

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9199

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) N/A	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Susanna	MI M
	NICKNAME	LAST Woody	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
7433 Montezuma St., Austin, TX 78744			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 573-9202	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Xaq	MI
	NICKNAME	LAST Webb	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
10506 Glass Mountain Trail, Austin, TX 78750			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 217-3399	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 2018 THROUGH 1 / 25 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 3 / 6 / 2018		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) Trustee, Del Valle ISD	13 OFFICE SOUGHT (if known) Travis County Commissioner, PCT 4	

OFFICE USE ONLY

Date Received

2018 FEB - 5 PM 2:40

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

FILED FOR RECORD

GO TO PAGE 2

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 319.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,569.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 202.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,306.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,709.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 750.00

18 AFFIDAVIT



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

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susanna M Woody, this the 5th day of February, 20 18, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Lorenzo Rodriguez
Printed name of officer administering oath

Personal Financial Rep
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Susanna Woody		20 Filer ID (Ethics Commission Filers) N/A
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,250
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 750
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,104.15
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:
3

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
1/1/18

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

7 Amount of contribution (\$)
500

6 Contributor address; City; State; Zip Code
P.O. Box 95, Del Valle, TX 78617

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/2/18

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

Amount of contribution (\$)
100

Contributor address; City; State; Zip Code
2302 Westworth C., Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/12/18

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

Amount of contribution (\$)
50

Contributor address; City; State; Zip Code
4530 38th St NW, Washington, DC 20016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/12/18

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

Amount of contribution (\$)
50

Contributor address; City; State; Zip Code
5106 Suburban Drive, Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Susanna Woody		3 Filer ID (Ethics Commission Filers) N/A
4 Date 1/13/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Baker	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 1303 Brentwood Road, Austin, TX 78722		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Cotham	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 2613 Piping Rock Trail, Austin, TX 78748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Fetonte	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 8301 Washita, Austin, TX 78749		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberta Tsukahara	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 4114 Berman Drive, Austin, TX 78723		
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:
3

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
1/15/18

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

7 Amount of contribution (\$)
50

6 Contributor address; City; State; Zip Code
536 W 111 St., Apt. 37, New York, NY 10025

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/16/18

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

Amount of contribution (\$)
100

Contributor address; City; State; Zip Code
500 Hester's Crossing #122, Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/25/18

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

Amount of contribution (\$)
50

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Susanna Woody		3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED LOANS		\$0
5 Date of loan 1/6/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Susanna Woody	9 Loan Amount (\$) 750
6 Is lender a financial institution? Y N N	8 Lender address; City; State; Zip Code 7433 Montezuma St., Austin, TX 78744	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 1	2 FILER NAME Susanna Woody	3 Filer ID (Ethics Commission Filers) N/A		
4 Date 1/9/2018	5 Payee name Bumperactive			
6 Amount (\$) 1,104.15	7 Payee address; City; State; Zip Code 5925 Burnet Road, Austin, TX 78757			
8 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 Flyers		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
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Date	Payee name			
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Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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