

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)		<b>2</b> Total pages filed: 24																	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR</td> <td style="width: 25%;">FIRST</td> <td style="width: 25%;">MI</td> <td style="width: 25%;"></td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>E</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td>Bill</td> <td>Woodard</td> <td></td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI		Mr.	William	E		NICKNAME	LAST	SUFFIX		Bill	Woodard			<b>OFFICE USE ONLY</b>  Date Received  Received: 8 April 2016 City Secretary's Office -KRM	
	MS / MRS / MR	FIRST	MI																		
Mr.	William	E																			
NICKNAME	LAST	SUFFIX																			
Bill	Woodard																				
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  11545 La Grange Dr Frisco, TX 75035																					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address																					
	AREA CODE PHONE NUMBER EXTENSION (214)945-3366			Date Hand-delivered or Date Postmarked																	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE				Receipt # Amount \$																	
	MS / MRS / MR FIRST MI Mr. Rick			Date Processed																	
<b>6</b> CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX Fletcher			Date Imaged																	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  5450 Quail Run, Frisco, TX 75034																				
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)																					
	AREA CODE PHONE NUMBER EXTENSION (972)689-9612																				
<b>8</b> CAMPAIGN TREASURER PHONE																					
<b>9</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
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<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																		
<b>10</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 / 1 / 16</td> <td></td> <td style="text-align: center;">3 / 28 / 16</td> </tr> </table>					Month Day Year	THROUGH	Month Day Year	1 / 1 / 16		3 / 28 / 16										
	Month Day Year	THROUGH	Month Day Year																		
1 / 1 / 16		3 / 28 / 16																			
<b>11</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </td> </tr> <tr> <td style="text-align: center;">5 / 7 / 16</td> <td></td> </tr> </table>					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	5 / 7 / 16											
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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																				
5 / 7 / 16																					
<b>12</b> OFFICE	OFFICE HELD (if any)  N/A																				
	<b>13</b> OFFICE SOUGHT (if known)  Frisco City Council Place 4																				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Bill Woodard

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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$0

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

\$7,450.00

EXPENDITURE  
TOTALS

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

\$96.34

4. TOTAL POLITICAL EXPENDITURES

\$5,310.74

CONTRIBUTION  
BALANCE

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

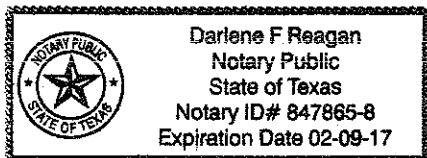
\$3,977.03

OUTSTANDING  
LOAN TOTALS

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

\$150.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*William E. Woodard*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said WILLIAM E. WOODARD, this the 16TH day OF APRIL, 2016

*Darlene F. Reagan*  
Signature of officer administering oath

DARLENE F. REAGAN  
Printed name of officer administering oath

NOTARY-STATE OF TEXAS  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

**Bill Woodard**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,450
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$4,746.37
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$468.03
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: 7
2 FILER NAME <b>Bill Woodard</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/20/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark James</b> 6 Contributor address; City; State; Zip Code <b>9803 Crown Meadow Dr, Frisco, TX 75035</b>	Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/22/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Cox</b> Contributor address; City; State; Zip Code <b>7112 Silverbrook, Frisco, TX 75034</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/22/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Terri Miller</b> Contributor address; City; State; Zip Code <b>3156 White Spruce Dr, Frisco, TX 75033</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/22/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Boduch</b> Contributor address; City; State; Zip Code <b>11125 Corsicana, Frisco, TX 75035</b>	Amount of contribution (\$) <b>150.00</b>
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

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 9/8/2015

## MONETARY POLITICAL CONTRIBUTIONS

## 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 02/10/2016	10 Full name of contributor out-of-state PAC (ID#: _____) Aaron Fletcher  11 Contributor address; City; State; Zip Code 5050 FM 423 #7102, Frisco, TX 75034	7 Amount of contribution (\$)  250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2016	Full name of contributor out-of-state PAC (ID#: _____) George Allen  Contributor address; City; State; Zip Code 9123 Clearlake Dr, Dallas, TX 75225	Amount of contribution (\$)  300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2016	Full name of contributor out-of-state PAC (ID#: _____) Tony Ewing  Contributor address; City; State; Zip Code 6323 Karen's Ct, Frisco, TX 75034	Amount of contribution (\$)  3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2016	Full name of contributor out-of-state PAC (ID#: _____) Leroy Myrben  Contributor address; City; State; Zip Code 11451 La Grange Dr, Frisco, TX 75035	Amount of contribution (\$)  100.00
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: 7
2 FILER NAME <b>Bill Woodard</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/12/2016</b>	12 Full name of contributor out-of-state PAC (ID#: _____) <b>Glyn King</b> 13 Contributor address; City; State; Zip Code <b>4285 Glenhurst Ln, Frisco, TX 75033</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/15/2016</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jeff Postell</b> Contributor address; City; State; Zip Code <b>314 Niagara Fallas Dr, Anna, TX 75409</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/19/2016</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Keith Britton</b> Contributor address; City; State; Zip Code <b>10106 Summit Run Dr, Frisco, TX 75035</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/22/2016</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lee McCormick</b> Contributor address; City; State; Zip Code <b>5602 Coolwater, Frisco, TX 75034</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 7

