

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Bryan D Woodard Campaign		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,145
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,163.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,145
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Bryan D. Woodard
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bryan Woodard, and my date of birth is 10-31-81.
 My address is 916 Silver Creek Dr, Desoto, Tx, 75115, Dallas.
(street) (city) (state) (zip code) (country)
 Executed in DALLAS County, State of TEXAS, on the 14th day of July, 20 22.
(month) (year)
Bryan Woodard
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,145
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 102.56
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 36,061.38
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

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: **11**

2 FILER NAME

Bryan D. Woodard Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/2022

5 Full name of contributor

Christopher Shaw

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

5.00

6 Contributor address;

6630 Atha Drive Dallas, Texas 75217

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Web Developer / Owner

9 Employer (See Instructions)

Self Employed

Date

1/21/22

Full name of contributor

Bryan D. Woodard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5.00

Contributor address;

916 Silvercreek Drive Desoto, Texas 75115

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Law Enforcement / Deputy Constable

Employer (See Instructions)

Tarrant County

Date

1/21/22

Full name of contributor

Mala Tominack

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

7817 Oak Garden Trail Dallas, 75232

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

1/21/22

Full name of contributor

Gail Berry

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

2525 Bolton Boone Drive Desoto, Desoto Texas, 75115

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

Bryn Woodard Campaign

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/22

5 Full name of contributor

Bertha Beaman

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

not provided

8 Principal occupation / Job title (See Instructions)

not provided

9 Employer (See Instructions)

not provided

Date

1/24/22

Full name of contributor

Johnniesha Randall

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$40.00

Contributor address;

City;

State;

Zip Code

1000 E Pleasant Run Rd Apt 3822 Cedar Hill 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/22

Full name of contributor

Cathy D. Richardson

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$5.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/22

Full name of contributor

Renee Simmons

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Full name of contributor Lori Locke out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/24/22	Full name of contributor Jana Warren out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/24/22	Full name of contributor Linda Sanders out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/24/22	Full name of contributor Rachael Olson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Full name of contributor out-of-state PAC (ID# _____) Nancy 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/24/22	Full name of contributor out-of-state PAC (ID# _____) Joellen Barker Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/25/22	Full name of contributor out-of-state PAC (ID# _____) Sherry Sharpe Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/25/22	Full name of contributor out-of-state PAC (ID# _____) Karen Conway Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

3 Filer ID (Ethics Commission Filers)

4 Date
1/25/22

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

7 Amount of contribution (\$) **\$25.00**

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/25/22

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

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/26/22

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

Amount of contribution (\$) **\$25.00**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/26/22

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

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code

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...

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		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/22	5 Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Coxsey 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/22	Full name of contributor out-of-state PAC (ID#: _____) Brenda. Southam Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/22	Full name of contributor out-of-state PAC (ID#: _____) Krista Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/22	Full name of contributor out-of-state PAC (ID#: _____) James Wilson Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/22	5 Full name of contributor out-of-state PAC (ID# _____) Chan Gooden <hr/> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 70.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/22	Full name of contributor out-of-state PAC (ID# _____) Ken Arbour <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/22	Full name of contributor out-of-state PAC (ID# _____) Randi Brown <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/22	Full name of contributor out-of-state PAC (ID# _____) Vanessa Bryant <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/22	5 Full name of contributor out-of-state PAC (ID# _____) Edward Brown <hr/> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/27/22	Full name of contributor out-of-state PAC (ID# _____) Sam Williams <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/22	Full name of contributor out-of-state PAC (ID# _____) Denise J. Matney <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/30/22	Full name of contributor out-of-state PAC (ID# _____) Shelley McDaniel <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out of state PAC

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		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/22	5 Full name of contributor out-of-state PAC (ID#: _____) Carol Malik <hr/> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor out-of-state PAC (ID#: _____) Donna G. Baxter <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/22	Full name of contributor out-of-state PAC (ID#: _____) James Wilmes <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/22	Full name of contributor out-of-state PAC (ID#: _____) Gerry Woods <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/22	5 Full name of contributor Elezabith Coxsey out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/23/22	Full name of contributor Darcie Snyder out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/23/22	Full name of contributor Sharon Foley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/28/22	Full name of contributor Linda Nelson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/22	5 Full name of contributor Misty Crow out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/2/22	Full name of contributor Terry Arenett out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
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 details.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 102.56
5 Date 7/7/22	6 Payee name The Home Depot	
7 Amount (\$) \$102.56	8 Payee address; City; State; Zip Code 373 E FM 1382 Cedar Hill Texas 75104	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Framing for Billboard sign
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 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 G:		2 FILER NAME Brian D Woodard Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 5/3/22		5 Payee name Lonnie B Creative Sales			
6 Amount (\$) \$1,551.24 <small>Reimbursement from political contributions intended</small>		7 Payee address; City; State; Zip Code P.O. Box 804 Cedar Hill TX 75106			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printing and Design		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 3/16/22		Payee name Yes We Can Print That			
Amount (\$) \$811.88 <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code 606 Oriole Blvd Suite 206 Duncanville Texas 75116			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 1/30/22		Payee name Yes We Can Print That			
Amount (\$) \$2,500.00 <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code 606 Oriole Blvd Suite 206 Duncanville Texas 75116			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Truck Wrap		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Brian D Woodard Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/22	5 Payee name Clear Channel	
6 Amount (\$) \$26,550.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 3700 E. Randall Mill Road Arlington TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Billboards
	(c) Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held
Date 5/24/22	Payee name Lonnie B Creative Sales	
Amount (\$) \$3,247.50 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code P.O. Box 804 Cedar Hill TX 75106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Graphic Design / Printing
	Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held
Date 6/14/22	Payee name Lonnie B Creative Sales	
Amount (\$) 750.76 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code P.O. Box 804 Cedar Hill TX 75106	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Design & Print
	Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Bryan D Woodard Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 5/3/22	5 Payee name Yes We Can Print	
6 Amount (\$) \$ 650.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 606 Oriole Blvd Suite 206 Duncanville Tx 75116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Card
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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