

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: 14																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:25%;">FIRST</td> <td style="width:25%;">MI</td> <td style="width:25%;"></td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>E</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td>Bill</td> <td>Woodard</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr.	William	E		NICKNAME	LAST	SUFFIX		Bill	Woodard			OFFICE USE ONLY			
MS / MRS / MR	FIRST	MI																			
Mr.	William	E																			
NICKNAME	LAST	SUFFIX																			
Bill	Woodard																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5">11545 La Grange Dr Frisco, TX 75035</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	11545 La Grange Dr Frisco, TX 75035					<p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">JUN 10 2016</p> <p style="margin: 0;">City Secretary's Office</p> <p style="margin: 0; font-style: italic;">4:14 pm</p>									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
11545 La Grange Dr Frisco, TX 75035																					
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>945-3366</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214)	945-3366		Date Hand-delivered or Date Postmarked													
AREA CODE	PHONE NUMBER	EXTENSION																			
(214)	945-3366																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:25%;">FIRST</td> <td style="width:25%;">MI</td> <td style="width:25%;"></td> </tr> <tr> <td>Mr.</td> <td>Rick</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Fletcher</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr.	Rick			NICKNAME	LAST	SUFFIX			Fletcher			Receipt #	Amount \$		
MS / MRS / MR	FIRST	MI																			
Mr.	Rick																				
NICKNAME	LAST	SUFFIX																			
	Fletcher																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td colspan="5">5450 Quail Run, Frisco, TX 75034</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5450 Quail Run, Frisco, TX 75034												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%;"></td> <td style="width:10%;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>4</td> <td>28</td> <td>16</td> <td></td> <td></td> <td>6</td> <td>8</td> <td>16</td> </tr> </table>			Month	Day	Year		THROUGH	Month	Day	Year	4	28	16			6	8	16		
Month	Day	Year		THROUGH	Month	Day	Year														
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">ELECTION DATE</td> </tr> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:50%;">Year</td> </tr> <tr> <td>6</td> <td>18</td> <td>16</td> </tr> </table>	ELECTION DATE			Month	Day	Year	6	18	16	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE																					
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6	18	16																			
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<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																			
<input type="checkbox"/> General	<input type="checkbox"/> Special																				
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Frisco City Council Place 4																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

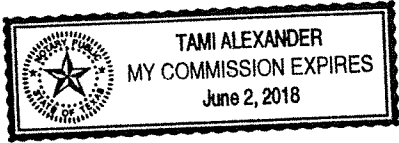
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Bill Woodard	15 Filer ID (Ethics Commission Filers)
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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.	
<input checked="" type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Frisco Fire Fighters Committee for responsible government
		COMMITTEE ADDRESS PO Box 1206, Frisco, TX 75034
		COMMITTEE CAMPAIGN TREASURER NAME Stephen W. Hyatt
		COMMITTEE CAMPAIGN TREASURER ADDRESS 80 Derby Dr, Van Alstyne, TX 75495

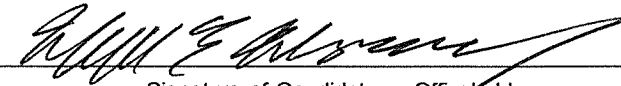
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,375.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$291.96
	4. TOTAL POLITICAL EXPENDITURES	\$4,884.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,038.43
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



AFFIX NOTARY STAMP / SEAL ABOVE

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.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said WILLIAM WOODARD, this the 9th day of JUNE, 2016.

Tami Alexander
Signature of officer administering oath

TAMI ALEXANDER
Printed name of officer administering oath

NOTARY
Title of officer administering oath

Notice from Political Committees Page 2

Committee Type: *General*

Committee name: Frisco Police Officers Association Political Action Committee

Committee Address: PO Box 2263 Frisco, TX 75034

Committee Treasurer: Grant Cottingham

Committee Treasurer Address: PO Box 2263 Frisco, TX 75034

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	\$3,375.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$16.18
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,552.39
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 5

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

04/30/16

5 Full name of contributor

Cynthia Hurley

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

6 Contributor address;

8106 Fisher Dr, Frisco, TX 75033

City; State; Zip Code

Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/02/16

Full name of contributor

William Bahlburg

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

Contributor address;

PO Box 866937, Plano, TX 75086

City; State; Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/03/16

Full name of contributor

Dave Wilcox

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

Contributor address;

PO Box 5163, Frisco, TX 75035

City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/20/16

Full name of contributor

Ann & Del Harris

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

Contributor address;

2745 Montreaux Dr, Frisco, TX 75035

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

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 5

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

05/03/16

8 Full name of contributor

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

Jeff Trykoski

9 Contributor address;

City; State; Zip Code

4015 Bryson Dr, Frisco, TX 75035

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/04/16

Full name of contributor

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

Brad Holden

Contributor address;

