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GO TO PAGE 2						

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	AND INT	DURUFF 15 F	iler ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INF	IT THE CANDIDATE'S OR OFFICEHOLDER'S ORMATION ONLY IF THEY RECEIVE NOTICE		
	OF SUCH EXPENDIT	JRES.	BY ELE		
	COMMITTEE TYPE	COMMITTEE NAME	FRANK FRANK FRANK		
	SPECIFIC	COMMITTEE ADDRESS	I 9 PHILLIPS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	ISTRATOR		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 296.28		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	E 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
CONTRIBUTION BALANCE					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT	DA L. TURPIN TARY PUBLIC	I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.			
Signature of Candidate or Officeholder					
AFFIX NOTARY STAM		by the said Office, Holder	this the 15th		
Sworn to and subscribed before me, by the said <u>UTTICE</u> <u>thous</u> , this the <u>1510</u> day of <u>CONUMPO</u> , to certify which, witness my hand and seal of office.					
Kinda Turpin Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

Forms provided by Texas Ethics Commission

Revised 9/8/2015

SUBTOTALS - C/OH	COVER	FORM		
19 FILER NAME DAND WOODRUFF	20 Filer ID (Ethics	Commissio	n Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	BY:	ELECT		AL A
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	RANK NAVN	AN	RAN	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		PHIL	9 P	T CO
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		IPS	:* 	C.
4. SCHEDULE E: LOANS		RATOR	02	~
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	£	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	·	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO		\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER		\$		
	ų.			

(B) Contractor

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1						
The	Instruction Guide explains how to complete this	form.	1 Total pages	Schedule A1:		
2 FILER NAME	BAVID MOODRUFF		3 Filer ID (Et	hics Commission File	ers)	
4 Date 10/21/15	Date 5 Full name of contributor □ out-of-state PAC (ID#:) D 21 15 T1PTDN 6 Contributor address; City; State; Zip Code			contribution (\$)		
	pation / Job title (See Instructions) SUTANCE AGENT	9 Employer (See Instruc Tipton In		<u> </u>		
Date	Full name of contributor 🔲 out-of-state PAC	: (ID#:)	Amount of	contribution (\$)		
	Contributor address; City; State	; Zip Code				
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor	; (ID#:)	Amount of	contribution (\$)		
	Contributor address; City: State	; Zip Code	ВY	2016 ELEC	11	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	JAN FRANK TIONS	RRAN	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount o			
	Contributor address; City; State	e; Zip Code		1:02	DUNTY	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		in in the second se	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
² FILER NAME DAVID WOODRUFF			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:)		8 Amount of . Contribution \$.	9 In-kind contribution description	
	7 Contributor address; City; State; Zip Cod	 le		ide of Toyoo Complete Only 1 1	
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	······································			
Date	Full name of contributor Gout-of-state PAC (ID#:)	Amount of . Contribution \$.	In-kind contribution description	
	Contributor address; City; State; Zip Co	 de	Charle if trouch and	ide of Texas. Complete Schedule T.	
Principal occ	Upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI		
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)	
Contributor	s employer/law firm (FOR JUDICIAL)	Law firr	irm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	. <u>.</u>		22	
				ELE 2011	
				ARRANT COUNTY 16 JAN 19 PH 1: 0 FRANK PHILLIPS ECTIONS ADMINISTRAT	
				S APH	
				PH 1: 02	
				RANT COUNTY JAN 19 PM 1: 02 JAN 19 PHILLIPS JONS ADMINISTRATOR	
	ATTACH ADDITIONAL COPIES OF f contributor is out-of-state PAC, please see instruction			requirements.	

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) DAM & WOODENFF 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount . 9 In-kind contribution of Pledge \$ description . . . 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledoor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#:_ In-kind contribution Pledge \$ description . City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#:____ Pledge \$ description . City; State; Zip Code Pledgor address; E 2

Principal occupation / Job title (See Instructions)
Employer (See Instructions)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Check if travel outside of Texas. Complete Schedule T.

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		SCHEDULE E
The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
FILER NAME BAND WOODPUT	Ff	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS		\$
Date of loan 7 Name of lender 🗌 out-of-state	ə PAC (ID#:)	9 Loan Amount (\$)
Is lender 8 Lender address; City; a financial Institution?	State; Zip Code	10 Interest rate
Y N		11 Maturity date
Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City; 18 not applicable	State; Zip Code	19 Amount Guaranteed (\$)
Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender Out-of-state	e PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate B FL 2015 JA Maturity dates FR A
Y N Principal occupation / Job title (See Instructions)	Employer (See Instructions)	ANK PI
Description of Collateral	Check if personal funds were account (See Instructions)	deposited nto pottore A UN RA
GUARANTOR Name of guarantor	·_ · · · · <u>-</u> · <u>-</u> · · · · · · · · · · · · · · · · · · ·	Amount Guzenteed
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	1
If lender is out-of-state PAC, please see i	OPIES OF THIS SCHEDULE AS N instruction guide for additional r .ethics.state.tx.us	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Inting Expense larles/Wages/Contract Labor Sow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME BAND WODD	PRUFF 3 Filer ID (Ethics Commission Filers)		
4 Date 7/17/15	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip C	iode		
120.94	400 WEST Arbroc Anington Tx	NEDIYA		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched EVENT EXPENSE	ule) (b) Description 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/OF	Candidate / Officeholder name H	Office sought Office held		
1/1/15	Payee name Symbol AV75			
Amount (\$) 95.00	Payee address 3 Scity; State; Zip C UOB3 S. 1550 E SDUHN Oaden, 1	ране Т ЛТ 84405		
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Amount (\$)	An ington TX 7	ωde I		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Iule) Description Check if travel outside of Texas. Complete Schedule T.		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	Dverhead/Rental Expense Transponder Expense Trave g Expense Trave s/Wages/Contract Labor Other	ation/Fundraising Expense portation Equipment & Related Expense I In District I Out Of District (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAMEBANIO MODIDRI	UFF ^{3 File}	er ID (Ethics Commission Filers)		
4 Date 9 15 15	5 Payee name Aaron Reich	Campaign			
6 Amount (\$) 150.00	7 Payee address; City; State: Zip Code PD BOX 122298 Ar Inngton, TX	, 1UOIZ			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		exas. Complete Schedule T. iceholder living expense		
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9 28 15	AVIINATON NOR	-h Rotany			
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Date 10 9 15	Bill Waybourn	campaign	JAN 19		
Amount (\$) 350,00	Payee address; City; State: Zip Code PO PDX 151305 AV 1114701 TX -	711015	ED COUNT PH 1: HILLIPS MINISTRA		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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Revised 9/8/2015

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/Politica Credit Card Payment	Committee Legal Services	Office Overhead Polling Expense	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAMEDAND	WOODRU.	FF	3 Filer ID (Ethics Commission Filers)	
4 Date 1) 110/15	5 Payee name TCGO	ρ			
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to File Fee	op of this schedule) (b		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
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ng 15	Payee name AVIINGTON	Pepubl	ican	Club	
Amount (\$) 75.DD	Payee address; BOX 141 PD BOX 141 AV 11 NGTOY	tate; Zip Code 95 1, TX 74	094		
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