

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
NICKNAME FIRST LAST MI SUFFIX
MS. RUBY FAYE

OFFICE USE ONLY

Date Received

RECEIVED - CSO
19 APR 26 PM 2:53

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 121026 ARLINGTON TX 76012

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 500-1088

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX
MS. FRANCEEN LYONS A.

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
808 Loch Lomond Dr. ARLINGTON TX 76012

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 275-6231

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 / 2 / 2019 THROUGH 4 / 24 / 2019

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 2019 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR OF
ARLINGTON

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME RUBY FAYE WOOLRIDGE 15 Filer ID (Ethics Commission Filers)

16 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	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8164.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8164 1,1395.
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4639.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6134.

18 AFFIDAVIT

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.

Ruby Faye Woolridge
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ruby Faye Woolridge, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

Nellie Sanchez Signature of officer administering oath
Nellie Annay Sanchez Printed name of officer administering oath
Admin Aide II Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME RUBY FAYE WOOLRIDGE		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3605
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4559
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1131
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1395
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 101
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: 8

2 FILER NAME RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/19

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

DAPHNE MARTIN

7 Amount of contribution (\$)

40.

6 Contributor address; City; State; Zip Code

1019 BALDWIN DR, ARLINGTON, TX 76012

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

WOW THE CROWD PROMOS

Date
4/5/19

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

BETTY SO EVERETT

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code

1019 CROWLEY RD, ARL TX 76012

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date
4/5/19

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

SUZANNE DUKE

Amount of contribution (\$)

50.

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date
4/5/19

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

LISA DUKE

Amount of contribution (\$)

25.

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

TRAINER

Employer (See Instructions)

AMERICAN AIRLINES

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: 8
2 FILER NAME RUBY FAYE WOOLRIDGE		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHERYL HARRIS	7 Amount of contribution (\$) 100.
6 Contributor address; City; State; Zip Code 2206 SHADYWOODS, ARL TX 76012		
8 Principal occupation / Job title (See Instructions) SELF-EMPLOYED		9 Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMA COVE	Amount of contribution (\$) 100.
Contributor address; City; State; Zip Code 614 PORTOFINO, ARL TX 76012		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEX WEISS + JULIE HOBBS	Amount of contribution (\$) 100.
Contributor address; City; State; Zip Code 1105 BRIARCLIFFS, ARL TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SYED HASAN	Amount of contribution (\$) 500.
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) CONSULTANT		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: 8
2 FILER NAME RUBY FAYE WOOLRIDGE		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEREMY FENCORBY	7 Amount of contribution (\$) 80.
6 Contributor address; City; State; Zip Code 2744 WINDING HOLLOW, ARL TX 76006		
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMIE CARSON	Amount of contribution (\$) 50.
Contributor address; City; State; Zip Code 5400 CANSINGFORD, ARL TX 76017		
Principal occupation / Job title (See Instructions) HOUSEKEEPER		Employer (See Instructions) SELF-EMPLOYED
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA & BILL BOEHM	Amount of contribution (\$) 50.
Contributor address; City; State; Zip Code 2705 PARK PL, ARL TX 76016		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERA ROBERTS	Amount of contribution (\$) 25.
Contributor address; City; State; Zip Code 2249 SIMS, FT WORTH TX 76119		
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.

2 FILER NAME

RUBY FAYE WOOLDRIDGE

1 Total pages Schedule A1: 8

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/19

5 Full name of contributor

VALVA DARE

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

7 Amount of contribution (\$)

20.

6 Contributor address;

971 E. SANFORD, ARL TX

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

4/5/19

Full name of contributor

KAUSHIK DE

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

Amount of contribution (\$)

135.

Contributor address;

903 LOCH LOMOND, ARL TX 76012

City; State; Zip Code

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

UTA

Date

4/3/2019

Full name of contributor

GIORGIA BENDER

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

Amount of contribution (\$)

250.

Contributor address;

1504 WOODBINE, ARL TX 76112

City; State; Zip Code

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

TRANSACTIONS LLP

Date

4/4/2019

Full name of contributor

PHILIP MITCHELL

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

Amount of contribution (\$)

200.

