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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	Bryan LAST Woodard	MI D. SUFFIX	OFFICE USE ONLY Date Received ST
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 4026 W. Can		CITY; STATE; ZIP CODE 5 Texas 75237	DALLAS COUN CTIONS DEPAR 2 Jan 18 PM :
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	254 5071	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr NICKNAME	FIRST Troy LAST	MI B SUFFIX	Receipt # Amount S 2 Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Jackson (NO PO BOX PLEASE): APT / S Central Expressw	PhD suite #; city; vay Suite 240 Dallas, To	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 482 8226	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before of	lection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year / 10 / 21	Reporting Limit Month THROUGH 01	Day Year / 15 / 22
11 ELECTION	Month Day 03 / 01	Year Primary	Description	
12 OFFICE	No Office He		13 OFFICE SOUGHT (if known Dallas County Cor	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI COMMITTEE NAME N/A	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME	
	19	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	- Part - State	GO ТО	PAGE 2	

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FORM C/OH COVER SHEET PG 2

CAMPAIG	I FINANCE REPOR	2022 JAN 18 PM 3: 13	3	SHEET FG 2
15 C/OH NAME Bryan Woodard Camp	paign		16 Filer ID (Ethi	ics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		\$	0
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOANS)	\$	\$85.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			0
	4. TOTAL POLITICAL EXPE	NDITURES	\$	1,325.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LAS	ST DAY \$	\$85.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF ING PERIOD	F THE \$	0
	wear, or affirm, under penalty of perjury		and correct and	d includes all information
14400000			, ,	0.4 SS
			/1/	/ /
		(Den /	1/m 1/2	ind
		Signature of Ca	indidate or Office	eholder
		polghatare or ea	rialdate of Office	moraci
	Please com	plete either option below	<i>i</i> :	
	~~~~~~			
(1) Afficavity My Con	ce E Kirk mission Expires 023 128563794			
OF TO ID NO.	20003764			
NOTARY STAMP/SEAL	^	4		
NOTARY STAINIP/SEAL	- A. 1	1/. 1		
Sworn to and subsetibed	before me by Deyan	Vovdard this the	/ day o	. Al
Sworn to and substribed	before the by	this the	day o	, OCO.
20 12 to certify	which, witness my hand and seal of office.	ATRICE E. KIRK	admi	i Ma
Signature of officer administe	ring oath Printed name of o	officer administering oath	Title of c	officer admiral tering oath
		OR		
(2) Unsworn Declaration	on.			
(2) Unsworn Deciaration	211			
My name is		and my date of hirth is		
				•
wy address is	(street)		tato) (ain as de	
Evacuted in	180 000	1.000 P	state) (zip code	e) (country)
Executed in	County, State of	, on the day of (month	) , 20	ear)
		·		
		Signature of Candid	ate/Officeholder (	(Declarant)

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## DALLAS COUNTY ELECTIONS DEPARTMENT FORM C/OH

### SUBTOTALS - C/OH

## 2022 JAN 18 PM 3: 13

## COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics Co	mmissic	on Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	85.00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
SCHEDULE E: LOANS	\$	0
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	1,325.00
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0
	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  \$  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  \$  SCHEDULE B: PLEDGED CONTRIBUTIONS  \$  SCHEDULE E: LOANS  \$  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  \$  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  \$  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  \$  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  \$  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  \$  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  \$  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

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## MONETARY POLITICAL CONTRIBUTIONS

## 2022 JAN SCHEPULE 31

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The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)	
Bryan Woo	dard Campaign				
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	7 Amount of contribution	(\$)		
12/22/21	6 Contributor address; City: St	7.001		<b>#20.00</b>	
		ate; Zip Code		\$20.00	
	719 E. 7th Street Vidalla, GA 304	/4			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
Retired	Reti	ired			
Date	1 12 22 0	)	Amount of contribution	(\$)	
12/22/21	Jean Daniels				
12/22/21	Contributor address; City; Sta	ate; Zip Code		\$20.00	
	3328 28th Street Milwaukee, WI 5	3216			
Principal occup Retired	ation / Job title (See Instructions) Reti	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Account of the second of the s	(0)	
Selection and select	Hattie and Columbus Heard	Amount of contribution (\$)			
12/22/21	Tractic and Columbus Fleara		ФОО ОО		
		ate; Zip Code		\$20.00	
	11616 W. 147th Street Olathe, KS 66	062			
	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Retired	Reti	red			
Date	Full name of contributor out-of-state PAC (ID#:_	<b>X</b>	Amount of contribution	(\$)	
	Ms. Charlene D. Ayres-Britt	/	Amount of contribution	(Ψ)	
12/21/21					
	Contributor address; City; Sta	ate; Zip Code		\$25.00	
	744 Eayrestown Rd. Apt 47 Lumberto	on, NJ 08048			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)		
Retired	Reti	ired			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDIII E AS NEI	EDED		
	If contributor is out-of-state PAC, please see Instruction				
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#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

ELECTIONS DEPARTMENT SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bryan Woodard Campaign 4 Date 5 Payee name 12/31/21 Chris Shaw C/O Be Infinite 6 Amount (\$) 7 Payee address; City; State: Zip Code 1017 Kory Drive Mesquite TX 75149 \$1,200.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Website creation and SEO Solicitation/Fundraising Expense **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Yes We Can Print That 1/12/2022 State: Zip Code Amount (\$) Payee address; City: 75115 Duncanville TΧ 606 Orial Blvd suite 206 \$125.00 Category (See Categories listed at the top of this schedule) Description Campaign Push Card Printing Printing Expense PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; Zip Code Payee address; State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2022 JAN 18 PH 3: 13

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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Folling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2004 1.200623.00000000000000000000000000000000	ме Voodard Campaign			3 Filer ID (Ethics	Commission Filers)	
4 Date 12/31/21	5 Payee nar Be Infir	ne nite C/O Chris Shaw					
6 Amount (\$) \$1,200.00 Reimbursement from political contributions intended	7 Payee add	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so on / Fundraising	chedule)	(b) Description Website / SEO			
	(c) (	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nan	ne					
1/12/22	Yes we	Can Print That					
Amount (\$) \$125.00 Reimbursement from political contributions intended	Payee add 606 Ori	_{dress;} al Blvd suite 206		City; Duncanville	TX State;	Zip Code 75115	
PURPOSE OF EXPENDITURE	Category Printing	(See Categories listed at the top of this so	chedule)	Description Push Cards			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held	
Date	Payee nan	ne					
Amount (\$)  Reimbursement from political contributions intended	Payee add	lress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this so	thedule)	Description			
		heck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held	

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