

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------------------------------|--|---------------------------------|---|----------------------------------|--|---|--|-------|---------|---|--|-----------|-----------|----------------|--|-------------|--|--|--|--|--|--|--|--|----|---|-----------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <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 | | OFFICE USE ONLY Date Received RECEIVED APR 04 2019 <i>@ 4:13 PM A.C.</i> CITY SECRETARY'S OFFICE Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. | William | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bill | Woodard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <table style="width: 100%;"> <tr> <td style="width: 25%;">ADDRESS / PO BOX;</td> <td style="width: 25%;">APT / SUITE #;</td> <td style="width: 25%;">CITY;</td> <td style="width: 25%;">STATE;</td> <td style="width: 20%;">ZIP CODE</td> </tr> <tr> <td>11545 La Grange Dr</td> <td></td> <td>Frisco</td> <td>TX</td> <td>75035</td> </tr> </table> | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 11545 La Grange Dr | | Frisco | TX | 75035 | | | | | | | | | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11545 La Grange Dr | | Frisco | TX | 75035 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | <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 | | | | | | | | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (214) | 945-3366 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <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 | | | | | | | | | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. | Sean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Heatley | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width: 100%;"> <tr> <td style="width: 45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 15%;">APT / SUITE #;</td> <td style="width: 15%;">CITY;</td> <td style="width: 15%;">STATE;</td> <td style="width: 10%;">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 | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1395 Horse Creek Dr, Frisco, TX 75034 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <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>733-2887</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (214) | 733-2887 | | | | | | | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (214) | 733-2887 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 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) | | | | | | | | | | | | | | | | | | | | |
| <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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td>01</td> <td>/</td> <td>01</td> <td>/</td> <td>2019</td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="text-align: center;">THROUGH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>03</td> <td>/</td> <td>25 / 2019</td> </tr> </table> | | | Month | Day | Year | | Month | Day | Year | 01 | / | 01 | / | 2019 | | | THROUGH | | | | | | | | | | | 03 | / | 25 / 2019 |
| Month | Day | Year | | Month | Day | Year | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | / | 01 | / | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THROUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 03 | / | 25 / 2019 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | <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 checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>05 / 04 / 2019</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 | 05 / 04 / 2019 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 / 04 / 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | <table style="width: 100%;"> <tr> <td style="width: 50%;">OFFICE HELD (if any)</td> <td style="width: 50%;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td>Frisco City Council Place 4</td> <td>Frisco City Council Place 4</td> </tr> </table> | | | OFFICE HELD (if any) | OFFICE SOUGHT (if known) | Frisco City Council Place 4 | Frisco City Council Place 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICE HELD (if any) | OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frisco City Council Place 4 | 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

\$150.00

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

\$15,250.00

**EXPENDITURE
TOTALS**

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

\$615.94

4. TOTAL POLITICAL EXPENDITURES

\$6,786.47

**CONTRIBUTION
BALANCE**

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

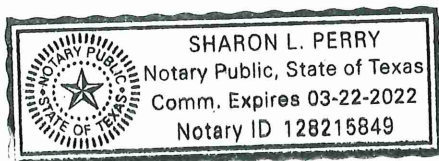
\$9228.79

**OUTSTANDING
LOAN TOTALS**

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

\$900.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Woodard, this the 4th
day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sharon Perry
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME: 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 | \$15,100.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input checked="" type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$2,500.00 |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$6,170.53 |
| 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 of 7

2 FILER NAME: Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date
01/14/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Fehmi Karahan

7 Amount of contribution (\$)
800.00

6 Contributor address; City; State; Zip Code
5905 Legacy Dr, Plano, TX 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/14/2019

Full name of contributor out-of-state PAC (ID#: _____)
RJ Grogan

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
6331 Desco Dr, Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/14/2019

Full name of contributor out-of-state PAC (ID#: _____)
William Vanderstraaten

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
3509 Bryn Mawr, Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/14/2019

