

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>		<p>2 Total pages filed: 6</p>																			
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR</td> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>E</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Bill</td> <td>Woodard</td> <td></td> </tr> </table>				MS / MRS / MR	FIRST	MI	Mr.	William	E	NICKNAME	LAST	SUFFIX	Bill	Woodard		<p>OFFICE USE ONLY</p>						
	MS / MRS / MR	FIRST	MI																				
Mr.	William	E																					
NICKNAME	LAST	SUFFIX																					
Bill	Woodard																						
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>		<p>Date Received</p> <p style="text-align: center; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">JAN 15 2019</p> <p style="text-align: center;">City Secretary's Office</p> <p style="text-align: center; font-style: italic;">KRM @ 2:57 p.m.</p>																					
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>		<table style="width: 100%;"> <tr> <td style="width: 33%;">AREA CODE</td> <td style="width: 33%;">PHONE NUMBER</td> <td style="width: 33%;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>945-3366</td> <td></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION	(214)	945-3366													
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<p>6 CAMPAIGN TREASURER NAME</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR</td> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Sean</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Heatley</td> <td></td> </tr> </table>				MS / MRS / MR	FIRST	MI	Mr.	Sean		NICKNAME	LAST	SUFFIX		Heatley		<p>Receipt #</p> <p>Amount \$</p>						
	MS / MRS / MR	FIRST	MI																				
Mr.	Sean																						
NICKNAME	LAST	SUFFIX																					
	Heatley																						
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>		<p>Date Processed</p> <p>Date Imaged</p>																					
<p>8 CAMPAIGN TREASURER PHONE</p>		<table style="width: 100%;"> <tr> <td style="width: 33%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 33%;">APT / SUITE #;</td> <td style="width: 33%;">CITY;</td> <td style="width: 33%;">STATE;</td> <td style="width: 33%;">ZIP CODE</td> </tr> <tr> <td colspan="5">1395 Horse Creek Dr, Frisco, TX 75034</td> </tr> </table>				STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1395 Horse Creek Dr, Frisco, TX 75034												
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<p>9 REPORT TYPE</p>		<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input 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 checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<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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<p>10 PERIOD COVERED</p>		<table style="width: 100%;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td>07</td> <td>01</td> <td>2018</td> <td>12</td> <td>31</td> <td>2018</td> </tr> <tr> <td colspan="6" style="text-align: center;">THROUGH</td> </tr> </table>				Month	Day	Year	Month	Day	Year	07	01	2018	12	31	2018	THROUGH					
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THROUGH																							
<p>11 ELECTION</p>		<table style="width: 100%;"> <tr> <td style="width: 40%;">ELECTION DATE</td> <td style="width: 60%;">ELECTION TYPE</td> </tr> <tr> <td>Month / Day / Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>				ELECTION DATE	ELECTION TYPE	Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special														
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<p>12 OFFICE</p>		<p>13 OFFICE SOUGHT (if known)</p>																					
<p>OFFICE HELD (if any)</p> <p>Frisco City Council Place 4</p>																							

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

\$75.00

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

\$825.00

EXPENDITURE
TOTALS

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

\$391.31

4. TOTAL POLITICAL EXPENDITURES

\$1,304.59

CONTRIBUTION
BALANCE

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

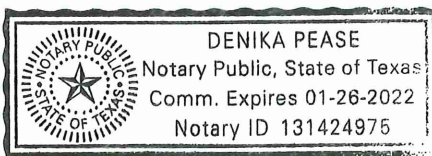
\$760.01

OUTSTANDING
LOAN TOTALS

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

\$1,400.00

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.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bill Woodard, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Denika Pease
Printed name of officer administering oath

State of Texas Notary
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	\$750.00
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	\$913.28
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME: Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2018	5 Full name of contributor out-of-state PAC (ID#: Eric Kihl 6 Contributor address; City; State; Zip Code 2901 Jacobson Dr, Plano, TX 75025	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2018	Full name of contributor out-of-state PAC (ID#: Clint Bedsole Contributor address; City; State; Zip Code 8449 Plymouth Ln, Frisco, TX 75036	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2018	Full name of contributor out-of-state PAC (ID#: Buddy Minet Contributor address; City; State; Zip Code 8548 Scott Cir, Frisco, TX 75034	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2018	Full name of contributor out-of-state PAC (ID#: Robert Cox Contributor address; City; State; Zip Code 7112 Silver Brook, Frisco, TX 75034	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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2018	5 Payee name TenWeb, Inc	
6 Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 40 E Main St, Suite 721, Newark, DE 19711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Page Updates
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 09/06/2018	Payee name Frisco Lakes Veterans Association	
Amount (\$) \$100.00	Payee address; City; State; Zip Code Frisco Lakes, Frisco Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Tournament Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 09/23/2018	Payee name Market Street	
Amount (\$) \$320.63	Payee address; City; State; Zip Code 11999 Dallas Parkway, Frisco, TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Purchase
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			

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1 Total pages Schedule F1: 2 of 2	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)			
4 Date 11/13/2018	5 Payee name Vista Print				
6 Amount (\$) \$130.96	7 Payee address; City; State; Zip Code Boston, MA				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Stationary & Cards			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 11/08/2018	Payee name Market Street				
Amount (\$) \$236.69	Payee address; City; State; Zip Code 11999 Dallas Parkway, Frisco, TX 75033				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Purchase			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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