

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Bill 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)	\$ 30.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 763.52
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,029.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,858.75
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]
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 8th day of July, 2022, to certify which, witness my hand and seal of office.

[Signature] Terri French Vice President
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 Bill Woodard		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,225.00
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	\$ 7,266.04
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 Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Fehmi Karahan 6 Contributor address; City; State; Zip Code 7200 Bishop Dr STE 250, Plano, TX 75204	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Robert Cox Contributor address; City; State; Zip Code 2732 Links, The Colony, TX 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Hugh Coleman Contributor address; City; State; Zip Code 1205 Bedford Ln , Lewisville, TX 75077	Amount of contribution (\$) 175.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Dan Stricklin Contributor address; City; State; Zip Code 856 Crystal Lake Dr, Frisco, TX 75036	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**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 Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Lee McCormick 6 Contributor address; City; State; Zip Code 5602 Coolwater Cove, Frisco, TX 75034	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Keating For Frisco Contributor address; City; State; Zip Code 3649 Silver Oaks, Frisco, TX 75033	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2022	Full name of contributor out-of-state PAC (ID#: _____) Zach Jones Contributor address; City; State; Zip Code 6314 Eden Valley Dr, Frisco, TX 75035	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/02/2022	Full name of contributor out-of-state PAC (ID#: _____) TREPAC Contributor address; City; State; Zip Code 1115 San Jacinto, STE 200, Austin, TX 78701	Amount of contribution (\$) 2,500.00
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.		

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: Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 05/25/2022	<div>5 Full name of contributor out-of-state PAC (ID#: _____) Dave Wilcox</div> <div>6 Contributor address; City; State; Zip Code 2471 Loch Haven Ct, Frisco, TX 75036</div>	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div>Full name of contributor out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 5		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name City of Frisco			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 6101 Frisco Square Blvd, Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Ballot Filing Fee		
	(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					
Date 02/05/2022		Candidate / Officeholder name NTX Giving Foundation			
Amount (\$) 200.00		Office sought Office held			
Payee name NTX Giving Foundation		City; State; Zip Code			
Category (See Categories listed at the top of this schedule) Gift/Advertising		Description MLK Event Sponsorship			
PURPOSE OF EXPENDITURE		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 02/05/2022		Payee name Verona Villa			
Amount (\$) 255.00		City; State; Zip Code 6591 Dallas Pkwy, Frisco, TX 75035			
Category (See Categories listed at the top of this schedule) Event Expense		Description Venue Rental			
PURPOSE OF EXPENDITURE		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					

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: 5		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 02/13/2022		5 Payee name reMarkable.com			
6 Amount (\$) 592.13		7 Payee address; City; State; Zip Code Biermanns gate 6, 0473 , Oslo, Norway, NO, 917 352 836			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office/Overhead		(b) Description Notebook Device for OH		
	(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 Payee name 02/18/2022 Walmart					
Amount (\$) 468.40		Payee address; City; State; Zip Code 8555 Preston Rd, Frisco, TX 75035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Food/Beverage for Event		
	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 Payee name 02/18/2022 Cactus Cafe					
Amount (\$) 1,596.69		Payee address; City; State; Zip Code 8655 Brookhollow, Frisco, TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Catering for event.		
	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					

**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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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: 5	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2022	5 Payee name Fred Lusk	
6 Amount (\$) 245.00	7 Payee address; City; State; Zip Code 9912 Mallory, Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Placement/Removal
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/19/2022	Payee name Suad Bejtovic	
Amount (\$) 450.00	Payee address; City; State; Zip Code 6012 Pisa Ln, Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Photography
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/19/2022	Payee name Emerson Band	
Amount (\$) 800.00	Payee address; City; State; Zip Code 10141 Calvery Ct, Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Entertainment
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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

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: 5	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2022	5 Payee name Dustin Paschal	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 5300 Town and Country Blvd STE 155, Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Contribution to Dustin for FISD
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Dustin Paschal FISD School Board	
Date 04/14/2022	Payee name Tracie Shipman	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 10141 Calvery Ct, Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Contribution to Tracie for Frisco
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Tracie Shipman Frisco City Council	
Date 05/20/2022	Payee name Quicktrip	
Amount (\$) 208.82	Payee address; City; State; Zip Code 1202 W 23rd St, Tulsa, OK, 74107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description Official Travel to PGA
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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

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: 5	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2022	5 Payee name Frisco Lakes Veterans Association.	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 8297 Turtle Beach Rd, Frisco, TX, 75036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Veterans Golf Sponsorship.
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

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 T: 1
2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input checked="" type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div><div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel 05/18/2022-05/20/2022	7 Name of person(s) traveling Bill Woodard, Tammy Meinershagen	
	8 Departure city or name of departure location Frisco, TX	
	9 Destination city or name of destination location Tulsa, OK	
10 Means of transportation Personal Car	11 Purpose of travel (including name of conference, seminar, or other event) Travel to PGA for preview of future Frisco Event	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div><div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 33%;"><input type="checkbox"/> Schedule A2</div><div style="width: 33%;"><input type="checkbox"/> Schedule B</div><div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div><div style="width: 33%;"><input type="checkbox"/> Schedule C2</div><div style="width: 33%;"><input type="checkbox"/> Schedule D</div><div style="width: 33%;"><input type="checkbox"/> Schedule F1</div><div style="width: 33%;"><input type="checkbox"/> Schedule F2</div><div style="width: 33%;"><input type="checkbox"/> Schedule F4</div><div style="width: 33%;"><input type="checkbox"/> Schedule G</div><div style="width: 33%;"><input type="checkbox"/> Schedule H</div><div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div><div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		