Full name of contributor out-of-state PAC (ID#: _____)
Jeff Brawner

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
4364 San Carlo, Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 of 7 |
| 2 FILER NAME: Bill Woodard | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/14/2019 | 8 Full name of contributor out-of-state PAC (ID#: _____) Michael & Theresa Sinacola 9 Contributor address; City; State; Zip Code 6701 Glendenny, Plano, TX 75204 | 10 Amount of contribution (\$) 750.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/14/2019 | Full name of contributor out-of-state PAC (ID#: _____) Christopher Kleinert Contributor address; City; State; Zip Code 5909 Steuben, Dallas, TX 75248 | Amount of contribution (\$) 750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/14/2019 | Full name of contributor out-of-state PAC (ID#: _____) TREPAC Contributor address; City; State; Zip Code PO Box 2246, Austin, TX 78768 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/14/2019 | Full name of contributor out-of-state PAC (ID#: _____) Warren Ruiz Contributor address; City; State; Zip Code 11333 Cerrillos Dr, Frisco, TX 75035 | Amount of contribution (\$) 1,000.00 |
| 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: 3 of 7 |
| 2 FILER NAME: Bill Woodard | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/16/2019 | 11 Full name of contributor out-of-state PAC (ID#: _____) Sharon Luft 12 Contributor address; City; State; Zip Code 9735 Vickie Ln, Frisco, TX 75035 | | 13 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| | | | |
| Date 01/17/2019 | Full name of contributor out-of-state PAC (ID#: _____) Paul and Lynn Slaney Silguero Contributor address; City; State; Zip Code 4619 Pine Valley Dr, Frisco, TX 75033 | | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| | | | |
| Date 01/24/2019 | Full name of contributor out-of-state PAC (ID#: _____) James & Lynnette Sinacola Contributor address; City; State; Zip Code 19 Stonebriar Way, Frisco, TX 75034 | | Amount of contribution (\$) 750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| | | | |
| Date 01/26/2019 | Full name of contributor out-of-state PAC (ID#: _____) Rudman Partnership Contributor address; City; State; Zip Code 4851 LBJ Freeway, Dallas, TX 75244 | | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| | | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 of 7 |
| 2 FILER NAME: Bill Woodard | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/2019 | 14 Full name of contributor out-of-state PAC (ID#: _____) Rene and Randy Archambault 15 Contributor address; City; State; Zip Code 11542 La Cantera Trl, Frisco, TX 75033 | 16 Amount of contribution (\$) 150.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/28/2019 | Full name of contributor out-of-state PAC (ID#: _____) Russell & Kathryn Laughlin Contributor address; City; State; Zip Code 3717 Fox Hollow, Fort Worth, TX 76109 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/28/2019 | Full name of contributor out-of-state PAC (ID#: _____) Robert & Jennifer Folzenlogen Contributor address; City; State; Zip Code 1916 Berkeley, Fort Worth, TX 76110 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/29/2019 | Full name of contributor out-of-state PAC (ID#: _____) David Box Contributor address; City; State; Zip Code 9453 Ironwood 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: 5 of 7

2 FILER NAME: Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date
01/29/2019

Full name of contributor out-of-state PAC (ID#: _____)
 Mike Berry
 Contributor address; City; State; Zip Code
 6217 Genoa Rd, Fort Worth, TX 76116

17 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/29/2019

Full name of contributor out-of-state PAC (ID#: _____)
 Barbara Fasola
 Contributor address; City; State; Zip Code
 5046 Oak Knoll, Frisco, TX 75034

Amount of contribution (\$)
1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/04/2019

Full name of contributor out-of-state PAC (ID#: _____)
 Dave Wilcox
 Contributor address; City; State; Zip Code
 PO Box 5163, Frisco, TX 75035

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/04/2019

18 Full name of contributor out-of-state PAC (ID#: _____)
 Lee McCormick
19 Contributor address; City; State; Zip Code
 5602 Coolwater Cove, Frisco, TX 75034

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 7

2 FILER NAME: Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date
02/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
 Clint Bedsole
 Contributor address; City; State; Zip Code
 8449 Plymouth, Frisco, TX 75034

