



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
Susanna Woody

**15 Filer ID (Ethics Commission Filers)**  
N/A

**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.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE: COMMITTEE NAME

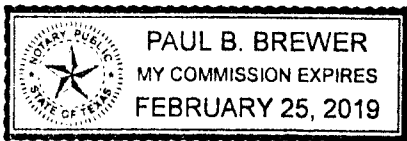
COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 351.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,233.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,076.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,367.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 696.48
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 AFFIDAVIT**



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

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susanna Woody, this the 13<sup>th</sup> day of January, 20 18, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Signature of officer administering oath  
 PAUL B BREWER Printed name of officer administering oath  
 NOTARY Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Susanna Woody		<b>20 Filer ID (Ethics Commission Filers)</b> N/A
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,882.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,290.68
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Susanna Woody</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>7/28/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Birch</b> 6 Contributor address; City; State; Zip Code <b>3906 Sojourner Austin TX 78745</b>	7 Amount of contribution (\$) <b>27</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/31/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Birch</b> Contributor address; City; State; Zip Code <b>3906 Sojourner Austin TX 78745</b>	Amount of contribution (\$) <b>50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/22/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew Costigan</b> Contributor address; City; State; Zip Code <b>3205 River Road Austin TX 78746</b>	Amount of contribution (\$) <b>27</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/29/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew Costigan</b> Contributor address; City; State; Zip Code <b>3205 River Road Austin TX 78746</b>	Amount of contribution (\$) <b>27</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Susanna Woody		3 Filer ID (Ethics Commission Filers) N/A
4 Date 10/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Fetonte	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 8301 Washita Austin TX 78704		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Gillespie	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code 1103 Enfield Road Austin TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Gillespie	Amount of contribution (\$) 15
Contributor address; City; State; Zip Code 1103 Enfield Road Austin TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Gillespie	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 1103 Enfield Road Austin TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME  
Susanna Woody

3 Filer ID (Ethics Commission Filers)  
N/A

4 Date  
9/15/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sharon Gillespie

7 Amount of contribution (\$)  
25

6 Contributor address; City; State; Zip Code  
1103 Enfield Road Austin TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/16/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sharon Gillespie

Amount of contribution (\$)  
25

Contributor address; City; State; Zip Code  
1103 Enfield Road Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/4/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sharon Gillespie

Amount of contribution (\$)  
25

Contributor address; City; State; Zip Code  
1103 Enfield Road Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/14/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sharon Gillespie

Amount of contribution (\$)  
25

Contributor address; City; State; Zip Code  
1103 Enfield Road Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME  
Susanna Woody

3 Filer ID (Ethics Commission Filers)  
N/A

4 Date  
7/9/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kendel Joyce

7 Amount of contribution (\$)  
100

6 Contributor address; City; State; Zip Code  
7436 Montezuma St Austin TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
8/29/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David King

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
1808 Kerr Street Austin TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/31/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Santiago A Ledesma

Amount of contribution (\$)  
50

Contributor address; City; State; Zip Code  
12436 LaGuardia Lane Austin TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/9/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Lewis

Amount of contribution (\$)  
250

Contributor address; City; State; Zip Code  
603 Davis Street 1910 Austin TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Susanna Woody</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>8/30/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Lewis</b> 6 Contributor address; City; State; Zip Code <b>603 Davis Street 1910 Austin TX 78745</b>	7 Amount of contribution (\$) <b>200</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/13/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Lewis</b> Contributor address; City; State; Zip Code <b>603 Davis Street 1910 Austin TX 78745</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Mancha</b> Contributor address; City; State; Zip Code <b>3014 West William Cannon #1427 Austin TX 78745</b>	Amount of contribution (\$) <b>10</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/4/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Mancha</b> Contributor address; City; State; Zip Code <b>3014 West William Cannon #1427 Austin TX 78745</b>	Amount of contribution (\$) <b>10</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Susanna Woody		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/4/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Mancha 6 Contributor address; City; State; Zip Code 3014 West William Cannon #1427 Austin TX 78745	7 Amount of contribution (\$) 10
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Mancha Contributor address; City; State; Zip Code 3014 West William Cannon #1427 Austin TX 78745	Amount of contribution (\$) 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Mancha Contributor address; City; State; Zip Code 3014 West William Cannon #1427 Austin TX 78745	Amount of contribution (\$) 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Mancha Contributor address; City; State; Zip Code 3014 West William Cannon #1427 Austin TX 78745	Amount of contribution (\$) 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Susanna Woody</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>9/22/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jane Miller</b> 6 Contributor address; City; State; Zip Code <b>13817 FM 812 Austin TX 78745</b>	7 Amount of contribution (\$) <b>100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/28/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Strong</b> Contributor address; City; State; Zip Code <b>2902 Oaklane Drive Austin TX 78745</b>	Amount of contribution (\$) <b>50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elisabeth Webster</b> Contributor address; City; State; Zip Code <b>5112 South 1st Street #251 Austin TX 78745</b>	Amount of contribution (\$) <b>27</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elisabeth Webster</b> Contributor address; City; State; Zip Code <b>5112 South 1st Street #251 Austin TX 78745</b>	Amount of contribution (\$) <b>27</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
8

2 FILER NAME  
**Susanna Woody** 3 Filer ID (Ethics Commission Filers)  
N/A

4 Date <b>9/6/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elisabeth Webster</b>	7 Amount of contribution (\$) <b>27</b>
6 Contributor address; City; State; Zip Code <b>5112 South 1st Street #251 Austin TX 78745</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
------	---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Susanna Woody		3 Filer ID (Ethics Commission Filers) N/A	
4 Date 7/16/17		5 Payee name Bumperactive			
6 Amount (\$) 358.00		7 Payee address; City; State; Zip Code 5925 Burnet Road, Austin, TX 78757			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bumper stickers & stickers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 7/23/17		Payee name Bumperactive			
Amount (\$) 356.70		Payee address; City; State; Zip Code 5925 Burnet Road, Austin, TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/2/17		Payee name Walmart			
Amount (\$) 10.79		Payee address; City; State; Zip Code 710 E Ben White Blvd, Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Card stock paper for home printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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/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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Susanna Woody	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 8/3/17	<b>5</b> Payee name Dove Springs Recreation Advisory Board	
<b>6</b> Amount (\$) 50.00	<b>7</b> Payee address; City; State; Zip Code 5801 Ainez Dr, Austin, TX 78744	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donations Made By Candidate	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation for an event
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/8/17	Payee name Mendez Middle School PTA	
Amount (\$) 75.00	Payee address; City; State; Zip Code 5106 Village Square, Austin, TX 78744	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Donations Made By Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation for an event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/5/17	Payee name ButtonMakers.net	
Amount (\$) 325.76	Payee address; City; State; Zip Code 2608 Cherokee Street, St. Louis, MO 63118	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Button maker
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Susanna Woody	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 10/17/17	<b>5</b> Payee name Pinthouse Pizza	
<b>6</b> Amount (\$) 27.38	<b>7</b> Payee address; City; State; Zip Code 4236 S. Lamar Blvd, Austin, TX 78704	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for Block-walker Volunteers
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 10/20/17	Payee name Walmart	
Amount (\$) 129.18	Payee address; City; State; Zip Code 710 E Ben White Blvd, Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Supplies for Halloween event & ink cartridge
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 10/21/17	Payee name Creedmoor Community Center Friends Association	
Amount (\$) 80.00	Payee address; City; State; Zip Code P.O. Box 630, Buda, Texas 78610	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Donations Made By Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Susanna Woody	<b>3</b> Filer ID (Ethics Commission Filers) N/A
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<b>4</b> Date 10/26/17	<b>5</b> Payee name American Color Labs
---------------------------	--

<b>6</b> Amount (\$) 85.25	<b>7</b> Payee address; City; State; Zip Code 2157 Woodward Street, Austin, Texas 78744
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<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Banner
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/17	Payee name Austin Tejano Democrats
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Amount (\$) 50.00	Payee address; City; State; Zip Code 2544 Stoutwood Circle, Austin, TX 78745
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Donations Made By Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship for Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/17	Payee name American Color Labs
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Amount (\$) 27.06	Payee address; City; State; Zip Code 2157 Woodward Street, Austin, Texas 78744
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Button prints
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Susanna Woody	<b>3</b> Filer ID (Ethics Commission Filers) N/A			
<b>4</b> Date 11/18/17	<b>5</b> Payee name Austin LULAC				
<b>6</b> Amount (\$) 54.00	<b>7</b> Payee address; City; State; Zip Code 1620 West 6th Street, Austin, TX 78703				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Donations Made By Candidate	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation for Thanksgiving Event			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/20/17	Payee name Pinthouse Pizza				
Amount (\$) 39.94	Payee address; City; State; Zip Code 4236 S. Lamar Blvd, Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for Block-walker Volunteers			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/29/17	Payee name Pinthouse Pizza				
Amount (\$) 41.71	Payee address; City; State; Zip Code 4236 S. Lamar Blvd, Austin, TX 78704				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for Block-walker Volunteers			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Susanna Woody	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 12/8/17	<b>5</b> Payee name American Color Labs	
<b>6</b> Amount (\$) 219.97	<b>7</b> Payee address; City; State; Zip Code 2157 Woodward Street, Austin, Texas 78744	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date 12/14/17	Payee name ATX Special Tees	
Amount (\$) 359.94	Payee address; City; State; Zip Code 7512 Aspen Brook Drive, Austin, Texas 78744	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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

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