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/2016

14 Full name of contributor

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

Tracie Shipman

15 Contributor address;

City; State; Zip Code

10141 Calvery Court, Frisco, Tx 75035

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/24/2016

Full name of contributor

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

Lauren Sauer

Contributor address;

City; State; Zip Code

22 Fireberry Ct, Frisco, TX 75033

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/2016

Full name of contributor

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

Martin Kent

Contributor address;

City; State; Zip Code

16222 Koi Pond Ct, Dallas, TX 75248

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/2016

Full name of contributor

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

Chad Rudy

Contributor address;

City; State; Zip Code

12186 Kennedale Dr, Frisco, TX 75033

Amount of contribution (\$)

250.00

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: 7

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/2016

16 Full name of contributor

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

John Scarborough

17 Contributor address;

City; State; Zip Code

16 Horizon Point Dr, Frisco, TX 75035

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/09/2016

Full name of contributor

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

Trey Sibley

Contributor address;

City; State; Zip Code

1700 Pacific Ave, Dallas, TX 75201

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2016

Full name of contributor

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

Steven and Joyce Funk

Contributor address;

City; State; Zip Code

11930 Sand hill Dr, Frisco, TX 75033

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2016

Full name of contributor

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

Barbara Williams

Contributor address;

City; State; Zip Code

7400 Gaylord Pkwy, Frisco, TX 75034

Amount of contribution (\$)

300.00

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: 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 (ID#: \_\_\_\_\_)

Warren Ruiz

19 Contributor address;

City; State; Zip Code

10641 Astoria Dr, Frisco, TX 75035

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/18/2016

Full name of contributor

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

Bryan Dodson

Contributor address;

City; State; Zip Code

3554 Norwich Ln, Frisco, TX 75035

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/2016

Full name of contributor

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

Will Sowell

Contributor address;

City; State; Zip Code

13407 Lyndhurst Dr, Frisco, TX 75035

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2016

Full name of contributor

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

Gary Woodard

Contributor address;

City; State; Zip Code

4111 Oakhill, Las Vegas, NV 89121

Amount of contribution (\$)

275.00

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.

# 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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/04/2016		<b>5</b> Payee name Recognition USA			
<b>6</b> Amount (\$) 71.45		<b>7</b> Payee address; City; State; Zip Code PO Box 831514, Richardson, TX 75083			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/13/2016		Payee name Punchbowl			
Amount (\$) 23.88		Payee address; City; State; Zip Code 50 Speen St STE 202, Framingham, MA 01701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/19/2016		Payee name Starwood HOA			
Amount (\$) 200.00		Payee address; City; State; Zip Code 6550 Starwood Dr, Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/17/2016		<b>5</b> Payee name Frisco Area Republicans			
<b>6</b> Amount (\$) 125.00		<b>7</b> Payee address; City; State; Zip Code 4745 Star Ridge Ln, Frisco, TX 75034			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(b)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/22/2016		Payee name Adrian Creasey			
Amount (\$) 300.00		Payee address; City; State; Zip Code 15260 Regal Oak Ln, Frisco, TX 75035			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		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/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/09/2016		Payee name RWNCC			
Amount (\$) 25.00		Payee address; City; State; Zip Code PO BOX 2353, Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		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/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: 11		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filters)	
4 Date 02/18/2016		5 Payee name NTSRW			
6 Amount (\$) 60.00		7 Payee address; City; State; Zip Code 7091 Glen Abbey Ct, Frisco TX 75034			
8 <b>PURPOSE OF EXPENDITURE</b>		(c) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/22/2016		Candidate / Officeholder name Payee name Voom Group			
Amount (\$) 182.94		Payee address; City; State; Zip Code 1825 E Plano Pkwy, STE 250 Plano, TX 75074			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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/OH					
Date 2/22/2016		Candidate / Officeholder name Payee name First Graphic Services, Inc			
Amount (\$) 1,488.44		Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		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/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# 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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/24/2016		<b>5</b> Payee name Fed Ex Office			
<b>6</b> Amount (\$)  37.35		<b>7</b> Payee address; City; State; Zip Code  5062 Main Street, Frisco, TX 75033			
<b>8</b>  PURPOSE OF EXPENDITURE		(d) Category (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/29/2016		Payee name First Graphic Services			
Amount (\$)  1735.79		Payee address; City; State; Zip Code  229 Garvon St, Garland, TX 75040			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Advertising Expense		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/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/08/2016		Payee name Constant Contact			
Amount (\$)  21.32		Payee address; City; State; Zip Code  1601 Trapelo Rd, STE 329, Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Advertising Expense		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/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: 11		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 02/12/16		5 Payee name Anedote			
6 Amount (\$) 4.20		7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
8 <b>PURPOSE OF EXPENDITURE</b>		(e) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/15/16		Payee name Anedote			
Amount (\$) 1.27		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/19/16		Payee name Anedote			
Amount (\$) 4.20		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought Office held	

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# 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: 11		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 01/20/16		5 Payee name Anedote			
6 Amount (\$) 2.25		7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
8 <b>PURPOSE OF EXPENDITURE</b>		(f) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/22/16		Payee name Anedote			
Amount (\$) 4.20		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/27/16		Payee name Anedote			
Amount (\$) 4.20		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought Office held	

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# 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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/03/16		<b>5</b> Payee name Anedote			
<b>6</b> Amount (\$) 12.00		<b>7</b> Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>8</b>  PURPOSE OF EXPENDITURE		(g) Category (See Categories listed at the top of this schedule)  Accounting/Banking		(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 02/10/16		Payee name Anedote			
Amount (\$) 18.15		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought      Office held	
Date 02/22/16		Payee name Anedote			
Amount (\$) 8.10		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought      Office held	

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# 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: 11		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/16		5 Payee name Anedote			
6 Amount (\$) 2.25		7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
8 <b>PURPOSE OF EXPENDITURE</b>		(h) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/25/16		Payee name Anedote			
Amount (\$) 4.20		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/29/16		Payee name Anedote			
Amount (\$) 10.05		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought Office held	

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# 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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/06/16		<b>5</b> Payee name Anedote			
<b>6</b> Amount (\$) 4.20		<b>7</b> Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		(i) Category (See Categories listed at the top of this schedule)  Accounting/Banking		(b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/09/16		Payee name Anedote			
Amount (\$) 15.90		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/15/16		Payee name Anedote			
Amount (\$) 16.20		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Accounting/Banking		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/OH		Candidate / Officeholder name		Office sought	Office held

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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/21/16	<b>5</b> Payee name Anedote		
<b>6</b> Amount (\$) 4.20	<b>7</b> Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(j)</b> Category (See Categories listed at the top of this schedule)  Accounting/Banking	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 03/12/16	Payee name Costco		
Amount (\$) 224.63	Payee address; City; State; Zip Code 5785 Eldorado Pkwy, Frisco, TX 75034		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage	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/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 03/24/16	Payee name NTSRW		
Amount (\$) 110.00	Payee address; City; State; Zip Code 7091 Glen Abbey Ct, Frisco TX 75034		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	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/OH			
Candidate / Officeholder name			
Office sought			
Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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.

Total pages Schedule F1: 11		<b>2 FILER NAME</b> Bill Woodard		<b>3 Filer ID (Ethics Commission Filers)</b>	
<b>4 Date</b> 03/25/2016		<b>5 Payee name</b> Frisco Tea Party			
<b>6 Amount (\$)</b> 25.00		<b>7 Payee address; City; State; Zip Code</b> 4992 Iroquois Dr, Frisco, TX 75034			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(k) Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>(b) Description</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		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	
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	

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# 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.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/08/2016	<b>5</b> Payee name Constant Contact		
<b>6</b> Amount (\$) \$21.32  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  1601 Trapelo Rd, STE 329, Waltham, MA 02451		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		(b) Description Pamt of Credit card for Misc Political Expenses  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 01/02/2016	Payee name Wells Fargo Card Services		
Amount (\$) 21.32  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  PO Box 51193 Los Angeles, CA 90051		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Credit Card payment		(b) Description Pamt of Credit card for Misc Political Expenses  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/22/16	Payee name 7-11		
Amount (\$) 10.78  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  10820 Eldorado PKWY, Frisco, TX 75035		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			

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# 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: 3		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 2/08/2016		5 Payee name Constant Contact			
6 Amount (\$) \$21.32  <input checked="" type="checkbox"/> 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  <input 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		Office sought Office held	
Date 02/27/2016		Payee name Dick's Sporting Goods			
Amount (\$) 156.01  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  345 Court St, Coraopolis, PA 15108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Pamt of Credit card for Misc Political Expenses  <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 02/27/2016		Payee name Amazon.com			
Amount (\$) 43.30  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  410 Terry Ave, North Seattle, WA 98109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(b) 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

# 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: 3		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2016		5 Payee name Amazon.com			
6 Amount (\$) \$193.98  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 410 Terry Ave, North Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/22/16		Payee name			
Amount (\$)  Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(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/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/22/16		Payee name			
Amount (\$)  Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) 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	

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