# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                                                     | Guide explains how to compl                                   | lete this form.                                   | iler ID (Ethics Com | nmission Filers)        | 2 Total pages fil                              | led: 7                          |
|----------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|---------------------|-------------------------|------------------------------------------------|---------------------------------|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                      | MS / MRS / MR Mr. NICKNAME Bill                               | FIRST William LAST Woodard                        |                     | MI<br>E<br>SUFFIX       | OFFICE  Date Received  7-44-14                 | EUSE ONLY                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/ | ADDRESS / PO BOX; APT /  11545 La Grange Dr  Frisco, TX 75035 | SUITE #; CITY;                                    | STATE;              | ZIP CODE                |                                                | 40 pm                           |
| OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME                              | (214)945-3366  MS / MRS / MR Mr.                              | FIRST<br>Rick                                     |                     | MI                      | Date Hand-delivered  Receipt #  Date Processed | d or Date Postmarked  Amount \$ |
|                                                                            | NICKNAME LAST SUFFIX Fletcher                                 |                                                   |                     | Date Imaged             |                                                |                                 |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)              | STREET ADDRESS (NO PO BOX                                     | _                                                 | CITY;               | STATE;                  | ZIP CODE                                       |                                 |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                           | AREA CODE PHONE (972)689-9612                                 | E NUMBER                                          | EXTENSION           | N                       |                                                |                                 |
| 9 REPORT TYPE                                                              | January 15  July 15                                           | 30th day before election  8th day before election | Runof               | off<br>eded \$500 limit | treasurer ap<br>(Officeholder                  |                                 |
| 10 PERIOD<br>COVERED                                                       | Month Day                                                     |                                                   | HROUGH              | Month 6                 | Day Year / 30 / 20                             |                                 |
| 11 ELECTION                                                                | ELECTION DATE  Month Day Year                                 | Primary General                                   | E Runoff Special    | Other Description       |                                                |                                 |
| 12 OFFICE                                                                  | OFFICE HELD (if any)  Frisco City Council Place               | 4                                                 | 13 OFFICE SOL       | UGHT (if known)         |                                                |                                 |
| GO TO PAGE 2                                                               |                                                               |                                                   |                     |                         |                                                |                                 |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                                                                                                           |                                                                                                                               |                                                                                                            | 15 Filer ID                  | (Ethics Commission Filers)                                     |  |  |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------|--|--|
| Bill Woodard                                                                                                           |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
| 16 NOTICE FROM POLITICAL COMMITTEE(S)                                                                                  | LITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICEHOLDER'S |                                                                                                            |                              |                                                                |  |  |
|                                                                                                                        |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
|                                                                                                                        |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
| ,                                                                                                                      | GENERAL                                                                                                                       | Frisco Fire Fighters Committee for Responsible Government  COMMITTEE ADDRESS                               |                              |                                                                |  |  |
|                                                                                                                        | SPECIFIC                                                                                                                      |                                                                                                            |                              |                                                                |  |  |
|                                                                                                                        |                                                                                                                               | PO Box 1206 Frisco, TX 75034                                                                               |                              |                                                                |  |  |
|                                                                                                                        |                                                                                                                               | COMMITTEE CAMPAIGN TREASURER NAME                                                                          |                              |                                                                |  |  |
| Additional Pages                                                                                                       | Stephen W Hyatt  COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                         |                                                                                                            |                              |                                                                |  |  |
|                                                                                                                        |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
|                                                                                                                        |                                                                                                                               | 80 Derby Dr, Van Alstyne, TX 75495                                                                         |                              |                                                                |  |  |
| 17 CONTRIBUTION TOTALS                                                                                                 | 1. TOTAL PLEDG                                                                                                                | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   |                              | \$0                                                            |  |  |
|                                                                                                                        | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                          |                                                                                                            |                              | \$662.21                                                       |  |  |
| EXPENDITURE<br>TOTALS                                                                                                  | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                             |                                                                                                            |                              | \$50.34                                                        |  |  |
|                                                                                                                        | 4. TOTAL POLITICAL EXPENDITURES                                                                                               |                                                                                                            |                              | \$430.27                                                       |  |  |
| CONTRIBUTION<br>BALANCE                                                                                                | 5. TOTAL<br>OF RE                                                                                                             | \$4,081.84                                                                                                 |                              |                                                                |  |  |
| OUTSTANDING<br>LOAN TOTALS                                                                                             | 6. TOTAL<br>LAST I                                                                                                            | \$5,150.00                                                                                                 |                              |                                                                |  |  |
| 18 AFFIDAVIT                                                                                                           |                                                                                                                               | I swear, or affirm, under penalty of pand correct and includes all informations.  Title 15, Election Code. | erjury, that<br>ation requir | the accompanying report is true red to be reported by me under |  |  |
| JENNY PAGE                                                                                                             |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
| Mv Mv                                                                                                                  | ry Public, State of Tex<br>Commission Expires<br>externaev, 19, 2019                                                          |                                                                                                            | didate or O                  | fficeHolder                                                    |  |  |
| Sworn to and subscribed before me, bythe said Rill Woodard , this the 14th                                             |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
| day of Judy, 20, to certify which, witness my hand and seal of office.                                                 |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |
| lus lus                                                                                                                | 1                                                                                                                             | Jenny Paga                                                                                                 | Note                         |                                                                |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath |                                                                                                                               |                                                                                                            |                              |                                                                |  |  |

Notice from Political Committees Page 2

Committee Type: General

Committee Name: Frisco Police Officers Association Political Action Committee

Committee Address: PO Box 2263 Frisco, TX 75034:

Committee Treasurer: Grant Cottingham

Committee Treasurer Address: PO Box 2263 Frisco, TX 75034

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

|     | FILER NAME  Noodard  20 Filer ID (Ethics Com                                       | 20 Filer ID (Ethics Commission Filers) |  |  |  |
|-----|------------------------------------------------------------------------------------|----------------------------------------|--|--|--|
| 21  | SUBTOTAL<br>AMOUNT                                                                 |                                        |  |  |  |
| 1.  | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS                                       |                                        |  |  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$162.21                               |  |  |  |
| 3.  | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                               |                                        |  |  |  |
| 4.  | SCHEDULE E: LOANS                                                                  | \$                                     |  |  |  |
| 5.  | X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS            | \$379.93                               |  |  |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$0                                    |  |  |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$0                                    |  |  |  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$0                                    |  |  |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$0                                    |  |  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$0                                    |  |  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$0                                    |  |  |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$0                                    |  |  |  |

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

| The                                                                                 | Instruction Guide explains how to complete this form.                       | 1 Total pages Schedule A1:<br>1 of 1  |  |  |  |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|--|--|--|--|
| 2 FILER NAME<br>Bill Woodard                                                        |                                                                             | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |
| 4 Date                                                                              | 5 Full name of contributor out-of-state PAC (ID#:)  Van Nichols             | Amount of contribution (\$)           |  |  |  |  |
| 06/09/16                                                                            | 6 Contributor address; City; State; Zip Code                                | 250.00                                |  |  |  |  |
| 1341 S. Preston Rd. Celina, TX 75009                                                |                                                                             |                                       |  |  |  |  |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) |                                                                             |                                       |  |  |  |  |
| Date                                                                                | Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |  |  |  |  |
| 06/17/16                                                                            | Bryan Dodson                                                                | 250.00                                |  |  |  |  |
|                                                                                     | Contributor address; City; State; Zip Code 354 Norwich Ln, Frisco, TX 75033 |                                       |  |  |  |  |
| Principal occup                                                                     | ation / Job title (See Instructions) Employer (See Instructions)            | tions)                                |  |  |  |  |
| Date                                                                                | Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |  |  |  |  |
|                                                                                     | Contributor address; City; State; Zip Code                                  |                                       |  |  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)    |                                                                             |                                       |  |  |  |  |
| Date                                                                                | Full name of contributor out-of-state PAC (ID#:)                            | Amount of contribution (\$)           |  |  |  |  |
|                                                                                     | Contributor address; City; State; Zip Code                                  |                                       |  |  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)    |                                                                             |                                       |  |  |  |  |
|                                                                                     |                                                                             |                                       |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                 |                                                                             |                                       |  |  |  |  |

