CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONEY FIRST MI MS / MRS / MR 3 CANDIDATE / D **OFFICEHOLDER** Mr. Bryan NAME Date Received 1> SUFFIX LAST NICKNAME Woodard IN THE APT / SUITE #: CITY: STATE; ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; 4026 W. Camp Wisdom Rd. Dallas Tx 75237 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** 469 254-5071 PHONE Amount S Receipt # FIRST MI MS / MRS / MR 6 CAMPAIGN Troy **TREASURER** B. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged Ph. Jackson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE; ZIP CODE 7 CAMPAIGN 11617 N. Central Expressway Suite 240 Dallas, TX 75243 TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN TREASURER 278-1200 469 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Day 10 PERIOD Month Day Month 29 22 09 COVERED 07 22 THROUGH **ELECTION TYPE** FI ECTION DATE 11 ELECTION Other Description Primary Runoff Month Day Year 22 80 Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Dallas County Constable Precinct 4 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CS.S

ACT 11 22m0146

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Bryan D. Woodard	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 859,00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 859.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,136,09
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,136.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
req	quired to be reported by me under Title 15, Election Code.	
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEA		
•	NL.	day of,
NOTARY STAMP/SEA	NL.	day of,
NOTARY STAMP/SEA	this the this the which, witness my hand and seal of office.	day of, Title of officer administering oath
NOTARY STAMP/SEAl Swom to and subscribed 20, to certify	this the which, witness my hand and seal of office.	
NOTARY STAMP/SEA Swom to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declarati	t before me by this the which, witness my hand and seal of office. ering oath Printed name of officer administering oath OR	Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration My name is Bryan D.	before me by this the y which, witness my hand and seal of office. ering oath Printed name of officer administering oath OR ion Woodard and my date of birth is	Title of officer administering oath $0-31-81$
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration My name is Bryan D.	t before me by this the which, witness my hand and seal of office. ering oath Printed name of officer administering oath OR ion Woodard, and my date of birth is/	Title of officer administering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration My name is Bryan D. My address is 4026 W	before me by this the y which, witness my hand and seal of office. ering oath Printed name of officer administering oath OR ion Woodard and my date of birth is	Title of officer administering oath 0 - 3 / - 8 / 75237 Dallas (zip code) (country) 2 , 20 2-2 (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	R NAME D. Woodard Campaign	20 Filer ID (Ethics Com	nmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 859,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.0°
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s 0.00
4.	SCHEDULE E: LOANS		\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 4,136,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$ 0 00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	1949	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	JLE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$ 0 00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$ 0.00

SCHEDULE A1

Date	Contosow, a c	7	3 Filer ID (Ethics Commission Filers)
Date			
	Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
1/30/22	DE Dor n k K A m Contributor address; City;	State; Zip Code	# 100.00
CO. M. Dennistrate editional interest services	ation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
1/30/22	On born 2066 Sec	State; Zip Code	
130/20			20.00
	tion / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P/	AC (ID#)	Amount of contribution (\$)
9/25/22	ろかんと いらいなど Contributor address; City;	State; Zip Code	\$15.00
	ntion / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state P.	AC (ID#:)	Amount of contribution (\$)
9/25/22	Contributor address; City;	State; Zip Code	5,00
	otion / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		

SCHEDULE A1

Date Full name of contributor Out-of-state PAC (ID# 7 Amount of contribution (S)	Date 5 Full name of contributor out-of-state PAC (ID#:	1	*		3 Filer ID /Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Full name of contributor Contributor address; City: State; Zip Code Full name of contributor Out-of-state PAC (ID#	Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code City: State: Zip Code Amount of contribution (\$) Contributor address; City: State: Zip Code City: State: Zip Code City: State: Zip Code Code Code Code Code Code City:	Date			3 File ID (Ethics Commission File s)
Principal occupation / Job title (See Instructions) Date Full name of contributor Stacy Contributor address; City; State; Zip Code Full name of contributor Out-of-state PAC (ID#	Principal occupation / Job title (See Instructions) Date Full name of contributor Stacy Contributor address; City: State: Zip Code Full name of contributor Out-of-state PAC (ID#		AND THE PROPERTY OF THE PROPER	NOTIFICATION TO THE PERSON OF	7 Amount of contribution (\$)
Date Full name of contributor Styc-1 Contributor address; City; State; Zip Code Full name of contributor Out-of-state PAC (ID#	Date Full name of contributor Stac-1 Contributor address; City: State: Zip Code Full name of contributor Out-of-state PAC (ID#	9/24/22	6 Contributor address; City;	State; Zip Code	10.00
Style John S Contributor address; City; State; Zip Code 5.00	Stacy Johns State; Zip Code 5.00	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$\frac{1}{2} \frac{1}{2} \fr	Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ONATO COntributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Christials PAC (ID#:	1.00404-04034317			Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Date Full name of contributor O/24/2 Contributor address; City: State: Zip Code Z 5. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	1/24/21	Contributor address; City;	State; Zip Code	5.00
MAJONE Wood ruff Contributor address; City; State; Zip Code 25. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (Chrishiwe Delivation (Chrishiwe Delivati	MRJOバビ Wood ruff Contributor address; City: State: Zip Code 25. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Chハがんだ DGL〜 State: Zip Code 5. Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (Date Full name of contributor Out-of-state PAC (ID#:	9/24/22	Contributor address; City;	State; Zip Code	25.00
Christine DELMY	Christine Delmi Contributor address; City; State; Zip Code S, 20 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
9/24/22 Contributor address; City; State; Zip Code 5, 00	Principal occupation / Job title (See Instructions) City; State; Zip Code 5, Employer (See Instructions)	Date	6-10c		
	Timelpar decopation is the term of the ter	9/24/22	Contributor address; City;	State; Zip Code	5,00
Tillidipal bacapatani, are in- ()	Over the second	Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
			01/4		

SCHEDULE A1

The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	D. woodad	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
9/24/22	6 Contributor address; City; Sta	te; Zip Code \$\frac{\partial}{\partial} 10.00
Principal occup	ation / Job title (See Instructions) 9 E	imployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_	/ intodit of contribution (4)
9/24/22	So Journal Jornal Contributor address; City; Sta	tte; Zip Code \$1 5.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_	
9/24/22		ate; Zip Code \$ 2.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)
Date 9/24/2	Full name of contributor Cody Contributor address; City; St	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

SCHEDULE A1

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

FILER NAME	
BIYES D. WOODAND	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	The state of the s
Principal occupation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (¢)
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
Date Full name of contributor . out-of-state PAC (ID#	
9/29/12 Contributor address; City; State; Zi	ip Code \$ 50 00
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)

Reset Page

SCHEDULE A1

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

The In	struction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
FILER NAME	bia book . C cap		3 Filer ID (Ethics Commission Filers)
Date 5	Full name of contributor Chad book Contributor address; City;	PAC (ID#:) という State; Zip Code	7 Amount of contribution (\$) \$\frac{1}{20}.20
Principal occupa	tion / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state MYPA K. NIC Contributor address; City;		Amount of contribution (\$)
9/23/24	Contributor address; City;	State; Zip Code	\$ 10.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruc	tions)
Date 9/13/11	Full name of contributor out-of-state Rhyll's Twomp Contributor address; City;	PAC (ID#:) State: Zin Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruc	\$1 12.00 ctions)
Date	Full name of contributor out-of-state	DAC (ID#	Amount of contribution (\$)
9/21/22	T んじじん その3 んし - Contributor address; City;		\$15.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instru	ctions)

Reset Page

SCHEDULE A1

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

The	nstruction Guide explains how to complete this fo	orm. 1	Total pages Schedule A1:
FILER NAME	proposes a same	3	Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
1/20/22	6 Contributor address; City;	State; Zip Code	\$10.00
Principal occup	ation / Job title (See Instructions) 9	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
9/20/22	Contributor address; City;	State; Zip Code	\$1 25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
Date)#)	Amount of contribution (\$)
9/20/22	Contributor address; City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (III	D#:)	Amount of contribution (\$)
1/20/22	Contributor address; City;	State; Zip Code	# 20.0°
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

s.sta

Forms provided by Texas Ethics Comm

Reset Form

Reset Page

Revised 8/17/2020

SCHEDULE A1

Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	The Ir	struction Guide explains how to complete	e this form.	1 Total pages Schedule A1:
Autumo McColl 30 12 6 Contributor address; City: State: Zip Code	FILER NAME			3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:			ite PAC (ID#:)	
Date Full name of contributor Co, w And Co, w Gn Contributor address: City: State: Zip Code # 50, and Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code # 50, and Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) # 100 . and Amount of contribution (\$) Contributor address: City: State: Zip Code # 25 and Amount of contribution (\$)	130/22	6 Contributor address; City;	State; Zip Code	\$ 100,00
Contributor address; City; State; Zip Code So of Principal occupation / Job title (See Instructions)	Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instruc	l ctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Q_C_D_C_C_C_C_C	Date			Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	8/17/22	Contributor address; City;		\$ 50,00
RESECCY Joseph State: Zip Code \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occupa	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor JONICE G+COMP Contributor address; City; State; Zip Code \$\frac{1}{2} \cdot 00.0000000000000000000000000000000000	Date			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 50 \ C \ C \ C \ T \ Contributor address; City; State; Zip Code \$\ 25.00	8/13/22			\$1 100.00
0/13/12 Contributor address; City; State; Zip Code \$/ 25.00	Principal occup	ation / Job title (See Instructions)	Employer (See Instru	ctions)
Contributor address; City; State; Zip Code \$1.25	Date			Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	9/13/22	Contributor address; City;	State; Zip Code	\$ 25.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instru	uctions)
		Control of the Contro	The second secon	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.	Forms provided by 7	Texas Ethics Comm Reset Form	s.sta Reset Pag	Revised 8/

SCHEDULE A1

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

	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
FILER NAME	by ma D. woodmd		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (I	ID#:	7 Amount of contribution (\$)
	Angela Basha	~~	
8/13/22	A~Gらんか Bの多かん 6 Contributor address; City;	State; Zip Code	\$ 2500
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (Amount of contribution (\$)
8.2.22	Contributor address; City;	State; Zip Code	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC	7	Amount of contribution (\$)
5-0	Contributor address; City;	State; Zip Code	\$ 50000
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
1/2/2	Contributor address; City;	State; Zip Code	\$1 25.00

Forms provided by Texas Ethics Comm

Reset Form

s.sta

Reset Page

Revised 8/17/2020

SCHEDULE F1

Revised 8/17/2020

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
dvertising Expense ccounting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Politica redit Card Payment	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor / to complete this form.	Travel In District Travel Out Of Distric	oment & Related Expense
Total pages Schedule F1:	2 FILER NAME Bryan D. Woodard	MICE.	3 Filer ID (Ethic	s Commission Filers)
Date 10/1/22	5 Payee name Chris Williams			00
Amount (\$) 203.00	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Bilboard Driver	(b) Description hanging Billbo	oard signs	
	(c) Check if travel outside of Texas. Complete Schedule	eT Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 schedu	ule) Description		
LAI LINDITORE	Chack if travel outside of Texas. Complete Schedu	lle T. Check if Au	ıstin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			10 (10 to 10
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description		
	Check if travel outside of Texas. Complete Sched	ule T. Check if A	ustin, TX, officeholder li	ving expense
	Candidate / Officeholder name	Office sought		Office held

CS.S

Reset Page

Reset Form

Forms provided by Texas Ethics Com

Forms provided by Texas Ethics Com

Reset Form

Reset Page

SCHEDULE F1

Revised 8/17/2020

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Poiling Expense Contributions/Donations Made By Printing Expense Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed abovo) 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 D. Woodard 5 Payee name 4 Date 8/11/22 **Chris Williams** 6 Amount (\$) 7 Payee address; City; State: Zip Code 203.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Bilboard Driver hanging Billboard signs **PURPOSE 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 Payee name Date 8/28/22 City Of Cedar Hill Amount (\$) State: Payee address; City; Zip Code 133.00 Category (See Categories listed at the top of this schedule) Description **Event Expense** Country Day on The Hill Event Booth **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 8/28/22 Chris Williams Amount (\$) Payee address; City; State: Zip Code 205.00 Category (See Categories listed at the top of this schedule) Description Advertising **PURPOSE** Billboard Driver fee 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Forms provided by Texas Ethics Com

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

Lcan 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

Revised 8/17/2020

Legal Services Other (enter a category not listed above) 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) Brvan D. Woodard 5 Payee name 4 Date 8/11/22 Walmart 6 Amount (\$) 7 Payee address; State: Zip Code City; 9.79 Tx 951 W. Beltline Rd 75115 Desoto (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Zip Ties for 4X4 & 4X8 Signs Advertising Expense **PURPOSE 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 Payee name Date The Home Depot 7/6/22 City; State; Zip Code Amount (\$) Payee address; 102.56 373 East FM 1382 Dallas Texas 75104 Category (See Categories listed at the top of this schedule) Description Advertising Expense T-Posts and Zip Ties 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 8/18/22 Walmart Amount (\$) Payee address; City; State: Zip Code **Grand Prairie** 2225 W. Interstate 20 TX 75052 23.82 Category (See Categories listed at the top of this schedule) Description Advertising PURPOSE Zip Ties OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CS.S

Reset Page

Reset Form

Forms provided by Texas Ethics Com

SCHEDULE F1

Revised 8/17/2020

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Travel In District Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Bryan D. Woodard 5 Payee name 4 Date Murphy USA 7326 9/06/22 Zip Code 6 Amount (\$) City; State; 7 Payee address; 941 W Beltline Rd Desoto TX 75115 63.80 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Bill Board Truck fuel Advertising Expense PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Southwest Magazine 9/22/22 State: Zip Code City: Payee address; Amount (\$) 75168 Waxahachie TX 1.839.00 P.O. Box 1071 Category (See Categories listed at the top of this schedule) Description Advertisement Expense Magazine ad **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/28/22 Yes We Can Print That City; State: Zip Code Amount (\$) Payee address; Suite 206 Duncanville TX 75116 606 Orial Blvd. 1,353.12 Description Category (See Categories listed at the top of this schedule) Advertisement Push Cards **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Reset Form