20 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2019

Full name of contributor out-of-state PAC (ID#: _____)
 Josh and Mary Sandler
 Contributor address; City; State; Zip Code
 4326 Preston Rd, Frisco, TX 75034

Amount of contribution (\$)
2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2019

Full name of contributor out-of-state PAC (ID#: _____)
 Jason Denton
 Contributor address; City; State; Zip Code
 2332 Hague St, Frisco, TX 75033

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

4 Date
03/11/2019

21 Full name of contributor out-of-state PAC (ID#: _____)
 Chris Moss
22 Contributor address; City; State; Zip Code
 10341 Casetta, Frisco, TX 75035

23 Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 7

2 FILER NAME: Bill Woodard

3 Filer ID (Ethics Commission Filers)

Date
03/25/2019

Full name of contributor out-of-state PAC (ID#: _____)
Craig & Kathryn Hall

Contributor address; City; State; Zip Code
6801 Gaylord Pkwy, Frisco, TX 75034

Amount of contribution (\$)

2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SCHEDULE B

Revised 9/8/2015

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: 1 of 4 | | 2 FILER NAME Bill Woodard | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1/16/2019 | | 5 Payee name Recognition USA | | | |
| 6 Amount (\$) \$211.09 | | 7 Payee address; City; State; Zip Code 113 E Polk St, Richardson, TX 75081 | | | |
| 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 Name Tags | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 01/14/2019 | | Payee name All Storage Eldorado | | | |
| Amount (\$) \$260.00 | | Payee address; City; State; Zip Code 6707 Eldorado Pkwy, Frisco, TX 75033 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material Storage | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 01/14/2019 | | Payee name First Graphics | | | |
| Amount (\$) 3,017.47 | | 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 | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs | |
| 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: 2 of 4 | 2 FILER NAME Bill Woodard | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/19/2019 | 5 Payee name Bill Woodard | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 11545 La Grange Dr, Frisco, TX 75035 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Loan Repayment /Reimbursement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/29/2019 | Candidate / Officeholder name Office sought Office held Payee name Recognition USA | |
| Amount (\$) \$228.30 | Payee address; City; State; Zip Code 113 E Polk St, Richardson, TX 75081 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pens / Name Tags |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/31/2019 | Candidate / Officeholder name Office sought Office held Payee name Frisco Association of the Arts | |
| Amount (\$) 174.13 | Payee address; City; State; Zip Code 3201 Dallas Pkwy #200, Frisco, TX 75034 | |
| PURPOSE OF EXPENDITURE | 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 Valentines Day Event Participation |
| 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 | 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: 3 of 4 | | 2 FILER NAME Bill Woodard | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 02/04/2019 | | 5 Payee name 2DM designs | | | |
| 6 Amount (\$) \$800.00 | | 7 Payee address; City; State; Zip Code 10407 Stone Falls Ln, Frisco, TX 75035 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-Shirts | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 02/08/2019 | | Payee name Voom Group | | | |
| Amount (\$) \$172.12 | | Payee address; City; State; Zip Code 1825 E Plano Pkwy, Plano, TX 75074 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pop Up Banner | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 02/10/2019 | | Payee name Jakroo | | | |
| Amount (\$) 111.00 | | Payee address; City; State; Zip Code 5906 Stoneridge Mall Rd, Pleasanton, CA 94588 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jersey | |
| 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: 4 of 4 | | 2 FILER NAME Bill Woodard | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 02/16/2019 | | 5 Payee name Sarmatian Inn | | | |
| 6 Amount (\$) \$300.00 | | 7 Payee address; City; State; Zip Code 1514 N McDonald St, McKinney, TX 75071 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) 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 Charitable Donation | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 02/19/2019 | | Payee name Fred Lusk | | | |
| Amount (\$) \$271.42 | | Payee address; City; State; Zip Code 9912 Mallory Dr, Frisco, TX 75035 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Installation | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 03/01/2019 | | Payee name Mallory Trumpfheller | | | |
| Amount (\$) 125.00 | | Payee address; City; State; Zip Code 3799 E County Highway 30A #7b, Santa Rosa Beach, FL, 32459 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphic Design | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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