

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Bryan MI: D NICKNAME: _____ LAST: Woodard SUFFIX: _____	OFFICE USE ONLY Date Received: 2022 OCT 13 AM 9:17 Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4026 W. Camp Wisdom Rd. Dallas Tx 75237
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (469) PHONE NUMBER: 254-5071 EXTENSION: _____
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Troy MI: B. NICKNAME: _____ LAST: Jackson SUFFIX: Ph.	
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11617 N. Central Expressway Suite 240 Dallas, TX 75243
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8 CAMPAIGN TREASURER PHONE	AREA CODE: (469) PHONE NUMBER: 278-1200 EXTENSION: _____
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	Month: 07 / Day: 01 / Year: 22 THROUGH Month: 09 / Day: 29 / Year: 22
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11 ELECTION	ELECTION DATE: Month: 11 / Day: 08 / Year: 22	ELECTION TYPE: <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
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12 OFFICE	OFFICE HELD (if any): _____ 13 OFFICE SOUGHT (if known): Dallas County Constable Precinct 4
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14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME								
GENERAL	COMMITTEE ADDRESS								
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Bryan D. Woodard

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. 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	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bryan D. Woodard, and my date of birth is 10-31-81

My address is 4026 W. Camp Wisdom Rd, Dallas TX 75237 Dallas

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 11th day of October, 20 22.

(month) (year)

Bryan Woodard
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Bryan D. Woodard Campaign		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 859. ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0. ⁰⁰
4.	SCHEDULE E: LOANS	\$ 0. ⁰⁰
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,136. ⁰⁹
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0. ⁰⁰
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0. ⁰⁰
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0. ⁰⁰
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0. ⁰⁰
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0. ⁰⁰

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bryan D. Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/22	5 Full name of contributor out-of-state PAC (ID#: _____) DEBORAH KAMETZ	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 9/30/22	Full name of contributor out-of-state PAC (ID#: _____) Barbara Roberts	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 9/25/22	Full name of contributor out-of-state PAC (ID#: _____) JONNE WALLACE	Amount of contribution (\$) \$15.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 9/25/22	Full name of contributor out-of-state PAC (ID#: _____) MIKE WALLACE	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) unemployed		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) Trish Hogan	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Stacy Johnson	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) MAJORIE woodruff	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Christine DELMY	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bryan D. Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/22	5 Full name of contributor out-of-state PAC (ID#: _____) MITZI UPGRADE	7 Amount of contribution (\$) \$ 10.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/22	Full name of contributor out-of-state PAC (ID#: _____) SO JOVON JONES	Amount of contribution (\$) \$ 5.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/22	Full name of contributor out-of-state PAC (ID#: _____) JOYCE WOODARD	Amount of contribution (\$) \$ 2.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/22	Full name of contributor out-of-state PAC (ID#: _____) CODY KRUGER	Amount of contribution (\$) \$ 5.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>By: D. Woodard</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/22</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Jacquelyn Jones</i>	7 Amount of contribution (\$) <i>\$5.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/24/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>KATHY SAWYER</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/24/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Johnny</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/24/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Elizabeth</i>	Amount of contribution (\$) <i>\$50.00</i>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME BRYAN D. Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/22	5 Full name of contributor Cindy Boutwell out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/23/22	Full name of contributor MYRA K. Nicholas out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/23/22	Full name of contributor Rhylis Thompson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$12.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/21/22	Full name of contributor TNGRESA Foster - Sydney out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$15.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bryan D Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/22	5 Full name of contributor Bryan D Woodard out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/20/22	Full name of contributor Molly Leg out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/22	Full name of contributor Elizabeth Coxsey out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/22	Full name of contributor Theresa Paquet out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$20.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Autumn McCall</i>	7 Amount of contribution (\$)
<i>8/30/22</i>	6 Contributor address; <small>City; State; Zip Code</small>	<i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Karen Conway</i>	Amount of contribution (\$)
<i>8/17/22</i>	Contributor address; <small>City; State; Zip Code</small>	<i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Rebecca Joseph</i>	Amount of contribution (\$)
<i>8/13/22</i>	Contributor address; <small>City; State; Zip Code</small>	<i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Joyce Gattana</i>	Amount of contribution (\$)
<i>9/13/22</i>	Contributor address; <small>City; State; Zip Code</small>	<i>\$25.00</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bryan D. Woodard		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/22	5 Full name of contributor Angela BASHAM out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8.2.22	Full name of contributor RICH C. SIEGEMAN out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-22	Full name of contributor KIM K. NELSON out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 25.00 \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/2/22	Full name of contributor TERRY ARWOLD out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 25.00
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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:	2 FILER NAME Bryan D. Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 10/1/22	5 Payee name Chris Williams	
6 Amount (\$) 203.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Billboard Driver	(b) Description hanging Billboard signs
	(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	Payee name	
Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 schedule)	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

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

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:	2 FILER NAME Bryan D. Woodard	3 Filer ID (Ethics Commission Filers)
4 Date 8/11/22	5 Payee name Chris Williams	
6 Amount (\$) 203.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Billboard Driver	(b) Description hanging Billboard signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/28/22	Payee name City Of Cedar Hill	
Amount (\$) 133.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Country Day on The Hill Event Booth
	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
Date 8/28/22	Payee name Chris Williams	
Amount (\$) 205.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Billboard Driver fee
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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:	2 FILER NAME Bryan D. Woodard	3 Filer ID (Ethics Commission Filers)
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4 Date 8/11/22	5 Payee name Walmart
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6 Amount (\$) 9.79	7 Payee address; 951 W. Beltline Rd	City; Desoto	State; Tx	Zip Code 75115
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Zip Ties for 4X4 & 4X8 Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/6/22	Payee name The Home Depot
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Amount (\$) 102.56	Payee address; 373 East FM 1382	City; Dallas	State; Texas	Zip Code 75104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Posts and Zip Ties
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/18/22	Payee name Walmart
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Amount (\$) 23.82	Payee address; 2225 W. Interstate 20	City; Grand Prairie	State; TX	Zip Code 75052
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Zip Ties
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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:	2 FILER NAME Bryan D. Woodard	3 Filer ID (Ethics Commission Filers)
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4 Date 9/06/22	5 Payee name Murphy USA 7326
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6 Amount (\$) 63.80	7 Payee address; 941 W Beltline Rd	City; Desoto	State; TX	Zip Code 75115
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Bill Board Truck fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/22	Payee name Southwest Magazine
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Amount (\$) 1,839.00	Payee address; P.O. Box 1071 Waxahachie	City; TX	State; TX	Zip Code 75168
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description Magazine ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/22	Payee name Yes We Can Print That
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Amount (\$) 1,353.12	Payee address; 606 Oriol Blvd. Suite 206	City; Duncanville	State; TX	Zip Code 75116
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED