FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088405 3 COMMITTEE NAME **OFFICE USE ONLY** Woodfill For Texas PAC Date Received **ELECTRONICALLY FILED** 07/31/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 20214 Braidwood Drive Date Hand-delivered or Date Postmarked Katy, TX 77450 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Steven NAME NICKNAME LAST **SUFFIX** Hotze STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 20214 Braidwood Drive STREET **ADDRESS** (Residence or Business) Katy, TX 77450 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 20214 Braidwood Drive MAILING **ADDRESS** Katy, TX 77450 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 579-3600 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 02/29/2024 **THROUGH** 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
Woodfill For Texas PAC	;		00088405		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
report ii neeessaiy.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
SUPPORT		BALLOT IDENTIFICATION / #	EI ECTI	ION DATE	
(Candidate or Measure) OPPOSE (Candidate or Measure)			Month	Day	Year
ASSIST (Officeholder)	Measure	DESCRIPTION			
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAI EES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C (OTHER THAN PLEDGE	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS)		\$	\$15,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$27,764.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$6,394.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
		Dr. Stev	ven Hotze		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
Sworn to and subscribed	before me, by the said	,t	his the		day
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer add	ministering oath Prin	ted name of officer administering oath	Title of office	er administer	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

				3 0	of 29
l		EE NAME or Texas PAC	18 Filer ID 00088405	(Ethics Commission File	rs)
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOU	NT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,0	00.000
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 27,7	764.17
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
I					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains hov	1						
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)		
	Woodfill For		_			00088405			
4	Date 03/01/2024	5 Full name of contributorGrein, Jared6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00		
	<u> </u>	Cypress, TX 77433	,	5 1 (0 1 1 1					
8	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions Phoenix Insulation	5)				
		<u> </u>		Filoenix irisulation	_				
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2024 Kerns, Steve Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00				
		Houston, TX 77024							
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)				
	Insurance			Steve Kerns Insurance					
	Date Full name of contributor out-of-state PAC (ID#:) 102/29/2024 Lewis, Paul Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00			
		Houston , TX 77024							
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>l</u> 5)				
	Requested			Requested					
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00				
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 03/05/2024 Schmidt, Ralph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00				
	Schulenburg, TX 78956 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions Retired				<u> </u> 				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/29		
2	FILER NAME Woodfill For				3	Filer ID (Ethics Commission Filers) 00088405
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#: Shaw, Stuart 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$500.00		
8	Principal occu	Austin , TX 78735 upation / Job title (See Instructions)	9	Employer (See Instructions	 	
	CEO	,		Bonner Carrington	,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ttee Legal Se	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)				
Ļ	=			a action Guide exp	nams now to co	mhie	- i i i i i i i i i i i i i i i i i i i	_		/=/! a ! ! =" :
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
_	Sch: 1/24 Rpt: 6/29		oodfill For Texa	PAC					00088405	
4	Date	l	yee name							
L	03/04/2024	L All	len, Johnathan							
6	Amount (\$)	7 Pa	yee address;	City;	State; Zip Co	ode				
	\$607.50	83	88 Greens Rd Ap	ot 110						
			·							
		 _H ,	ouston, TX 7706	0						
8	PURPOSE					(b)	Description			
ō	OF		ategory (See Catego		this schedule)	(D)	Description Check if travel	outei	do of Toyas Com	ploto Schodulo T
	EXPENDITURE	Sa	alaries/Wages/C	ontract Labor			_		officeholder living	plete Schedule T.
