

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: 7 | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST William</div> <div>MI E</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME Bill</div> <div>LAST Woodard</div> <div>SUFFIX</div> </div> | <div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">JAN 18 2022</div> <div style="text-align: center; color: blue; font-size: 1.2em;">@4:17pm jd</div> <div style="text-align: center; font-weight: bold;">CITY SECRETARY'S OFFICE</div> </div> | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 11545 La Grange Dr Frisco, TX 75035</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214)</div> <div>PHONE NUMBER 945-3366</div> <div>EXTENSION</div> </div> | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Sean</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Heatley</div> <div>SUFFIX</div> </div> | | <div style="border: 1px solid black; padding: 2px;"> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Imaged</div> </div> | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 1395 Horse Creek Dr, Frisco, TX 75034</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214)</div> <div>PHONE NUMBER 733-2887</div> <div>EXTENSION</div> </div> | | | | | | | | | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | | | | | | | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 1 / 21 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 21 </div> </div> | | | | | | | | | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div>Primary</div> <div>Runoff</div> <div>Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div>General</div> <div>Special</div> <div></div> </div> </div> </div> | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Frisco City Council Place 4 | 13 OFFICE SOUGHT (if known) | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> | | | COMMITTEE TYPE | COMMITTEE NAME | GENERAL | COMMITTEE ADDRESS | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | |
| GENERAL | COMMITTEE ADDRESS | | | | | | | | | | |
| SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

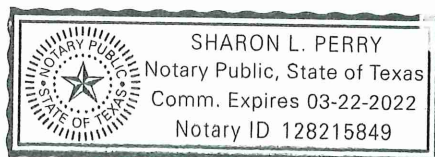
| | | |
|--|---|---|
| 15 C/OH NAME William Woodard | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 150.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 12,750.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 1,119.40 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,313.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 17,633.31 |
| 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.

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 18th day of January, 2022, to certify which, witness my hand and seal of office.

Sharon Perry Sharon Perry Notary
Signature of officer administering oath Printed name of officer administering oath 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 | \$ 12,600.00 |
| 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 | \$ 1,194.28 |
| 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: 3 |
| 2 FILER NAME William Woodard | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/25/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) William Vanderstraaten 6 Contributor address; City; State; Zip Code 3509 Bryn Mawr, Dallas, TX 75225 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/27/2021 | Full name of contributor out-of-state PAC (ID#: _____) Whitney Williams Grogan Contributor address; City; State; Zip Code 6331 Desco Dr, Dallas, TX 75225 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/27/2021 | Full name of contributor out-of-state PAC (ID#: _____) Christopher Kleinert Contributor address; City; State; Zip Code 5909 Steuben Ct, Dallas, TX 75248 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/28/2021 | Full name of contributor out-of-state PAC (ID#: _____) Jeff Brawner Contributor address; City; State; Zip Code 5364 San Carlos St, Dallas, TX 75205 | Amount of contribution (\$) 500.00 |
| 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. | | |

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: 3 |
| 2 FILER NAME William Woodard | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/28/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Todd Armstrong 6 Contributor address; City; State; Zip Code 1613 Lismore Ct, Keller, TX 76262 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/30/2021 | Full name of contributor out-of-state PAC (ID#: _____) Phillip Rose Contributor address; City; State; Zip Code 69853 Merrilee Ln, Dallas, TX 75214 | Amount of contribution (\$) 2,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/01/2021 | Full name of contributor out-of-state PAC (ID#: _____) Fehmi Karahan Contributor address; City; State; Zip Code 7200 Bishop Rd STE 250, Plano, TX 75204 | Amount of contribution (\$) 1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/06/2021 | Full name of contributor out-of-state PAC (ID#: _____) Colin Fitzgibbons Contributor address; City; State; Zip Code 6946 Southridge Dr, Dallas, TX 75214 | 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**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: 3 |
| 2 FILER NAME William Woodard | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/02/2021 | 5 Full name of contributor out-of-state PAC (ID#: _____) Craig Hall 6 Contributor address; City; State; Zip Code 6801 Gaylord Pkwy, Frisco, TX 75034 | 7 Amount of contribution (\$) 2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/06/2021 | Full name of contributor out-of-state PAC (ID#: _____) Shelly Mince Contributor address; City; State; Zip Code 1641 Crown Point Dr, Little Elm, TX 75034 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/13/2021 | Full name of contributor out-of-state PAC (ID#: _____) Geoffrey Davis Contributor address; City; State; Zip Code 2235 Fountain Glen, Frisco, TX 75036 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/22/2021 | Full name of contributor out-of-state PAC (ID#: _____) Jake Petras Contributor address; City; State; Zip Code 2774 Bandolier Ln, Frisco, TX 75033 | 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. | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | | 2 FILER NAME William Woodard | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/31/2021 | | 5 Payee name Blue Host | | | |
| 6 Amount (\$) 293.28 | | 7 Payee address; City; State; Zip Code 10 Corporate Dr, STE 300, Burlington, MA 01803 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Web Site Hosting fees. | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date 10/13/2021 | | Payee name Jakroo | | | |
| Amount (\$) 251.00 | | 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 Branded Clothing | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date 12/08/2021 | | Payee name Verona Villa | | | |
| Amount (\$) 650.00 | | Payee address; City; State; Zip Code 6591 Dallas Pkwy, Frisco, TX 75035 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description Venue Booking Fee | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |