

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.

7

OFFICE USE ONLY

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

Austin TX

78738

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

4-25-25

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Joni

A

NICKNAME

LAST

SUFFIX

Stimpson

Date Processed

4-25-25

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #

CITY

STATE

ZIP CODE

Spicewood TX

78669

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

4 / 3 / 25

THROUGH

Month

Day

Year

4 / 24 / 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)

LTISD Board of Trustees, Place 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 Filers)
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>610</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>25</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>679.54</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1392.59</u>
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 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 Texas on the 25th day of April 20 25
(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	\$ 610
2	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 360
3	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	☐ SCHEDULE E: LOANS	\$
5	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 679.54
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. 2	
2 FILER NAME Kristen Woodcock				3 Filer ID (Ethics Commission Filers)	
4 Date April 3, 2025		5 Full name of contributor Patrick Brady		7 Amount of contribution (\$) 50.00	
		6 Contributor address: [REDACTED]		City: Austin State: TX Zip Code: 78734	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date April 16, 2025		Full name of contributor Ellen Bender		Amount of contribution (\$) 25.00	
		Contributor address: [REDACTED]		City: New York State: NY Zip Code: 10128	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date April 10, 2025		Full name of contributor Carrie Tokunaga		Amount of contribution (\$) 10.00	
		Contributor address: [REDACTED]		City: Los Angeles State: CA Zip Code: 90230	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date April 20, 2025		Full name of contributor George Georgulas		Amount of contribution (\$) 100.00	
		Contributor address: [REDACTED]		City: Spicewood State: TX Zip Code: 78669	
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

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 2
2 FILER NAME Kristen Woodcock				3 Filer ID (Ethics Commission Filers)
4 Date April 21, 2025	5 Full name of contributor Cathy Ols out-of-state PAC (ID# _____)		7 Amount of contribution (\$) 200.00	
6 Contributor address, City, State, Zip Code Spicewood TX 78669				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date April 21, 2025	Full name of contributor Ruth Goldsmith out-of-state PAC (ID# _____)		Amount of contribution (\$) 25.00	
Contributor address, City, State, Zip Code Jamaica MA 02130 Plain				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date April 8, 2025	Full name of contributor Beverly Banfield out-of-state PAC (ID# _____)		Amount of contribution (\$) 200.00	
Contributor address, City, State, Zip Code Lakeway TX 78734				
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)	

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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: <u>1</u>	
2 FILER NAME <u>Kristen Woodcock</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>April 3, 2025</u>	6 Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Baseline Voice</u>	8 Amount of Contribution \$ <u>360</u>	9 In-kind contribution description <u>web site</u>
7 Contributor address: _____ City: <u>Dripping TX</u> State: _____ Zip Code: <u>78620</u>		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)			

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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: April 17, 2025 5 Payee name: Stokes Sign Shop

6 Amount (\$): 654.54 7 Payee address: 1909 Ranch Rd 620 South Lakeway TX 78734 City: State: Zip Code

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): advertising (b) Description: yard/highway signs
(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:

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