

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. William	MI E
	NICKNAME Bill	LAST Woodard	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11545 La Grange Dr Frisco, TX 75035		
	AREA CODE PHONE NUMBER EXTENSION (214) 945-3366		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR	FIRST Sean	MI
	NICKNAME	LAST Heatley	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1395 Horse Creek Dr, Frisco, TX 75034 (Residence or Business)		
	AREA CODE PHONE NUMBER EXTENSION (214) 733-2887		
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between;"> <div> <input 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) </div> <div> <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 21 </div> <div>THROUGH</div> <div> Month Day Year 6 / 30 / 21 </div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE Primary Runoff Other Description General Special </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
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10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
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11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
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12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
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13 OFFICE SOUGHT (if known)	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
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14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Frisco City Council Place 4 </div> <div> OFFICE SOUGHT (if known) </div> </div>		
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GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME William Woodard		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 166.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 166.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,196.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

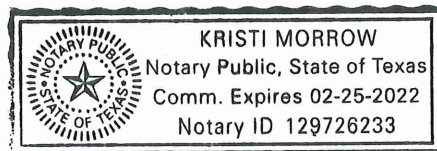
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by William Woodard this the 29th day of June.

20 21, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Kristi Morrow
Printed name of officer administering oath

City Secretary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME William Woodard		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2021	5 Full name of contributor out-of-state PAC (ID#: _____) James Whalen 6 Contributor address; City; State; Zip Code 9300 John Hickman Pkwy, STE 501, Frisco, TX 75035	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/31/2021	Full name of contributor out-of-state PAC (ID#: _____) Simon Paschall PLLC Contributor address; City; State; Zip Code 5300 Town and Country Blvd, STE 155, Frisco, TX 75034	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		