CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	cuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	Mr. Howard					
00,000,000000	NICKNAME LAST	SUFFIX	City Secretary			
4.044000	D. Co.	T	Social Govern			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #:	CITY: STATE; ZIP CODE	2000 rd. 2009.10			
MAILING	}					
ADDRESS	Conroc , TX 77304					
Change of Address						
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER PHONE	(832) 277-0141		1/24/24			
			Receipt # Amount \$			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI				
NAME	Mr. Scott		Date Processed 1 24 24			
	NICKNAME LAST	SUFFIX	Date Imaged			
	Bullitt		1/24/24			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #: CITY;	STATE; ZIP CODE			
TREASURER ADDRESS		Montgomen	1 TX 77316			
(Residence or Business)	9		, –			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER	1 - 0 - 1117 3/2/					
PHONE	(318) 447-3624					
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
COVERED	7/1/2023	THROUGH 12	31 /2023			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary Runoff Other					
	05/67/22 General Special					
Market and the second and production and the second	03/01/22					
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known				
	Corroe City Council - Position	004				
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS	ACCEPTED OF BOLDICAL EXPENDITURES A	IADE BY POLITICAL COMMITTEES TO SUPPORT			
POLITICAL COMMITTEE(S)	THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
,						
Additional Pages	GENERAL GOMMITTEE ADDRESS					
Additional Fages	SPECIFIC COMMITTEE CAMPAIGN TRE	FASURER NAME				
	Jareon I	•				
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS				
	GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	mard W. Wood #
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ &
	4. TOTAL POLITICAL EXPENDITURES \$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 393.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,000.
	ewear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information quired to be reported by me under Title 15, Election Code.
	Signature of Candidate or Officeholder
	Please complete either option below:
(1) Affidavit	CHERILYN WILLIAMS Notary Public, State of Texas Comm. Expires 10-12-2025 Notary ID 13338651-1
NOTARY STAMP/SEA	LL .
Sworn to and subscribed	before me by Howard W. Wood I this the 34th day of Ganuary.
20 39, to certify Theritan 30	Which, witness my hand and seal of office. Weams Chevilyn Williams Notary
Signature of officer administ	
(2) Unsworn Declarat	or .
(2) Onsworn Declarat	,
My name is	, and my date of birth is
My address is	folia folia folia folia coda focustra
Executed in	(street) (city) (state) (zip code) (country) County, State of, on the day of, 20 (month) (year)
	Signature of Candidate/Officeholder (Declarant)



January 24th, 2024

Contact:

Howard Wood

832-277-0141

Ladies & Gentlemen of Conroe,

I must apologize to you. Since running for this office and ultimately receiving your trust, I have made every single decision with integrity, honor and how I truly comprehend is the absolute best decision for each and every one of you.

Last week, City Hall was closed Monday and Tuesday due to severe freezing weather. I spent a significant amount of time those days helping our citizens. Wednesday morning under hazardous driving conditions, I had to head to the airport for business travels the remainder of the week.

When I landed Friday, I immediately went to HGAC for a contentious vote threatening to take money from you and put Conroe in a severe disadvantage to a power struggle from Houston and Harris County. Myself, Judge Keough and others managed to keep the wolf away from the door again.

Today, January 24th, 2024, I submit my H2 2023 campaign finance report 7 days late. I sincerely apologize.

You will find I have the same financial balance (\$393.62) as I did when I filed on time, in July 2023.

I am always 100% an open book and straightforward. If you have any questions, please do not hesitate to call or email.

I will endeavor to improve.

