

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Paul A. <small>NICKNAME LAST SUFFIX</small> Wood	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P. O. Box 1009 Waller, TX 77484	Date Received: 2010 JAN 29 AM 2:08 Date Hand-delivered or Date Postmarked:	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 372-3544	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mary W. <small>NICKNAME LAST SUFFIX</small> Wood		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2015 Waller St. Waller, TX 77484		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 372-3544		
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 THROUGH Month Day Year 01 / 01 / 2010 THROUGH 01 / 21 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Mayor City of Waller	13 OFFICE SOUGHT (if known) Waller County Judge	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name: Address / PO Box: Apt. / Suite #: City: State: Zip Code		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Paul A. Wood 16 ACCOUNT # (Ethics Commission Filers)

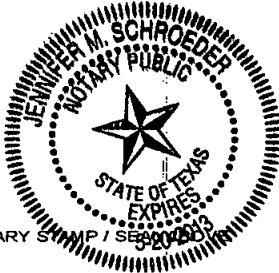
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,959.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,840.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / 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.

Paul A. Wood
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jennifer Schroeder, this the 29 day of February, 20 10, to certify which, witness my hand and seal of office.

Jennifer M. Schroeder Jennifer M. Schroeder Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">2</p>	
2 FILER NAME <p style="text-align: center;">Paul A. Wood</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">1-8-10</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles C. and Rita A. Scianna 6 Contributor address; City; State; Zip Code 5738 Old Highway 36 Rd Bellville, TX 77418	7 Amount of contribution (\$) <p style="text-align: center;">\$10,000.</p>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">1-11-10</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha K Wiesner, Accounting Service Contributor address; City; State; Zip Code 737 12th street Hempstead, TX 77445	Amount of contribution (\$) <p style="text-align: center;">500.</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1-12-10</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odis and Susan Styers Contributor address; City; State; Zip Code P. O. Box 557 Hempstead, TX 77445-0557	Amount of contribution (\$) <p style="text-align: center;">1000.</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1-16-10</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polk Land and Cattle Contributor address; City; State; Zip Code P. O. Box 389 Waller, TX 77484	Amount of contribution (\$) <p style="text-align: center;">100.</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">1-15-10</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John (Jay) Cannon, Clint S. Cannon Contributor address; City; State; Zip Code P. O. Box 868 Waller, TX 77484-0868	Amount of contribution (\$) <p style="text-align: center;">100.</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; margin-right: 50px;">2</div>	
2 FILER NAME Paul A. Wood		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-18-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James W. Gustafson 6 Contributor address; City; State; Zip Code 8955 Katy Freeway, Suite 105 Houston, TX 77024	7 Amount of contribution (\$) 100.	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-20-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republican Party of Texas Voter Vault Contributor address; City; State; Zip Code 1105 Lavaca St #500 Austin, TX 78701	Amount of contribution (\$) 250.	In-kind contribution description (if applicable) voter list
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Paul A. Wood		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-13-10	5 Payee name Houston Sign Co., Inc. 6 Payee address; City; State; Zip Code 5801 Chimney Rock Road Houston, TX 77081	7 Amount (\$) 6584.77
8 Purpose of payment (See instructions regarding type of information required.) signs (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-15-10	Payee name The Waller Times Payee address; City; State; Zip Code P. O. Box 509 Waller, TX 77484	Amount (\$) 150.00
Purpose of payment (See instructions regarding type of information required.) political ad (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-17-10	Payee name Kimberlee Combs Photography Payee address; City; State; Zip Code 40510 Freemont Magnolia, TX 77354	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) photographer (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1-21-10	Payee name Houston Sign Co., Inc. Payee address; City; State; Zip Code 5801 Chimney Rock Road Houston, TX 77081	Amount (\$) 124.79
Purpose of payment (See instructions regarding type of information required.) business cards, sign (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED