

# 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: 9		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST William	MI E	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                   Date Received   <b>RECEIVED</b>  <b>APR 29 2016</b>                  City Secretary's Office   <i>12:12 pm</i> </div>	
	NICKNAME Bill	LAST Woodard	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11545 La Grange Dr Frisco, TX 75035				
	AREA CODE (214)945-3366	PHONE NUMBER	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Rick	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST Fletcher	SUFFIX	Receipt #      Amount \$	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5450 Quail Run, Frisco, TX 75034			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE (972)689-9612	PHONE NUMBER	EXTENSION		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month      Day      Year 3 / 29 / 16			THROUGH      Month      Day      Year 4 / 27 / 16	
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 5 / 7 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>12 OFFICE</b>	OFFICE HELD (if any)  N/A	<b>13 OFFICE SOUGHT (if known)</b>  Frisco City Council Place 4			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**

Bill Woodard

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$1,065

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$39.55

4. TOTAL POLITICAL EXPENDITURES

\$4,387.80

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$5,061.36

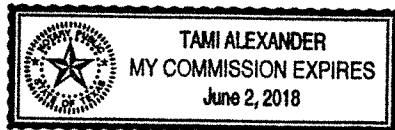
**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$5,150.00

**18 AFFIDAVIT**

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.



*William E Woodard*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said WILLIAM E WOODARD, this the 29TH day OF APRIL, 2016

*Tami Alexander*  
Signature of officer administering oath

TAMI ALEXANDER  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19 FILER NAME**  
Bill Woodard

**20 Filer ID (Ethics Commission Filers)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,065
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$5,000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,348.25
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
1 of 3

**2 FILER NAME**  
Bill Woodard **3 Filer ID** (Ethics Commission Filers)

<b>4 Date</b> 04/15/2016	<b>5 Full name of contributor</b> out-of-state PAC (ID#: _____) Will Russell	<b>Amount of contribution (\$)</b> 50.00
	<b>6 Contributor address;</b> City; <input type="checkbox"/> State; Zip Code 2428 Merrimac Dr, Frisco, TX 75033	

<b>8 Principal occupation / Job title</b> (See Instructions)	<b>9 Employer</b> (See Instructions)
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<b>Date</b> 04/06/2016	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Terry Clark	<b>Amount of contribution (\$)</b> 50.00
	<b>Contributor address;</b> City; <input type="checkbox"/> State; Zip Code 593 Legends Dr, Lewisville, TX, 5057	

<b>Principal occupation / Job title</b> (See Instructions)	<b>Employer</b> (See Instructions)
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<b>Date</b> 04/20/2016	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Warren Ruiz	<b>Amount of contribution (\$)</b> 100.00
	<b>Contributor address;</b> City; <input type="checkbox"/> State; Zip Code 10641 Astoria Dr, Frisco, TX 75035	

<b>Principal occupation / Job title</b> (See Instructions)	<b>Employer</b> (See Instructions)
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<b>Date</b> 04/20/2016	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Lynn Slaney Silguero	<b>Amount of contribution (\$)</b> 200.00
	<b>Contributor address;</b> City; <input type="checkbox"/> State; Zip Code 321 Hampshire Ct, Frisco, TX 75034	

<b>Principal occupation / Job title</b> (See Instructions)	<b>Employer</b> (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2016	8 Full name of contributor out-of-state PAC (ID#: _____) Julie Harris 9 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2016	Full name of contributor out-of-state PAC (ID#: _____) Kathleen Wilkens Contributor address; City; State; Zip Code 9405 Fairmont Dr, Frisco, TX 75035	Amount of contribution (\$)  75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2016	Full name of contributor out-of-state PAC (ID#: _____) Greg Haughey Contributor address; City; State; Zip Code 8603 Timbercrest Ct, Frisco, TX 75035	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2016	Full name of contributor out-of-state PAC (ID#: _____) Glyn King Contribution address; City; State; Zip Code 4285 Glenhurst Ln, Frisco, TX 75033	Amount of contribution (\$)  300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
3 of 3

**2 FILER NAME**

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date  
04/25/2016

10 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Robert Cox

7 Amount of contribution (\$)

11 Contributor address; City; State; Zip Code

7112 Silverbrook, Frisco, TX 75035

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

04/25/2016

Sharon Luft

50.00

Contributor address; City; State; Zip Code

9735 Vivkie Ln, Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

04/25/2016

Ed Szczebak

70.00

Contributor address; City; State; Zip Code

7433 Reflection Bay Dr, Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

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 additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/21/2016	7 Name of lender Bill Woodard <small>out-of-state PAC (ID#: _____)</small>	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution?  NO	8 Lender address; City; <input type="checkbox"/> State; Zip Code 11545 La Grange Dr, Frisco, TX 75035	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral  None		15 Check if personal funds were deposited into political account (See Instructions) <b>XX</b>
16 GUARANTOR INFORMATION  <input type="checkbox"/>  not applicable	17 Name of guarantor  <input type="checkbox"/> 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)  <input type="checkbox"/>		21 Employer (See Instructions)
Date of loan	Name of lender <small>out-of-state PAC (ID#: _____)</small>	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; <input type="checkbox"/> State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/>  not applicable	Name of guarantor  <input type="checkbox"/> Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)  <input type="checkbox"/>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 2		<b>2</b> FILER NAME Bill Woodard		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/17/2016		<b>5</b> Payee name Frisco Lakes Veterans Association			
<b>6</b> Amount (\$) 100.00		<b>7</b> Payee address; City; State; Zip Code 7094 Bay Hill Dr, Frisco, TX 75034			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/17/2016		Payee name Metro Mailer			
Amount (\$) 1,520.99		Payee address; City; State; Zip Code 5179 Rosedale St, Fort Worth, TX 76112			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/21/2016		Payee name Metro Mailer			
Amount (\$) 2,562.89		Payee address; City; State; Zip Code 5179 Rosedale St, Fort Worth, TX 76112			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 2	<b>2</b> FILER NAME Bill Woodard	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/24/2016	<b>5</b> Payee name Academy Sports
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<b>6</b> Amount (\$) 164.37	<b>7</b> Payee address; City; State; Zip Code 4000 Preston Rd, Frisco TX, 75035
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(b)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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