Respectfully,

Howard Wood

Pol. Adv. Paid for by Howard Wood For Conroe Campaign, Scott Bullitt Treasurer.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor							
	Howard W. Wood IR							
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$-0-						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-						
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-						
4.	SCHEDULE E: LOANS	\$ -0-						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	УОН \$ -O -						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-						
12.	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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers) /
	Howard W. Wood I		C THE IS (EMISS SSIMMASSIM FIRSTS)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; State; 2		
O Delevele et a a con	New / John Mile (Oct Instructions)		
8 Principal occu	pation / Job title (See Instructions) 9 Employ	er (See Instructio	ons)
		1	
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
	Communication address, City, Citate,	zip code	
Principal occur	pation / Job title (See Instructions) Employ	er (See Instructio	ine)
, intopa, coca,	Zimpley	or (Gee mandene	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor	,	Amount of contribution (\$)
		·	Amount of contribution (4)
	Contributor address; City; State; 2	Zip Code	
Principal occuj	pation / Job title (See Instructions) Employ	er (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; State; Z	'in Code	,
	Side, 2	.ip oodo	
		1	
Principal occur	pation/ Job title (See Instructions) Employ	er (See Instruction	one)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or (ooo mondone	, , , , , , , , , , , , , , , , , , ,
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			,
1	AMMACULA		
	ATTACH ADDITIONAL COPIES OF THIS SC		
	If contributor is out-of-state PAC, please see Instruction guide	tor additional re	porting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAME	foward W. Wood I		3 Filer ID (Ethics Commission Filers)			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (POR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (If any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if anx) (FOR JUDICIAL)					
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description			
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (If any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF					

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this f	1 Total pages Schedule B:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Howard Wayne Wood #					
4 TOTAL OF UNITEMIZED PLEDGES		\$			
5 Date 6 Full name of pledgor ut-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description		
7 Pledgor address; Clty; State	e; Zlp Code	 			
		Check if travel outside	de of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions)	11 Employer (See I				
Date	T	/			
Date Full name of pledger ☐ out-of-state PAC (ID#:		Amount I of Pledge \$ I	In-kind contribution description		
Pledgor address; City; Stat	te; Zip Code				
			de of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)			
Date Full name of pledgor ☐ out-of-state PAC (ID):)	Amount of Pledge \$	In-kind contribution description		
Pledgor address; Clty; Stat	te; Zlp Code				
			de of Texas, Complete Schedule T.		
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)			
Date Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description		
Pledgor address; City; State;	Zip Code				
		Check if travel outside	de of Texas, Complete Schedule T		
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)			
ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instr			requirements.		

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report, 1 Total pages Schedule E: The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (8) 10 Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender Out-of-state PAC (ID#: Interest rate State; Is lender Lender address: City; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable 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

If the requested information is not applicable, DO NOT include this page in the report.

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 (or the secretary not listed shows)

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.								
1 Total pages Schedule F1:	2 FILER N	11	vard	w.	W00	d 7	3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Payee na	me						
6 Amount (\$)	7 Payee ac	dress;			Cit	y;	State;	Zip Code
8	(a) Categor	y (See Categories lis	ted at the top of	this schedule)	(b) Descri	iption		
PURPOSE								
OF EXPENDITURE								
	(c)	Check if travel outside	of Texas, Comple	te Schedule T.		heck if Austi	n TX, officeholder liv	ing expense
9 Complete ONLY if direct		ate / Officeholde	r name		Office	sought		Office held
expenditure to benefit C/Ol	+							
Date	Payee na	me						
			\					
Amount (\$)	Payee ad	ldress;			Cl	ty;	State;	Zlp Code
				\				
PURPOSE OF EXPENDITURE	Category	(See Categories list	ed at the top of the	his chedule)	Descr	iption		
EXPENDITORE		Check If travel outside	of Texas, Comple	ete Schedule T.	\	Check if Aust	n, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholde	er name		Office	sought	B. C.	Office held
Date	Payee n	ame						
	<u> </u>						\	
Amount (\$)	Payee a	ddress;			Cl	ty;	State;	Zlp Code
	Categor	(See Categories list	ted at the top of t	his schedule)	Descr	iption		
PURPOSE								
OF EXPENDITURE								
- LISTORE		Check if travel outside	of Texas, Comple	ete Schedule T.		Check If Aust	in, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/O		late / Officehold	er name		Office	sought		Office held
	AT	TACH ADDITIO	DNAL COPI	ES OF THIS	SSCHEDUL	E AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

ii tile requested iiilolii	nation is not applicable, bo NOT include this page in the	ie report.						
	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		ense Transportation Equipment & Related Expense Travel in District Travel Out Of District bor Other (enter a category not listed above)						
1 Total pages Schedule F2:	Schedule F2: 2 FILERNAME Howard W. Wood DE 3 Filer ID (Ethics Commission)							
4 TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGATIONS	\$						
5 Date	6 Payee name							
7 Amount (\$)	8 Payee address; City	y; State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political							
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	lion						
OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Che	ck if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held						
Date	Payee name							
Amount (\$)	Payee address; Cit	y; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political							
PURPOSE OF	Category (See Categories listed at the top of this schedule) Descrip	ption						
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T. Ch	neck If Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED						

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Ti	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
1+	oward W. Wood #						
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code					
	7 Description of Investment						
		/					
		/					
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	X						
	Address of person from whom investment is purchased; City	/; State; Zlp Code					
	Description of Investment						
ž							
	Amount of Investment (\$)						
/							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED					
/		CONTROL OF THE CONTRO					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILERNAME Howard W. Wood IT 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	
	(c) Check if havel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Oategory (See Calegories listed at the top of this schedule) Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office helder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Officeheld
(ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office O Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing Ical Committee Legal Services Salaries						
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
.1	Howard w.	Wood I	S FIRST ID (ETHICS COMMINSSION FIRES)				
4 Date	5 Payee name						
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
	(c) Checki (travel outside of Texas, Complete Schedule T.	Check If Austin	, TX, officeholder living expense				
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	/					
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	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				
V	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED				

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDIT	URE CATE	ORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Transportal Travel In D Travel Out	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
						T		
1 Total pages Schedule H:	2 FILER N	oward	W.	Woo	od H	3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business	name						
6 Amount (\$)	7 Business	address;			City;	35	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed	****		(b) Description	tin, TX, officehold	der living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candid H	ate VOfficeholder	name		Office sought			Office held
Date	Business	s name						
Amount (\$)	Business	address;			City;		State;	Zlp Code
PURPOSE OF EXPENDITURE		(See Categories listed			Description			
		Check if travel outside of	exas, Complete Sch	edule T.	Check If Aus	tin, TX, officehold	der living exp	pense
Complete ONLY if direct expenditure to benefit C/O		late / Officehølder	name		Office sought		C	Office held
Date	Business	s name				\		
Amount (\$)	Business	s address;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE		∕ (See Categories listed			Description			
Complete ONLY if direct expenditure to benefit C/C	Candid	Check if travel outside of a		nedule T.	Check If Aus	ilin, TX, officeholo		Office held
	ATT	TACH ADDITION	AL COPIES (OF THIS	SCHEDULE AS NE	EDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME Howard W. Wood 2	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required:)	
Date	Payee name		
Amount (\$)	Payee address;	City State Zip Code	
PURPOSE ØF EXPENDITURE	Category (See instructions for exemples of acceptable categories.)	Description (See instructions regarding type of information required.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

in the requested information is not applicable, be not include this page in the report.				
The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:		
2 FILER NAME	d w. Wood IP	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Name	e of person from whom amount is received	8 Amount (\$)		
6 Addre	ess of person from whom amount Is received; City; Sta	ate; Zip Code		
7 Purp	Ose for which amount is received Check if	f political contribution returned to filer		
Date Nam	e of person from whom amount is received	Amount (\$)		
Addr	ess of person from whom amount is received; City: S	state; Zip Code		
Purpe	ose for which amount is received Check in	f political contribution returned to filer		
Date Nam	e of person from whom amount is received	Amount (\$)		
Addr	ress of person from whom amount is received; City; St	tate; Zip Code		
Purp	ose for which amount is received Check i	Political contribution returned to filer		
Date Nam	e of person from whom amount is received	Amount (\$)		
Addr	ess of person from whom amount is received; City; S	State; Zip Code		
Purp	ose for which amount is received Check i	if political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	· ma sabara			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME Howard W. Wood Z	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location				
9 Destination city or name of destination location				
10 Means of transportation 11 Purpose of travel (including name of conference, see	minar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				