							Outside Cont			, - p
							2 0.0.00 00110	. 40		
9	Complete ONLY if direct	Can	ndidate/Officeholde	ar name	Office sou	lupt			Office he	ald
9	expenditure to benefit C/OI		iuiuate/Oniceriolut	i name	Office Sou	ignt			Office He	au
_		ī								
	Date		yee name							
	03/04/2024	All	len, Johnathan							
	Amount (\$)	Pa	yee address;	City;	State; Zip Co	ode		_		
	\$780.00	83	88 Greens Rd Ap	ot 110						
		Н	ouston, TX 7706	0						
	PURPOSE		ategory (See Catego		this schedule)	(b)	Description			
	OF EXPENDITURE	Sa	alaries/Wages/C	ontract Labor						plete Schedule T.
	- -						ш		officeholder living	gexpense
							Outside Cont	ıdC	i Services	
_	Commission ONE V. C. P.	<u> </u>	alidata (Office 1 11		Offi:-	! '			Ott. ;	- Lal
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Officeholde	er name	Office sou	ıgnt			Office he	eia
		1								
	Date	Pa	ayee name							
L	03/04/2024	L All	len, Johnathan			_				
	Amount (\$)	Pa	yee address;	City;	State; Zip Co	ode				
	\$150.00	83	88 Greens Rd Ap	ot 110						
		Ho	ouston, TX 7706	0						
	PURPOSE	(a) Ca	ategory (See Catego	ries listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	ı	alaries/Wages/C							plete Schedule T.
	LAFLINDITURE		_						officeholder living	j expense
							Outside Cont	rac	t Services	
	Complete ONLY if direct		ndidate/Officeholde	er name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI	п								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/24 Rpt: 7/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/14/2024	Allen, Johnathan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	838 Greens Rd Apt 110
		Houston, TX 77060
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Suiside Contide Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/14/2024	Allen, Johnathan
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	838 Greens Rd Apt 110
		Houston, TX 77060
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Outside Contract Services
		Catalac Continue
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/14/2024	Payee name
		Allen, Johnathan
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.52	838 Greens Rd Apt 110
		Houston, TX 77060
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Le The Instruction Guide explains how to complete this fo	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/24 Rpt: 8/29	Woodfill For Texas PAC	00088405
4	Date	5 Payee name	
	03/04/2024	Bari, Irene	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$577.50	4502 Edison St	
		Houston, TX 77009	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Galaries/ Wages/ Contract Eabor	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense e Contract Services
		Outside	o Continuot Convices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	03/04/2024	Bari, Irene	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$690.00	4502 Edison St	
		Houston, TX 77009	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		, , , , , , , , , , , , , , , , , , ,	e Contract Services
		- Callette	, Co doi: 001.11000
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/14/2024	Bari, Irene	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$480.00	4502 Edison St	
		Houston, TX 77009	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Salaries/ Wages/Cortifact Eabor	if travel outside of Texas. Complete Schedule T.
	_/		if Austin, TX, officeholder living expense
		Outside	e Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
Eor	me provided by Tevas F	hice Commission www athics state ty us	Version V// 1 0 f10d0fd8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Cabadula F1.	2 Files ID (Fthice Commission Files	
1	Total pages Schedule F1: Sch: 4/24 Rpt: 9/29	2 FILER NAME Woodfill For Texas PAC 3 Filer ID (Ethics Commission Filer 00088405	5)
4	Date	5 Payee name	
	03/04/2024	Garcia, Gracie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$337.50	5105 Airline Dr 1207	
		Houston, TX 77022	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Outside Contract Services	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
_	Date	Davisa marta	
		Payee name	
	03/04/2024	Garcia, Gracie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$450.00	5105 Airline Dr 1207	
		Houston, TX 77022	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Outside Contract Services	
		Outside Contract Services	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
_		1	
	Date	Payee name	
	03/14/2024	Garcia, Gracie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$360.00	5105 Airline Dr 1207	
		Houston, TX 77022	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Outside Contract Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/24 Rpt: 10/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/04/2024	Garner, Deborah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.00	5947 Lattimer Dr
		Houston, TX 77035
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Outside Contract Services
Ļ	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Garner, Deborah
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	5947 Lattimer Dr
		Houston, TX 77035
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Outside Contract Services
		Cutside Continues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	_
	Date	Payee name
	03/14/2024	Garner, Deborah
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	5947 Lattimer Dr
		Houston, TX 77035
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Outside Contract Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/24 Rpt: 11/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/04/2024	Herrera, Ahiezer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	8327 Prairie Wind Ln
		Houston, TX 77040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Outside Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	03/05/2024	Herrera, Ahiezer
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	8327 Prairie Wind Ln
		Houston, TX 77040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Outside Contract Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/14/2024	Payee name Herrera, Ahiezer
	Amount (\$)	Payee address; City; State; Zip Code
	\$465.00	8327 Prairie Wind Ln
		Houston, TX 77040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Outside Contract Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 12/29	Woodfill For Texas PAC	00088405
4	Date	5 Payee name	•
	06/29/2024	Independent Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	4120 Bellaire Blvd	
		Houston, TX 77025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		Ba	nk Service Charge
_	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		05.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/04/2024	Jackson, Eva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$525.00	6919 Hockley Garden Ln	
		Houston, TX 77049	
	PURPOSE OF		scription
	EXPENDITURE	Jaianes/Wages/Contract Eabor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		, <u> </u>	Itside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/04/2024	Jackson, Eva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,027.50	6919 Hockley Garden Ln	
		Houston, TX 77049	
	PURPOSE		scription
	OF	, , ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ou	itside Contract Services
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
		•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Cod/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Committee Legal Services S			Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	·		The Instruction Guide e	xplains how to c	omple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/24 Rpt: 13/29	Woodfill For	Texas PAC					00088405		
4	Date	5 Payee name								
	03/14/2024	Jackson, Ev	⁄a							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode					
•	\$210.00		ey Garden Ln	State, Zip C	ouc					
8	PURPOSE				(h)	Description				
0	OF EXPENDITURE		ee Categories listed at the top ages/Contract Labor	of this schedule)	(6)	_	, TX	ide of Texas. Com , officeholder living ct Services		
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld	
	Date	Payee name								
	03/04/2024	Joyner, Hel	en							
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode					
	\$600.00	101 Normar	ndy St.							
		Apt. 1001								
		Houston, T	< 77015							
	PURPOSE				(h)	Description				
	OF		ee Categories listed at the top	of this schedule)	(0)	Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Salaries/wa	iges/Contract Labor					, officeholder living		
						Outside Cont	rac	t Services		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	Office so	ught			Office he	eld	
	Date	Payee name								
	03/04/2024	Joyner, Hel	en							
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode					
	\$870.00	101 Normar	ndy St.							
		Apt. 1001	•							
		Houston, T	¢ 77015							
	DUDD005				10.					
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(a)	Description Check if travel	nutsi	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE	Salaries/wa	ages/Contract Labor			ш		, officeholder living	•	
						Outside Cont	rac	t Services		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/24 Rpt: 14/29 Woodfill For Texas PAC 00088405 4 Date Payee name 03/14/2024 Joyner, Helen 6 Amount (\$) Payee address; State; Zip Code \$210.00 101 Normandy St. Apt. 1001 Houston, TX 77015 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Outside Contract Services** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 Lopez, David Amount (\$) Payee address; City; State; Zip Code \$232.50 1502 Pech Road Apt 38 Houston, TX 77055 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Outside Contract Services** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/14/2024 Lopez, David Amount (\$) Payee address; City: State; Zip Code \$405.00 1502 Pech Road Apt 38 Houston, TX 77055 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Outside Contract Services** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 10/24 Rpt: 15/29	Woodfill For Texas PAC 00088405								
4	Date	5 Payee name								
	03/04/2024	Money, Meochea								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$450.00	4010 Linkwood Dr.								
		#328								
		Houston, TX 77025								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Outside Contract Services								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Date	Payee name								
	03/04/2024	Money, Meochea								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$105.00	4010 Linkwood Dr.								
		#328								
		Houston, TX 77025								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Outside Contract Services								
	Computate ONII V if disport	Condidate/Officeholder name								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	03/14/2024	Money, Meochea								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$225.00	4010 Linkwood Dr.								
		#328								
		Houston, TX 77025								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Outside Contract Services								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		District a category not listed above)
_			(=11: 0 : 1 = 11)
1	Total pages Schedule F1: Sch: 11/24 Rpt: 16/29	2 FILER NAME Woodfill For Texas PAC 3 Filer ID 00088405	(Ethics Commission Filers)
_	•		
4	Date	5 Payee name	
	03/14/2024	Nieves, Susanne	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$105.00	10335 Old Bamel North Houston Rd.	
		#1115	
		Houston, TX 77086	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	and the Ochodule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Co	
		Outside Contract Services	ng expense
		Outside Contract Services	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office	held
	experialitate to beliefit 6/01		
	Date	Payee name	
	03/04/2024	Parker, Stephanie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$712.50	26700 Rice Road	
	Ψ1 <u>12</u> .00	2010011100110001	
		Hockley, TX 77447	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Co	
		Check if Austin, TX, officeholder livi	ng expense
		Outside Contract Services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office	neld
	experience to benefit of or		
	Date	Payee name	
	03/04/2024	Parker, Stephanie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$975.00	26700 Rice Road	
	Ψ010.00		
		Hadday TV 77447	
		Hockley, TX 77447	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder livi	ng expense
		Outside Contract Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
L	expenditure to benefit C/OI	n	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/24 Rpt: 17/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/04/2024	Parker, Stephanie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	26700 Rice Road
		Hockley, TX 77447
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Outside Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	03/14/2024	Parker, Stephanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$465.00	26700 Rice Road
		Hockley, TX 77447
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Outside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/14/2024	Parker, Stephanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	26700 Rice Road
		Hockley, TX 77447
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Suiside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

n Filers)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memorials Legal Services	•		ages.	/Contract Labor		Travel Out of D OTHER (enter a	oistrict a category not listed above)
L		_		The Instruction G	uide explains	now to cor	mple	ete this form.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 14/24 Rpt: 19/29	L		Texas PAC						00088405	
4	Date	5	Payee name								
L	03/04/2024		Ryan, Lynn								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$176.00		811 Thread	needle St.							
			Apt. 283								
			Houston, T	K 77079							
8	PURPOSE	(a)					(h)	Description			
	OF	(۳)		ee Categories listed at t ages/Contract La		nedule)	(5)		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Juliul 163/ VV	ages/Contract Li	ub01			_		officeholder livin	
								Outside Cont	rac	t Services	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	parameter action of the	_									
	Date		Payee name								
L	03/04/2024		Ryan, Lynn								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$1,276.00		811 Thread	needle St.							
			Apt. 283								
			Houston, TX	K 77079							
_	PURPOSE	(2)				1	(h)	Description			
	OF	ر ^{م)}		ee Categories listed at t ages/Contract La		nedule)	(1)		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Jaiai IES/ Wa	ages/Contract Li	αυθί			=		officeholder livin	
								Outside Cont	rac	t Services	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
L	Data	<u> </u>									
	Date		Payee name								
	03/14/2024		Ryan, Lynn								
	Amount (\$)		Payee addre		State	; Zip Co	de				
	\$682.00		811 Thread	needle St.							
			Apt. 283								
			Houston, TX	K 77079							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		,	ages/Contract La				므			mplete Schedule T.
	LAFLINDITURE							—		officeholder livin	ng expense
								Outside Cont	rac	t Services	
	Commiste ONE V. C.	<u>L</u>	Dameli-1-+ 10.00			O#6 -	aul- 1			O	a lal
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	ynt			Office h	ieiu

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/	Wage	es/Contract Labor		OTHER (enter a	strict category not listed above)	
		_		The Instruction Guid	e explains now to c	ompi	iete tnis form.	_			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 15/24 Rpt: 20/29		Woodfill For	Texas PAC					00088405		
4	Date	5	Payee name								
	03/14/2024		Ryan, Lynn								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	odo					
ľ	\$27.12	ľ	811 Thread	•	State, Zip C	ouc					
	ΨΖ1.12			ieeule St.							
			Apt. 283								
			Houston, TX	(77079							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract Lab			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE						\Box	, TX,	officeholder living	g expense	
							Supplies				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	н									
	Date		Payee name								
	03/27/2024		Ryan, Lynn								
	Amount (\$)	T	Payee addres	ss; City;	State; Zip C	ode					
	\$88.00		811 Threadi	needle St.	•						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Apt. 283								
			•	, 77070							
			Houston, TX	(77079							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract Lab	or		<u> </u>			plete Schedule T.	
							Outside Cont		officeholder living	g expense	
							Outside Cont	ıac	i Seivices		
	0 1: 0 1: 0	<u>L</u>	- " ' ' ' ' ' ' '		0"	<u> </u>			0,5,1		
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	Office so	ugnt			Office h	ela	
	Date		Payee name								
	03/27/2024		Ryan, Lynn								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$132.00		811 Thread	needle St.							
			Apt. 283								
			Houston, TX	/ 77070							
		<u> </u>									
	PURPOSE OF	(a)		e Categories listed at the		(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract Lab	or		ш		officeholder living	plete Schedule T.	
							Outside Cont			g expense	
							Catolac Coll	ac	COUNTED		
	Complete ONLY if direct	Ц	Condidate /Cff	achaldar ra	Office	مراهات			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office so	ugnt			Office h	elu	
		•									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/24 Rpt: 21/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/04/2024	Scaife, Miquan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.00	4010 Linkwood Dr.
		Apt. 328
		Houston, TX 77025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Outside Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
-	Date	Payee name
	03/04/2024	Scaife, Miquan
_	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	4010 Linkwood Dr.
	Ψ103.00	
		Apt. 328
		Houston, TX 77025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Outside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/14/2024	Scaife, Miquan
	Amount (\$)	Payee address; City; State; Zip Code
	\$285.00	4010 Linkwood Dr.
		Apt. 328
		Houston, TX 77025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Outside Contract Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/24 Rpt: 22/29		Woodfill For Texas PAC		00088405
4	Date	5	Payee name		
	03/27/2024		Scaife, Miquan		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$90.00		4010 Linkwood Dr.		
			Apt. 328		
		_	Houston, TX 77025		
8	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Outside Contract Services
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit croi				
	Date		Payee name		
	03/04/2024		Spencer, James		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$240.00		4000 Griggs		
			Apt 20		
			Houston, TX 77021		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Taylor Complete Schoolule T
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Outside Contract Services
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI				
	Date		Payee name		
	03/04/2024		Spencer, James		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$480.00		4000 Griggs		
			Apt 20		
			Houston, TX 77021		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Outside Contract Services
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ght	Office held
	experiorative to benefit C/Of	17			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/24 Rpt: 23/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/14/2024	Spencer, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.50	4000 Griggs
		Apt 20
		Houston, TX 77021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Suiside Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2024	Spencer, Shirley
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.50	2608 Calumet St #14
		Houston, TX 77004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Outside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2024	Spencer, Shirley
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	2608 Calumet St #14
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Outside Contract Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/24 Rpt: 24/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/14/2024	Spencer, Shirley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.00	2608 Calumet St #14
		Houston, TX 77004
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Outside Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/14/2024	Spencer, Shirley
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.05	2608 Calumet St #14
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	Stelly, Palma
	Amount (\$)	Payee address; City; State; Zip Code
	\$570.00	12410 N Lake Houston Pkwy #1309
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense Outside Contract Services
		Outside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services The Instruction G	•		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
1	Total pages Cohedule F1	12						1	2	Filer ID	(Ethics Commission Filers)
	Total pages Schedule F1:	 							3		(Luics Commission Fileis)
	Sch: 20/24 Rpt: 25/29		vvoouiiii F0	Texas PAC						00088405	
4	Date	5	Payee name								
	03/04/2024		Stelly, Palm	a							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$900.00		12410 N La	ke Houston Pk	vy #1309						
