ЭН		
Date 01/22/16	Payee name		
01)22/10			
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from			
political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF			of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, T	(, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/C	201		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	FD
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