City; State; Zip Code

14074 Willow Bend Dr, Frisco, TX 75035

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/06

Full name of contributor

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

HBA Of Greater Dallas HOME PAC

Contributor address;

City; State; Zip Code

5816 W Plano Pkwy, Plano, TX 75093

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/06/16

Full name of contributor

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

Richard Abernethy

Contribution address;

City; State; Zip Code

PO Box 5544 Frisco, TX 75035

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, 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:
3 of 5

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

05/06/16

10 Full name of contributor

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

Bradley & Marian Schulze

11 Contributor address;
1361 Wildfire Ln, Frisco, TX 75033

City; State; Zip Code

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/08/16

Full name of contributor

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

Donna Segars

Contributor address;

City; State; Zip Code

7670 Birmingham Forest Dr, Frisco, TX 75034

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/07/2016

Full name of contributor

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

Jaime Ronderos

Contributor address;

City; State; Zip Code

4501 Voyager Dr, Frisco, TX 75034

Amount of contribution (\$)

125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/18/16

Full name of contributor

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

Karen Cunningham

Contribution address;

City; State; Zip Code

13309 Duesenberg Dr, Frisco, TX 75033

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, 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:
4 of 5

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

05/24

12 Full name of contributor

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

Thomas Wiliford

13 Contributor address;

City; State; Zip Code

6992 Calm Meadow Dr, Frisco TX 75035

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/24/16

Full name of contributor

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

Andy Short

Contributor address;

City; State; Zip Code

3979 Guadalupe Ln, Frisco, TX 75034

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/26/16

Full name of contributor

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

Clint Bedsole

Contributor address;

City; State; Zip Code

8449 Plymouth Ln, Frisco, TX 75035

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/2016

Full name of contributor

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

John Webb

Contribution address;

City; State; Zip Code

10754 Toffenham, Frisco, TX

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, 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:
5 of 5

2 FILER NAME

Bill Woodard

3 Filer ID (Ethics Commission Filers)

4 Date

05/16/16

14 Full name of contributor

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

John Keating

15 Contributor address;

City; State; Zip Code

4749 Jerral Dr, Frisco Tx 75035

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 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)

Date

Full name of contributor

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

Contribution 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 additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$16.18	
Date:	7 Full name of contributor out-of-state PAC (ID#: _____) 8 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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	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 F1: 1 of 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 05/23/16	5 Payee name The Trails Golf Club
--------------------	--------------------------------------

6 Amount (\$) 406.50	7 Payee address; City; State; Zip Code 10411 Teel Pkwy, Frisco, TX 75035
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Venue Rental.
------------------------------------	---	----------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 05/23/16	Payee name Market Street
------------------	-----------------------------

Amount (\$) 208.04	Payee address; City; State; Zip Code 11999 Dallas Pkwy, Frisco, TX 75034
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Food for party.
------------------------	---	--------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 05/23/16	Payee name Fred Lusk
------------------	-------------------------

Amount (\$) 450.45	Payee address; City; State; Zip Code 9912 Mallory Dr, Frisco, TX 75035
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Installation and Maintenance
------------------------	---	--

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
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 F1: 2 of 4		2 FILER NAME Bill Woodard		3 Filer ID (Ethics Commission Filers)	
4 Date 05/23/16		5 Payee name True Works			
6 Amount (\$) 382.00		7 Payee address; City; State; Zip Code 5850 Town & Country, Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(b) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Mailers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 05/23/2016		Payee name USPS			
Amount (\$) 510.00		Payee address; City; State; Zip Code 8700 Stonebrook Pkwy, Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 06/07/2016		Payee name True Works			
Amount (\$) 1,162.01		Payee address; City; State; Zip Code 5850 Town & Country, Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mailers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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	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 F1: 3 of 4	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
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4 Date 06/01/16	5 Payee name Frisco Lakes Golf Club
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 7170 Anthem Dr, Frisco, TX 75034
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8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Venue rental and food and beverage.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/04/2016	Payee name USPS
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Amount (\$) 714.38	Payee address; City; State; Zip Code 8700 Stonebrook Pkwy, Frisco, TX 75034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage
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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 06/07/2016	Payee name Fred Lusk
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Amount (\$) 114.67	Payee address; City; State; Zip Code 9912 Mallory Dr, Frisco, TX 75035
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign installation and maintenance
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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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 4 of 4	2 FILER NAME Bill Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 06/03/16	5 Payee name USPS	
6 Amount (\$) 104.34	7 Payee address; City; State; Zip Code 8700 Stonebrook Pkwy, Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(d) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office held	

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