			Houston, TX	< 77044							
8	PURPOSE	(2)				1	(h)	Docorintica			
0	OF	^(a)		ee Categories listed at		nedule)	(D)	Description Check if travel of	nutsi	de of Texas, Com	nplete Schedule T.
	EXPENDITURE		Salanes/Wa	iges/Contract L	auui			<u> </u>		officeholder living	
								Outside Cont			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/O						-				
H	Date	Ι	Payee name								
	02/29/2024		Tribe Desig	n I I C							
_		\vdash			Ctoto	; Zip Co	de				
	Amount (\$)		Payee addre		State	, ZIP C00	ue				
	\$2,192.06		P.O. Box 18	010							
L		L	Houston , T	X 77251							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising					=			nplete Schedule T.
										officeholder livin	g expense
								Campaign De	SIC	JII Services	
_	Operation ONE V. C. F.	<u> </u>	2			245				O''' :	-1-1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	gnt			Office h	eıa
		_									
	Date		Payee name								
L	03/14/2024	L	Wakefield,	Sarah							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$165.00		8327 Prairie	Wind Ln							
			Houston, TX	< 77040							
	PURPOSE	(a)	Category (%)	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF	<u> </u> `		ges/Contract L		.caulc _j	. ,	:	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE									officeholder living	g expense
								Outside Cont	rac	t Services	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/O	H									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Cody Downson

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	<u> </u>	2)
	Sch: 21/24 Rpt: 26/29	Woodfill For Texas PAC 00088405	-)
4	Date	5 Payee name	
	03/04/2024	Watson, Renee	
6	Amount (\$) \$480.00	7 Payee address; City; State; Zip Code 12311 Ghita Ln. Houston, TX 77044	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Outside Contract Services	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/04/2024	Watson, Renee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$705.00	12311 Ghita Ln.	
	DUDDOCT	Houston, TX 77044	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Outside Contract Services	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/14/2024	Watson, Renee	
	Amount (\$) \$330.00	Payee address; City; State; Zip Code 12311 Ghita Ln.	
		Houston, TX 77044	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Outside Contract Services	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/24 Rpt: 27/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/14/2024	Watson, Renee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.84	12311 Ghita Ln.
		Houston, TX 77044
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Check if Austin, TX, officeholder living expense Supplies
		Cupplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/04/2024	Williams, Jamil
	Amount (\$)	Payee address; City; State; Zip Code
	\$765.00	1428 Roxannes Run
	Ψ1 00.00	1 120 Novamber Nam
l		Pflugerville, TX 78660
┝	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Outside Contract Services
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	03/05/2024	Williams, Jamil
l	Amount (\$)	Payee address; City; State; Zip Code
	\$510.00	1428 Roxannes Run
		Pflugerville, TX 78660
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Outside Contract Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/24 Rpt: 28/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/14/2024	Williams, Jamil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.00	1428 Roxannes Run
		Pflugerville, TX 78660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Outside Contract Services
		Suiside Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/14/2024	Williams, Jamil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$62.58	1428 Roxannes Run
		Pflugerville, TX 78660
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies
		Смрино
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/27/2024	Williams, Jamil
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	1428 Roxannes Run
		Pflugerville, TX 78660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Outside Contract Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 29/29	Woodfill For Texas PAC 00088405
4	Date	5 Payee name
	03/27/2024	Williams, Jamil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	1428 Roxannes Run
		Pflugerville, TX 78660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Outside Contract Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H