

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

12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Kristen

R

NICKNAME

LAST

SUFFIX

Woodcock

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

Austin

TX

78738

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Doni

A

NICKNAME

LAST

SUFFIX

Stinson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

Spicewood

TX

76669

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 25

THROUGH

Month

Day

Year

4 / 2 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Place
LTSD Board of Trustees, 5

14 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Kristen Woodcock</u>		16 Filer ID (Ethics Commission Filer)
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)	\$ <u>3950</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>502.92</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2487.87</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Kristen R. Woodcock

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20_____, to certify which witness my hand and seal of office

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Kristen Rae Woodcock and my date of birth is [REDACTED]

My address is [REDACTED] Austin TX 78738 USA
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of TX on the 3rd day of April 2025
(month) (year)

Kristen R. Woodcock
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Kristen Woodcock

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2305
2	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	☐	SCHEDULE E: LOANS	\$
5	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2487.87
6	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

6

2 FILER NAME

Kristen Woodcock

3 Filer ID (Ethics Commission Filer)

4 Date

Feb.
22
2025

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Jaclyn Tully

7 Amount of contribution (\$)

50.00

6 Contributor address:

City:

State:

Zip Code

Austin TX 78738

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Date

Feb.
22
2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dan Perez

Amount of contribution (\$)

5.00

Contributor address:

City:

State:

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Yi Gum Acupuncture

Date

Feb.
22
2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

Suzanne Van Benthuyzen

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

physician

Employer (See Instructions)

Austin Health Partners

Date

Feb.
22
2025

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Dachtara

Amount of contribution (\$)

150.00

Contributor address:

City:

State:

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

Investment Mgmt. Sales

Employer (See Instructions)

UWO

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

6

2 FILER NAME

Kristen Woodcock

3 Filer ID (Ethics Commission Filers)

4 Date

Feb 22
2025

5 Full name of contributor

Ann Conrad

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

Austin TX 78735

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

Feb.
22
2025

Full name of contributor

Lyla Kolar

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

Marketing VP

Employer (See Instructions)

Allstate World Cargo

Date

Feb
24
2025

Full name of contributor

Bruce Woodcock

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

City;

State;

Zip Code

Bailey TX 7518

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

Feb.
24
2025

Full name of contributor

Elizabeth Emmert

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

Substitute RN

Employer (See Instructions)

LTICD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

6

2 FILER NAME

Kristen Woodcock

3 Filer ID (Ethics Commission Fees)

4 Date

Feb.
24
2025

5 Full name of contributor

Sydney Foster

out-of-state PAC (ID#)

7 Amount of contribution (\$)

500.00

6 Contributor address:

City:

State:

Zip Code

Dripping
Spring TX 78620

8 Principal occupation / Job title (See Instructions)

student

9 Employer (See Instructions)

Date

Feb.
24
2025

Full name of contributor

Kim Childers

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

Lender TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Feb.
25
2025

Full name of contributor

Kimberly Tucker

out-of-state PAC (ID#)

Amount of contribution (\$)

150.00

Contributor address:

City:

State:

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

senior analyst

Employer (See Instructions)

NHSC

Date

Feb.
26
2025

Full name of contributor

Pamela Turner

out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

Austin TX 78745

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

6

2 FILER NAME

Kristen Woodcock

3 Filer ID (Ethics Commission Filer)

4 Date

Feb.
27
2025

5 Full name of contributor

out-of-state PAC (ID# _____)

Lori Mallini

7 Amount of contribution (\$)

50.00

6 Contributor address:

City:

State:

Zip Code

Kailua HI 96734

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

March
1
2025

Full name of contributor

out-of-state PAC (ID# _____)

Jay England

Amount of contribution (\$)

25.00

Contributor address:

City:

State:

Zip Code

Georgetown TX 78625

Principal occupation / Job title (See Instructions)

membership director

Employer (See Instructions)

ATPE

Date

March
2
2025

Full name of contributor

out-of-state PAC (ID# _____)

Steve Woodcock

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

Austin TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March
2
2025

Full name of contributor

out-of-state PAC (ID# _____)

Kailyn Jopling

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

Counseling

Employer (See Instructions)

private practice

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1

6

2 FILER NAME

Kristen Woodcock

3 Filer ID (Ethics Commission Filers)

4 Date

March
4
2025

5 Full name of contributor

out-of-state PAC (ID# _____)

Aruna Jahoor

7 Amount of contribution (\$)

100.00

6 Contributor address:

City:

State:

Zip Code

Austin TX 78738

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

B5W Health

Date

March
7
2025

Full name of contributor

out-of-state PAC (ID# _____)

Michael Childers

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

Leander TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

March
7
2025

Full name of contributor

out-of-state PAC (ID# _____)

Martin Luecke

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

Austin TX 78723

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

March
13
2025

Full name of contributor

out-of-state PAC (ID# _____)

David Zatlou

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

Austin TX 78734

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1

6

2 FILER NAME

Kristen Woodcock

3 Filer ID (Ethics Commission Filer)

4 Date

March
31
2025

5 Full name of contributor

Anne Bland

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

50.00

6 Contributor address:

City:

State:

Zip Code

Austin TX 78738

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

April
1
2025

Full name of contributor

Lops Banerjee

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150.00

Contributor address:

City:

State:

Zip Code

Austin TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

April
2
2025

Full name of contributor

Larry Boytright

out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

Contributor address:

City:

State:

Zip Code

Spicewood TX 78669

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2 1	
2 FILER NAME Kritha Woodcock				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 1645.00	
5 Date Feb. 22 2025	6 Full name of contributor ☐ out-of-state PAC (ID# _____) Baseline Voice			8 Amount of Contribution \$	9 In-kind contribution description web site
City: Dripping Springs State: TX Zip Code: 78620			☐ Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor ☐ out-of-state PAC (ID# _____)			Amount of Contribution \$	In-kind contribution description
Contributor address			City	State	Zip Code
☐ Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
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 Kristen Woodcock	3 Filer ID (Ethics Commission Filers)
4 Date 2/26/25	5 Payee name Stoker Sign Shop	
6 Amount (\$) 1,984.95	7 Payee address: City: State: Zip Code 1909 Ranch Rd 620 Lakeway TX 78734 South	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description yard/highway sign
	(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED