

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 # (Ethics Commission Filers) 2 Total pages filed: 11

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Walter</u> MI: <u>M.</u> NICKNAME: <u>Mac</u> LAST: <u>Woodward</u> SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 10 2011 Dr. Ye (CS.) Date Hand-delivered or Postmarked 10/10/11 Receipt # Amount Date Processed 10/10/11 Date Traced 10/10/11 </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2116 Avenue Q Huntsville TX 77340</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 295.5149</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Leanne</u> MI: <u>G.</u> NICKNAME: LAST: <u>Woodward</u> SUFFIX:	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2116 Avenue Q Huntsville TX 77340</u>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 295.5149</u>
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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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>8 / 8 / 2011</u> <u>9 / 29 / 2011</u>
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11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE <u>11 / 8 / 2011</u> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <u>Councilmember</u>	13 OFFICE SOUGHT (if known) <u>Mayor</u>
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Walter M. Woodward 15 ACCOUNT # (Ethics Commission Filers)

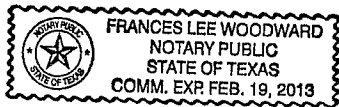
16 NOTICE FROM POLITICAL COMMITTEE(S)

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 98. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2548. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2133.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1110.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Walter M. Woodward

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walter Woodward, this the 10th day of October, 20 11, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lee Woodward
Printed name of officer administering oath

City Secretary
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: 4	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8.20.11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe and Jane Henderson 6 Contributor address; City; State; Zip Code 1776 Avenue S, Huntsville, TX 77340	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8.23.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Una Grace Nash Contributor address; City; State; Zip Code 2429 Robinson Way, Huntsville, TX 77340	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.7.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack and Ann Olsta Contributor address; City; State; Zip Code P.O. Box 8668, Huntsville, TX 77340	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.8.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra E. Rogers Contributor address; City; State; Zip Code 3011 Hwy. 30 W., Suite 101, Huntsville, TX 77340	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.8.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Judy Koehl Contributor address; City; State; Zip Code P.O. Box 1424, Huntsville, TX 77342-1424	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Laura Gibbs</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>9.8.11</i>	6 Contributor address; City; State; Zip Code <i>1404 Avenue O, Huntsville, TX 77340</i>	<i>\$150.⁰⁰</i>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn A. Nickell</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9.11.11</i>	Contributor address; City; State; Zip Code <i>2112 Avenue M #4, Huntsville, TX 77340</i>	<i>\$100.⁰⁰</i>	
		(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#: _____) <i>Jan Davis</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9.13.11</i>	Contributor address; City; State; Zip Code <i>101 Wood Forest Lane, Huntsville, TX 77340</i>	<i>\$100.⁰⁰</i>	
		(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#: _____) <i>Dr. Stephen Davis</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9.13.11</i>	Contributor address; City; State; Zip Code <i>101 Wood Forest Lane, Huntsville, TX 77340</i>	<i>\$100.⁰⁰</i>	
		(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#: _____) <i>Dr. Bill Green</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>9.15.11</i>	Contributor address; City; State; Zip Code <i>470 Elkins Lake, Huntsville, TX 77340</i>	<i>\$50.⁰⁰</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 9.15.11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Diane Green	7 Amount of contribution (\$) \$50.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 470 Elkins Lake, Huntsville, TX 77340		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 9.20.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank and Lyndall Leathers	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1609 Pin Oak Drive, Huntsville, TX 77340		(If travel outside of Texas, complete Schedule T)	

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

Date 9.21.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph and Moselle Lawson	Amount of contribution (\$) \$250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2300 Avenue S, Huntsville, TX 77340		(If travel outside of Texas, complete Schedule T)	

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

Date 9.21.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerry and Nancy Etheredge	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3648 Sage, Huntsville, TX 77340		(If travel outside of Texas, complete Schedule T)	

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

Date 9.21.11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Harper	Amount of contribution (\$) \$300.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4455 N. Braeswood Blvd., Houston, TX 77096		(If travel outside of Texas, complete Schedule T)	

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9.22.11

Wayne and Andrea Scott

6 Contributor address; City; State; Zip Code

600 Elkins Lake, Huntsville, TX
77340

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9.26.11

Sugar and Poncho Roberts

Contributor address; City; State; Zip Code

2 Elkins Lake, Huntsville, TX
77340

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9.28.11

Wes and Susan Sanders

Contributor address; City; State; Zip Code

1924 Avenue L 1/2, Huntsville,
TX 77340

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9.29.11

John and Barbara Skeeters

Contributor address; City; State; Zip Code

574 Elkins Lake, Huntsville, TX
77340

\$100.⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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)

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: 3	
2 FILER NAME Walter M. Woodward		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date 9.26.11	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Richard and Frances Cording	8 Amount of pledge (\$) \$100.⁰⁰	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code 245 Elkins Lake, Huntsville, TX 77340	(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 9.26.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack and Debbie Choate	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 582 Elkins Lake, Huntsville, TX 77340	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.26.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Anne Crews	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 2209 Avenue S, Huntsville, TX 77340	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.27.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Tommy and Patti Sue Davis	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 3820 Summer Lane, Huntsville, TX 77340	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.26.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve and Leslie Fox	Amount of pledge (\$) \$100.⁰⁰	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 316 Elkins Lake, Huntsville, TX 77340	(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date 9.27.11	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Leeper 7 Pledgor address; City; State; Zip Code 1924 Avenue N 1/2, Huntsville, TX 77340	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 9.27.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Patrick and Bobbie Nolan Pledgor address; City; State; Zip Code 3348 Winter Way, Huntsville, TX 77340	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.26.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Olsen Pledgor address; City; State; Zip Code 2115 Avenue O, Huntsville, TX 77340	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.27.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Robinson Pledgor address; City; State; Zip Code 1627 Avenue Q, Huntsville, TX 77340	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.29.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron and Charlene Sandel Pledgor address; City; State; Zip Code 408 FM 1791 N, Huntsville, TX 77320	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
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.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date 9.29.11	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry and Sam Sandel	8 Amount of pledge (\$) \$100.00	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code 814 Elkins Lake, Huntsville, TX 77340		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date 9.28.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody and Julie Woods	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 924 Elkins Lake, Huntsville, TX 77340		
(If travel outside of Texas, complete Schedule T)			

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

Date 9.28.11	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard and Dorothy Yawn	Amount of pledge (\$) \$100.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 464 Elkins Lake, Huntsville, TX 77340		
(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)

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

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 <i>Walter M. Woodward</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9.10.11</i>	5 Payee name <i>Wagamon Printing, Inc.</i>
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6 Amount (\$) <i>\$416.⁷⁶</i>	7 Payee address; City; State; Zip Code <i>1410 Sycamore, Huntsville, TX 77340</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Signs</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9.16.11</i>	Payee name <i>Wagamon Printing, Inc.</i>
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Amount (\$) <i>\$696.⁰⁵</i>	Payee address; City; State; Zip Code <i>1410 Sycamore, Huntsville, TX 77340</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Signs</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9.27.11</i>	Payee name <i>Eagle Graphics</i>
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Amount (\$) <i>\$324.⁷⁵</i>	Payee address; City; State; Zip Code <i>1304 Sam Houston Avenue, Huntsville, TX 77340</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>T-shirts</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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

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.

1 Total pages Schedule G:	2 FILER NAME <i>Walter M. Woodward</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8.30.11</i>	5 Payee name <i>Wagamon Printing, Inc.</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$696.⁰⁵</i>	7 Payee address; City; State; Zip Code <i>1410 Sycamore, Huntsville, TX 77340</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Signs</i>
Date	Payee name	
Amount (\$) <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)
Date	Payee name	
Amount (\$) <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)
Date	Payee name	
Amount (\$) <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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED