

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|  |  |  |                                |
|--|--|--|--------------------------------|
| The C/OH Instruction Guide explains how to complete this form. |  | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed: <b>12</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR: <b>MR</b> FIRST: <b>JOHN</b> MI: <b>DAVID</b><br>NICKNAME: _____      LAST: <b>WOODRUFF</b> SUFFIX: _____   | <div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 0;">Date Received BY: _____</p> <p style="font-size: small; margin: 0;">Date Hand-delivered or Postmarked: _____</p> <p style="font-size: small; margin: 0;">Receipt # _____</p> <p style="font-size: small; margin: 0;">Date Processed: _____</p> <p style="font-size: small; margin: 0;">Date Imaged: _____</p> </div> <div style="text-align: center; margin-top: 10px;"> <p style="font-size: x-large; font-weight: bold; color: blue;">FILED</p> <p style="font-size: x-large; font-weight: bold; color: blue;">TARRANT COUNTY</p> <p style="font-size: x-large; font-weight: bold; color: blue;">2015 JAN 15 AM 10:51</p> <p style="font-size: x-large; font-weight: bold; color: blue;">FRANK PHILLIPS<br/>ELECTIONS ADMINISTRATOR</p> </div> |                                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____  |  |                                |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____  |  |                                |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR: <b>MR</b> FIRST: <b>EDDY</b> MI: _____<br>NICKNAME: _____      LAST: <b>PEACH</b> SUFFIX: _____   |  |                                |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)           | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____   |  |                                |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____  |  |                                |
| 9 REPORT TYPE  | <input checked="" 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) |  |                                |
| 10 PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br><b>07 / 15 / 14</b> <b>01 / 15 / 15</b>   |  |                                |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>05 / 29 / 2012</b>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special   |                                |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>Tarrant county<br/>Constable, PCT 2</b>   | 13 OFFICE SOUGHT (if known)  |                                |

**GOTO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME JOHN DAVID WOODRUFF

15 ACCOUNT # (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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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17 CONTRIBUTION TOTALS

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

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

\$ 300.00

EXPENDITURE TOTALS

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

\$ 118.40

4. TOTAL POLITICAL EXPENDITURES

\$ 1,128

CONTRIBUTION BALANCE

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

\$ 3,024.92

OUTSTANDING LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Woodruff, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Kynda Turpin  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A: <u>1</u>                |  |
| 2 FILER NAME <u>JOHN DAVID WOODRUFF</u>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><u>8/19/14</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Brenda Hayes</u> | 7 Amount of contribution (\$) <u>100.00</u>       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>370 Eagle Crow Road<br/>Mansfield, TX 76063</u> |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)                    |  |
| Date<br><u>8/19/14</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Sharen Wilson</u>  | Amount of contribution (\$) <u>200.00</u>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>PO BOX 282<br/>FORT WORTH, TX 76101</u>           |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME JOHN DAVID WOODRUFF

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| 5 Date                                   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable) |
| 7 Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                       |

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| Date                                   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                     |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

**JOHN DAVID WOODRUFF**

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

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.

BY: \_\_\_\_\_  
ELECTIONS ADMINISTRATOR  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 Total pages Schedule F:                             |  | 2 FILER NAME <b>JOHN DAVO WOODRUFF</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date <b>8/20/14</b>                                 |  | 5 Payee name <b>Craig Dunby</b>   |  |  |  |
| 6 Amount (\$) <b>\$500</b>                            |  | 7 Payee address; City; State; Zip Code<br><b>7106 lighthouse Rd, Arlington, TX 76002</b>        |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br><b>consultant fee</b>       |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><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  |  |
| Date <b>9/10/14</b>                                   |  | Payee name <b>Arlington Republican Club</b>   |  |  |  |
| Amount (\$) <b>\$100</b>                              |  | Payee address; City; State; Zip Code<br><b>PO Box 14095, Arlington, TX 76094</b>                |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>event expense</b>            |  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought  |  |
| Date <b>9/12/14</b>                                   |  | Payee name <b>Walmart</b>   |  |  |  |
| Amount (\$) <del>\$8135</del><br><b>\$104.29</b>      |  | Payee address; City; State; Zip Code<br><b>2121 N. Collins St, Arlington, TX 76011</b>          |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>Food / Beverage</b>          |  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought  |  |
| Date <b>11/21/14</b>                                  |  | Payee name <b>JOHN WRIGHT ASSOCIATION</b>   |  |  |  |
| Amount (\$) <b>\$245.00</b>                           |  | Payee address; City; State; Zip Code<br><b>1111 West Abram St. Arlington, TX 76013</b>          |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>transportation equipment</b> |  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought  |  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br><b>1</b> | <b>2</b> FILER NAME<br><b>JOHN DAVID WOODRUFF</b> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|---|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|---|

|   |  |  |
|---|--|--|
| Date  | Payee name   | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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 ELECTIONS ADMINISTRATOR  
 BY:

|   |  |  |
|---|--|--|
| Date  | Payee name   | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |  |  |
|---|--|--|
| Date  | Payee name   | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                    |   |  |
|------------------------------------|---|--|
| 1 Total pages Schedule H: <u>1</u> | 2 FILER NAME <u>JOHN DAVID WOODRUFF</u> | 3 ACCOUNT # (Ethics Commission Filers) |
|------------------------------------|---|--|

|        |                 |
|--------|-----------------|
| 4 Date | 5 Business name |
|--------|-----------------|

|               |   |
|---------------|---|
| 6 Amount (\$) | 7 Business address; City; State; Zip Code |
|---------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (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 |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (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 |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (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 |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (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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BY: FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule I:<br><b>1</b> | <b>2</b> FILER NAME<br><b>JOHN RAND WOODRUFF</b>                             | <b>3</b> ACCOUNT # (Ethics Commission Filers)                                     |
| <b>4</b> Date                                | <b>5</b> Payee name  |   |
| <b>6</b> Amount (\$)                         | <b>7</b> Payee address; City; State; Zip Code                                |   |
| <b>8</b> PURPOSE OF EXPENDITURE              | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date   | Payee name   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE                       | (a) Category (See instructions for examples of acceptable categories)        | (b) Description (See instructions regarding type of information required.)        |
| Date   | Payee name   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE                       | (a) Category (See instructions for examples of acceptable categories)        | (b) Description (See instructions regarding type of information required.)        |
| Date   | Payee name   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE                       | (a) Category (See instructions for examples of acceptable categories)        | (b) Description (See instructions regarding type of information required.)        |
| Date   | Payee name   |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE                       | (a) Category (See instructions for examples of acceptable categories)        | (b) Description (See instructions regarding type of information required.)        |

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 2015 JAN 15 AM 10:51  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME JOHN DAVID WOODRUFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

BY: \_\_\_\_\_  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR  
2015 JAN 15 AM 10:51  
TARRANT COUNTY  
FILED

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule T: <u>1</u>     |
| <b>2</b> FILER NAME <u>JOHN DAVID WOODRUFF</u>  |   | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |   |
| <b>5</b> Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |   |   |
| <b>6</b> Dates of travel  | <b>7</b> Name of person(s) traveling  |   |
|   | <b>8</b> Departure city or name of departure location                               |   |
|   | <b>9</b> Destination city or name of destination location                           |   |
| <b>10</b> Means of transportation   | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |   |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |   |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E          |   |   |
| Dates of travel   | Name of person(s) traveling   |   |
|   | Departure city or name of departure location  |   |
|   | Destination city or name of destination location                                    |   |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)           |   |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |   |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E          |   |   |
| Dates of travel   | Name of person(s) traveling   |   |
|   | Departure city or name of departure location  |   |
|   | Destination city or name of destination location                                    |   |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)           |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |   |

BY: \_\_\_\_\_  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
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 TARRANT COUNTY FILED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

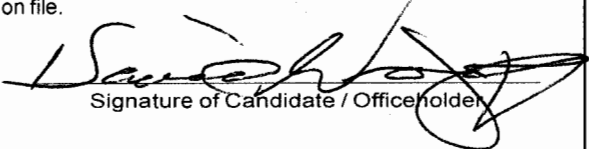
**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

|   |  |
|---|--|
| 1 C/OH NAME<br><b>JOHN DAVID WOODRUFF</b> | 2 ACCOUNT # (Ethics Commission Filers) |
|---|--|

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**  
 \*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

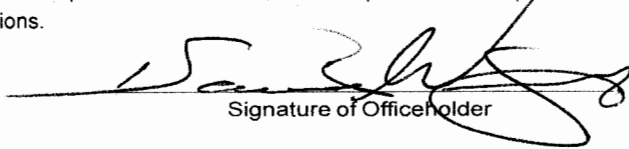
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

BY: \_\_\_\_\_  
 ELECTIONS ADMINISTRATOR  
 2015 JAN 5 AM 10:51  
 TARRANT COUNTY  
 FILED

**5 OFFICEHOLDER**  
 \*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder