

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i> NICKNAME <i>Matt</i>	FIRST <i>Matthew</i> LAST <i>Woodall</i>	MI <i>E</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE -		PHONE NUMBER EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i> NICKNAME	FIRST <i>Suzy</i> LAST <i>Hass</i>	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <i>22358 Em 421 Terrell Tx 75161</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>		PHONE NUMBER <i>537-3190</i> 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>1 / 1 / 20</i> THROUGH <i>1 / 23 / 20</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 20</i>	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)	13 OFFICE SOUGHT (if known) <i>Kaufman County Constable Precinct 3</i>	

OFFICE USE ONLY

Date Received BY: *LAURA A. HUGHES COUNTY CLERK*

2020 FEB -3 PM 12:11

FILED FOR RECORD KAUFMAN COUNTY TEXAS

Date Hand-delivered or Date Postmarked:

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

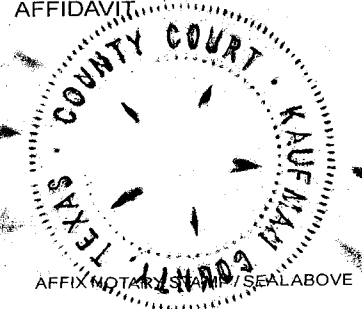
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1790. ⁰⁶
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6530. ⁶⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Matthew Woodall
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Matthew Woodall, this the 3rd day of February, 2020, to certify which, witness my hand and seal of office.

J. He Nchuk
Signature of officer administering oath

Jennifer Holbrook
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1290. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Matt Woodall

3 Filer ID (Ethics Commission Filers)

4 Date

1/23

5 Full name of contributor

Larry or Dierann Langley

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

25830 FM 429 Terrell Tx 75161

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/23

Full name of contributor

James & Vicki Poston

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

7325 CR 315 Terrell Tx 75161

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/23

Full name of contributor

Mr or Mrs. Larry Moore

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

162 Poinsetta Cr Terrell Tx 75160

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/20

Full name of contributor

Jesse (Hack) Baker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

31400 FM 429 Terrell Tx 75161

Principal occupation / Job title (See Instructions)

Retired

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:

2 FILER NAME

Matt Woodall

3 Filer ID (Ethics Commission Filers)

4 Date

11/20

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

Kim Tinsley

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

2904 Majestic Prince St Celina Tx 75009

8 Principal occupation / Job title (See Instructions)

Court Reporter

9 Employer (See Instructions)

Date

11/18

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

Maria Ory

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

200 Tower Cir Terrell Tx 75160

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/18

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

Terry + Nancy Crow

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

10761 FM 429 Kaufman Tx 75142

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18

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

Kay Martin

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

313 Grace Ln Terrell Tx 75160

Principal occupation / Job title (See Instructions)

Social Worker

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

1/18

Leeann Hutchison
6 Contributor address; City; State; Zip Code

\$50.00

6 Haynes Circle Terrell Tx 75160

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

1/18

Bette Chadick
Contributor address; City; State; Zip Code

\$40.00

606 Ninth St Terrell Tx 75160

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

1/18

Larry + Rita Woodall
Contributor address; City; State; Zip Code

\$200

122 Poinsettia CR Tx 75160

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

1/18

Rita Scott
Contributor address; City; State; Zip Code

\$100

Terrell

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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