CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	nission Filers) 2 Total pages filed:
OFFICEHOLDER MR Bryan	OFFICE USE ONLY
NAME NICKNAME LAST S Woodard	Date Received
OFFICEHOLDER MAILING ADDRESS 916 Silver Creek Drive Desoto, Texas 75115	ZIP CODE
Change of Address	
5 CANDIDATE/ OFFICEHOLDER PHONE PHONE NUMBER EXTENSION 254-5071	Date Hand-delivered or Date Postmarked
	Receipt # Amount \$
NAME	Date Processed
NICKNAME LAST S	SUFFIX
Jackson	PhD Date Imaged
7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE: ZIP CODE
TREASURER ADDRESS 11617 North Central Expressway Suite 240 Dal	and the second s
(Residence or Business)	Patricial Constitution of the Constitution of
8 CAMPAIGN TREASURER PHONE (469) 482-8226	autors C 2
9 REPORT TYPE January 15 30th day before election Runoff Bunoff Bunoff Bunoff Bunoff Bunoff Bunoff	15th day after campaign treasurer appointment (Officeholder Only) ad Modified Final Report (Attach C/OH - FR)
10 PERIOD Month Day Year COVERED 1 16 22 THROUGH	Month Day Year 7 14 22
11 ELECTION ELECTION DATE ELE	ECTION TYPE
Month Day Year Primary Runoff	Other
Worth Day feat	Description
11 / 08 / 22 General Special	
/ /	
12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUR Dallas Cou	GHT (if known) unty Constable Precinct 4
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION.	IOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE TYPE COMMITTEE NAME	
GENERAL COMMITTEE ADDRESS Additional Pages	
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

37 11111 7 11 01	THE THE TAIL			
15 C/OH NAME Brijan D Woodard Ca	mpaign	16 File	er ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN	\$	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY	\$	2,145
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAD LAST DAY OF THE REPORTING PERIOD	NS AS OF THE	\$	0
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying repo	ort is true and co	orrect and include	los all information
	quired to be reported by me under Title 15, Election Code.	ort is true and co	orrect and includ	les all illioimation
		0		= 239
		1) (7 5 - 7
	(T)	1. 11	mon	<u> </u>
	Signatu	re of Candidate	or Officeholder	
				regions 200 to the type the type
				Filaday
	Please complete either option	below:		
(1) Affidavit				
(1) Allidavit				
NOTARY STAMP/SEAL	g.			
Sworn to and subscribed	before me by	this the	_ day of	N: 1
20 to certify	which, witness my hand and seal of office.			
,				
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer a	administering oath
	OR			
(2) Unsworn Declaration	on			
My name is Bry	Silver Creek Dr. Desoto	f birth is	10-31-	81
My address is 916	Silver Creek Dr. Desote	, <i>Tx</i> ,	75115,	Vallas.
	(street) (city)		(zip code)	
Executed in DALLAS	County, State of TEARS, on the 14 day of	5014	_, 20 22 .	
Everaged III		(month)	(year)	
	- Organ	- War	and	
	Signatura	of Candidate/Offi	caholdar (Daala	ront\

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	nmissio	on Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,1	45
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 COM	NTRIBUTIONS	\$		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 FUN	IDS	\$	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 CO	NTRIBUTIONS	\$		0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	4	0

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 11
² FILER NAME Bryan D. W	loodard Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2022	5 Full name of contributor out-of-state PAC Christopher Shaw	C (ID#)	7 Amount of contribution (\$) 5.00
1/20/2022	6 Contributor address; City; 6630 Atha Drive Dallas, Texas 7521		
8 Principal occu Web Develop	pation / Job title (See Instructions) Der / Owner	9 Employer (See Instruct Self Employed	ions)
Date 1/21/22	Full name of contributor out-of-state PAC Bryan D. Woodard	C (ID#)	Amount of contribution (\$) 5.00
1/21/22	Contributor address; City; 916 Silvercreek Drive Desoto, Texas	State; Zip Code 3 75115	Control Contro
	pation / Job title (See Instructions) ment / Deputy Constable	Employer (See Instruct Tarrant County	ions)
Date 1/21/22	Mala Tominack Contributor address; City;	State; Zip Code	Amount of contribution (\$) 50.00
	7817 Oak Garden Trail Dallas, 7523	2	=
Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1/21/22	Full name of contributor out-of-state PAC Gail Berry Contributor address; City; 2525 Bolton Boone Drive Desoto, Desc	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If the reque	sted information is not applicable	e, DO NOT in	clude this page in	he report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	n wooderd	carpair	ى ن	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Full name of contributor Bertha Beauman	out-of-state PAG	C (ID#:	7 Amount of contribution (\$) 250.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The same of the sa	City;	State; Zip Code	
9 Principal see		760		
• Principal occu	pation / Job title (See Instructions) NOT Provided		9 Employer (See Ins	Provided
Date	Full name of contributor Johnniesha Randall	out-of-state PAC	C (ID#	Amount of contribution (\$)
1/24/22		City:	State; Zip Code	\$40.00
	1000 E Pleasant Run Rd			
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	ructions)
Date	Full name of contributor	out-of-state PAC	(ID#	Amount of contribution (\$)
1/24/22	Cathy D. Richardson			\$5.00
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	ructions)
Date	Full name of contributor	out-of-state PAC	(ID#	_) Amount of contribution (\$)
1/24/22	Renee Simmons			\$25.00
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	ructions)
				ñ .

SCHEDULF A1

111	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
FILER NAME	≣			3 Filer ID (Ethics Commission Filers)
Date /24/22	Lori Locke		AC (ID#:) State; Zip Code	7 Amount of contribution (\$) 25.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date /24/22	Jana Warren		State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	-	Employer (See Instructi	ions)
Date (24/22)	Linda Sanders		C (ID#:) State; Zip Code	Amount of contribution (\$) \$25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date /24/22	Full name of contributor Rachael Olson Contributor address;	out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$) \$25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)

Th	e Instruction Guide explains how	to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAM	=			3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Full name of contributor Nancy		PAC (ID#)	7 Amount of contribution (\$)
<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>		City;	State; Zip Code	10.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-stale P	AC (ID#:)	Amount of contribution (\$)
1/24/22	Joellen Barker			\$25.00
	Contributor address;	City;	State; Zip Code	
Principal occu	 pation / Job title (See Instructions)	9	Employer (See Instructi	ions)
Date	Full name of contributor Sherry Sharpe	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
1/25/22	Contributor address;	City;	State; Zip Code	\$50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)
1/25/22	Karen Conway		2.	\$25.00
	Contributor address;	City;	State; Zip Code	Ψ23.00
Principal occu	 pation / Job title (See Instructions)		Employer (See Instructi	ons)

Th	e Instruction Guide explains how	to complete ti	nis form.	1 Total pages Schedule A1:
2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
1 Date /25/22	5 Full name of contributor Elliott Davidson		PAC (ID#:)	7 Amount of contribution (\$)
, 20, 22	6 Contributor address;	City;	State; Zip Code	\$25.00
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date /25/22	Full name of contributor Juanita Watson	out-of-state P	AC (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address;	City;	State; Zip Code	400.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date /26/22	Full name of contributor Teresa Williams Contributor address;		State; Zip Code	Amount of contribution (\$) \$25.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date /26/22	Full name of contributor Lenore Powers Contributor address;	out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)
/				

SCHEDULE A1

If the reque	sted information is not applical	ole, DO NOT i i	nclude this page in the	report.
The	Instruction Guide explains how	to complete thi	s 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 Elizabeth Coxsey		C (ID#:)	7 Amount of contribution (\$) 50.00
			State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date 1/26/22	Full name of contributor Brenda. Southam		C (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 1/26/22	Full name of contributor Krista Contributor address;		C (ID#) State; Zip Code	Amount of contribution (\$) \$10.00
		Oily,	oldie, Zip oode	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 1/26/22	Full name of contributor James Wilson Contributor address;	out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$) \$10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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If the reque	sted information is not applicabl	e, DO NOT ir	nclude this page in the	report.
The	Instruction Guide explains how t	o complete thi	s 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 Chan Gooden		C (ID#:)	7 Amount of contribution (\$)
1/20/22	\$1000 PERSON PER		State; Zip Code	70.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date Full name of contributor Ken Arbour			C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	1 1 2 - 14 1 1 2 2 2	State; Zip Code	Second Se
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 1/26/22	Full name of contributor Randi Brown Contributor address;		C (ID#:) State; Zip Code	Amount of contribution (\$) \$10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 1/26/22	Full name of contributor Vanessa Bryant Contributor address;	out-of-state PAI	C (ID#:) State; Zip Code	Amount of contribution (\$) \$20.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)

SCHEDULE A1

	The Instruction Guide explains how	w to complete t	this form.	1 Total pages Schedule A1:
FILER NA	ME			3 Filer ID (Ethics Commission Filers)
Date 26/22	Edward Brown			
_0,	6 Contributor address;	City;	State; Zip Code	. 50.00
Principal o	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state I	PAC (ID#:)	A
27/22	Sam Williams			Amount of contribution (\$) \$10.00
	Contributor address;	City;	State; Zip Code	* * * * * * * * * * * * * * * * * * * *
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	State of Sta
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
30/22	Denise J. Matney			\$50.0
	Contributor address;		State; Zip Code	3
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
30/22	Shelley McDaniel Contributor address;	City;	State; Zip Code	\$10.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out of at-t- Back

If the reque	sted information is not applicab	le, DO NOT ir	nclude this page in the	report.
The	Instruction Guide explains how t	to complete this	s 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			7 Amount of contribution (\$) 50.00
			State; Zip Code	
8 Principal ocçu	pation / Job title (See Instructions)		9 Employer (See Instruc	l tions)
Date 3/4/22	Full name of contributor Donna G. Baxter		C (ID#:)	Amount of contribution (\$) \$10.00
	Contributor address;	City;	State; Zip Code	
Principal occup	vation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 3/6/22	Full name of contributor James Wilmes		C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/27/22	Gerry Woods Contributor address;	City;	State; Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions)	,	Employer (See Instruc	tions)

If the reques	sted information is not applical	ble, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how	to complete this	s 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 6 Contributor address;		State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 6/23/22	Full name of contributor Darcie Snyder		C (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address;		State; Zip Code	Same of the same o
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 6/23/22	Full name of contributor out-of-state PAC (ID#:) Sharon Foley		Amount of contribution (\$) \$20.00	
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 6/28/22	Full name of contributor Linda Nelson	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$100.00
7	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

The	Instruction Guide explains how	to complete the	his form.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers)
Date 28/22	5 Full name of contributor out-of-state PAC (ID#:) Misty Crow 6 Contributor address; City; State: Zin Code		7 Amount of contribution (\$)	
	Continuator address,	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
Date 2/22	Full name of contributor Terry Arenett		AC (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	Consideration of the Constant
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code	i de la companya de l
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupa	ation / Job title (See Instructions)	-	Employer (See Instruct	ions)
			,	

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Gift/Awards/Memorials 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 6 Payee name The Home Depot 7/7/22 8 Payee address; 7 Amount (\$) City; State; Zip Code 373 E FM 1382 Cedar Hill Texas 75104 \$102.56 TYPE OF . Political EXPENDITURE Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Advertising Expense Framing for Billboard sign **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 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

expenditure to benefit C/OH

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 3 Filer ID (Ethics Commission Filers) Brian D Woodard Campaign 4 Date 5 Payee name 5/3/22 Lonnie B Creative Sales 6 Amount (\$) 7 Payee address: City; State: Zip Code \$1.551.24 P.O. Box 804 Cedar Hill TX 75106 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Printing Expense Printing and Design 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 Complete ONLY if direct expenditure to benefit C/OH Date Yes We Can Print That 3/16/22 Amount (\$) State; Zip Code 606 Oriole Blvd Suite 206 Duncanville Texas 75116 \$811.88 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense T-Shirts 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 Date Payee name Yes We Can Print That 1/30/22 Amount (\$) Pavee address: State: Zip Code \$2,500.00 606 Oriole Blvd Suite 206 Duncanville Texas 75116 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Truck Wrap 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

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

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)

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 Reimbursement from political contributions intended	7 Payee address; 3700 E. Randall Mill Road Arlington	City; n TX 76011	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Billboards		i a		
	(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 5/24/22	Lonnie B Creative Sales					
Amount (\$) \$3,247.50 Reimbursement from political contributions intended	Payee address; P.O. Box 804 Cedar Hill TX 75106	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Graphic Design	ı / Printing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
Date 6/14/22	Payee name Lonnie B Creative Sales					
Amount (\$) 750.76 Reimbursement from political contributions intended	Payee address; P.O. Box 804 Cedar Hill TX 75106	City;	State;	Zip Code		
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.	Check if Austin,	TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	3	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

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 contract of the contract

Credit Card Payment	The Instruction Guide explains how t	to complete this form.	Other (errier a category not listed above)	
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 Reimbursement from political contributions intended	7 Payee address; 606 Oriole Blvd Suite 206 Duncan	city; ville Tx 75116	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Card		
•	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 (\$) Reimbursement from political contributions intended	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/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	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	