Revised 9/8/2015

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

| Tł                                                                       | ne Instruction Guide explains how to complete this form   | 1 Total pages Schedule A2: 1 of 1                                                           |                                                            |  |  |  |
|--------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|--|--|--|
| 2 FILER NAME Bill Woodard                                                |                                                           |                                                                                             | 3 Filer ID (Ethics Commission Filers)                      |  |  |  |
| 4 TOTAL O                                                                | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | \$                                                                                          |                                                            |  |  |  |
| Date:<br>6/30/2016                                                       | 7 Full name of contributor out-of-state PAC (ID#:         | 8 Amount of Contribution \$ 9 In-kind contribution description  162.21 Facebook Advertising |                                                            |  |  |  |
|                                                                          | 5450 Quail Run, Frisco, TX 75034                          |                                                                                             |                                                            |  |  |  |
| 10 Principal occ                                                         | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe                                                                                  | Check if travel outside of Texas. Complete Schedule T.     |  |  |  |
| 10 T Tillelpai occ                                                       | upation / 300 title (FOR NON-30DICIAL) (See Instructions) | II Employe                                                                                  | er (FOR NON-JUDICIAL)(See Instructions)                    |  |  |  |
| 12 Contributor's                                                         | principal occupation (FOR JUDICIAL)                       | 13 Contribu                                                                                 | tor's job title (FOR JUDICIAL) (See Instructions)          |  |  |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  15 L                  |                                                           |                                                                                             | irm of contributor's spouse (if any) (FOR JUDICIAL)        |  |  |  |
| 16 If contributor                                                        | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                                                             |                                                            |  |  |  |
| Date                                                                     | Date Full name of contributor out-of-state PAC (ID#:      |                                                                                             | Amount of In-kind contribution Contribution \$ description |  |  |  |
|                                                                          | Contributor address; City; State; Zip Cod                 | de                                                                                          | Check if travel outside of Texas. Complete Schedule T.     |  |  |  |
| Principal occu                                                           | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe                                                                                     | byer (FOR NON-JUDICIAL)(See Instructions)                  |  |  |  |
|                                                                          | Employer (FOR NON-JUDICIAL)(See Instructions)             |                                                                                             |                                                            |  |  |  |
| Contributor's principal occupation (FOR JUDICIAL)  Contri                |                                                           |                                                                                             | utor's job title (FOR JUDICIAL) (See Instructions)         |  |  |  |
| Contributor's employer/law firm (FOR JUDICIAL)                           |                                                           |                                                                                             | Law firm of contributor's spouse (if any) (FOR JUDICIAL)   |  |  |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                           |                                                                                             |                                                            |  |  |  |
|                                                                          |                                                           |                                                                                             |                                                            |  |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment |                                                                | Gift/Awards/Memorials Expens<br>Legal Services  The Instruction Guide e. | Salaries/\          | xpense<br>Vages/Contract Labor          | Travel In District Travel Out Of Distric Other (enter a categor |                    |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------|---------------------|-----------------------------------------|-----------------------------------------------------------------|--------------------|
| 1 Total pages Schedule F1:                                                           | 2 FILER N                                                      |                                                                          |                     |                                         | 2 Filor ID /Fthice                                              | Commission Filers) |
| 1 of 1                                                                               | Bill Wood                                                      |                                                                          |                     |                                         | 3 Filer ID (Eurics                                              | Commission Filers) |
| 4 Date                                                                               | 5 Payee na                                                     |                                                                          |                     |                                         |                                                                 |                    |
| 06/23/2016                                                                           | Fred Lusk                                                      | me                                                                       |                     |                                         |                                                                 |                    |
| 6 Amount (\$)                                                                        | 7 Payee ad                                                     | dress; City; State                                                       | e; Zip Code         |                                         |                                                                 |                    |
| 104.93                                                                               | 9912 Mallo                                                     | ry Dr, Frisco, TX 75035                                                  |                     |                                         |                                                                 |                    |
| 8                                                                                    | (a) Category                                                   | / (See Categories listed at the top                                      | o of this schedule) | (b) Description                         |                                                                 |                    |
| PURPOSE                                                                              | Advertising                                                    | Expense                                                                  |                     | Sign Installa                           | tion and Removal                                                |                    |
| OF<br>EXPENDITURE                                                                    |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                         |                                                                | te / Officeholder name                                                   |                     | Office sought                           |                                                                 | Office held        |
| Date                                                                                 | Payee na                                                       | me                                                                       |                     |                                         |                                                                 |                    |
| 06/18/2016                                                                           | Costco                                                         |                                                                          |                     |                                         |                                                                 |                    |
| 00/10/2010                                                                           |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| Amount (\$)                                                                          | Payee ad                                                       | dress; City; State                                                       | e; Zip Code         |                                         |                                                                 |                    |
| 275.00                                                                               | 11220 Dalla                                                    | as Pkwy, Frisco TX 75033                                                 |                     |                                         |                                                                 |                    |
| 270.00                                                                               | 11220 Dalla                                                    | 15 FKWY, F115CO 1X 75055                                                 |                     |                                         |                                                                 |                    |
|                                                                                      | Catanani                                                       | 0 0 0 1 0 0 1 1 1 1 1 1 1 1 1                                            |                     | T                                       |                                                                 |                    |
|                                                                                      | Category (                                                     | See Categories listed at the top of                                      | f this schedule)    | Description                             |                                                                 |                    |
| PURPOSE                                                                              | Food and Be                                                    | verage Expense                                                           |                     |                                         |                                                                 |                    |
| OF<br>EXPENDITURE                                                                    |                                                                |                                                                          |                     | Food For election                       | n night party                                                   |                    |
| EXI ENDITORE                                                                         |                                                                |                                                                          |                     | , , , , , , , , , , , , , , , , , , , , |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                           |                                                                | te / Officeholder name                                                   |                     | Office sought                           |                                                                 | Office held        |
| D-t-                                                                                 | Payas na                                                       |                                                                          |                     |                                         |                                                                 |                    |
| Date                                                                                 | Payee na                                                       | me                                                                       |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| Amount (\$)                                                                          | Payee ad                                                       | dress; City; State                                                       | e; Zip Code         |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      | 19770-497-45-201-40-49-40-40-40-40-40-40-40-40-40-40-40-40-40- |                                                                          |                     | Y                                       |                                                                 |                    |
|                                                                                      | Category (                                                     | See Categories listed at the top of                                      | this schedule)      | Description                             |                                                                 |                    |
| PURPOSE                                                                              |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| OF                                                                                   |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| EXPENDITURE                                                                          |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                |                                                                          |                     |                                         |                                                                 |                    |
| 0                                                                                    | 0 "11 1                                                        | - / Office helder :                                                      |                     | 055                                     |                                                                 | 05                 |
| Complete ONLY if direct<br>expenditure to benefit C/OH                               | Candidat                                                       | e / Officeholder name                                                    |                     | Office sought                           |                                                                 | Office held        |
| SAPORALUIO LO DERIGIR O/OH                                                           |                                                                |                                                                          |                     |                                         |                                                                 |                    |
|                                                                                      |                                                                | A O. I. A D. D. T. C. T.             |                     |                                         |                                                                 |                    |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                  |                                                                |                                                                          |                     |                                         |                                                                 |                    |