Contributor address;

212 WOODS DR, ARL TX 76010

City; State; Zip Code

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF EMPLOYED

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: **8**

2 FILER NAME

RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/19

5 Full name of contributor

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

L. COIFFORD DAVIS

6 Contributor address;

City; State; Zip Code

2101 FLEMING, ARL TX 76112

7 Amount of contribution (\$)

100.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/19

Full name of contributor

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

MARJORIE SUTTON

Contributor address;

City; State; Zip Code

3522 CHAMBERLAND, ARL TX 76014

Amount of contribution (\$)

25.

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/12/19

Full name of contributor

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

F. EDDIE SUTTON

Contributor address;

City; State; Zip Code

3522 CHAMBERLAND, ARL TX 76014

Amount of contribution (\$)

25.

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

4/12/19

Full name of contributor

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

BRIAN PERRIER

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

45.

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

The Instruction Guide explains how to complete this form.

2 FILER NAME RUBY FAZE WOOLRIDGE		1 Total pages Schedule A1: 8
4 Date 4/13/19		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor SHARON DENNIS <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.	
6 Contributor address; 5435 ST. GREGORY, ARL TX 76013 City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date 4/13/19	Full name of contributor JOHN BARSHES <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.
Contributor address; 2724 ANTERO, ARL TX 76006 City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 4/15/19	Full name of contributor ANONYMOUS (32 CONTRIBUTORS) <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 799.
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 4/15/19	Full name of contributor SHIRLEY THERIOT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.
Contributor address; P.O. BOX 14234, ARL TX 76094 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**
3 Filer ID (Ethics Commission Filers)

2 FILER NAME
RUBY FAYE WOOLRIDGE

4 Date
4/16/19

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

6 Contributor address; City; State; Zip Code
201 FAMILIA CT., ARLETX 76020

7 Amount of contribution (\$)
60.

8 Principal occupation / Job title (See Instructions)
9 Employer (See Instructions)

Date
4/17/19

Full name of contributor out-of-state PAC (ID#: _____)
ANONYMOUS (2)

Contributor address; City; State; Zip Code

Amount of contribution (\$)
31.

Principal occupation / Job title (See Instructions)
Employer (See Instructions)

Date
4/17/19

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

Contributor address; City; State; Zip Code
971 SANFORD, ARL TX

Amount of contribution (\$)
40.

Principal occupation / Job title (See instructions)
Employer (See Instructions)

Date
4/23/19

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)
70.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 Date

4/22/19

5 Full name of contributor

RAREN WISSON

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

7 Amount of contribution (\$)

35.

6 Contributor address;

City; State; Zip Code

735 ADOLPHUS CIR, FT. WORTH, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

PFW PARKING

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)

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)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME
RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS
\$

5 Date: 4/8/19
6 Full name of contributor: FRANCEEN LYONS out-of-state PAC (ID#: _____)
7 Contributor address; City; State; Zip Code: 808 Loch Lomond Dr, ARL TX 76010
8 Amount of Contribution \$: 100.
9 In-kind contribution description: BEVERAGES FOR FUNDRAISER
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): RETIRED
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: 4/15/19
Full name of contributor: FRANCEEN LYONS out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
Amount of Contribution \$: 210.
In-kind contribution description: STAMPS FOR MAILER
 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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME
RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
4/5/19

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

8 Amount of Contribution \$

9 In-kind contribution description
FOOD FOR FUNDRAISER

7 Contributor address; City; State; Zip Code
903 LOCH LOMOND, ARL TX

150.

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
PROFESSOR

11 Employer (FOR NON-JUDICIAL) (See Instructions)
UTA

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
4/5/19

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

Amount of Contribution \$

In-kind contribution description
FOOD PREP FOR FUNDRAISER

Contributor address; City; State; Zip Code
1703 BAYOU, ARL TX 76016

250

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
CATERER

Employer (FOR NON-JUDICIAL) (See Instructions)
SELF-EMPLOYED

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE AS

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The instruction guide explains how to complete this form.

1 Total pages Schedule AS: 1
 2 FILER NAME: JUDITH M. ...
 3 Filer ID (Ethics Commission Filer):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$:

5 Date	6 Full name of contributor	7 Contributor address	8 Amount of Contribution \$	9 In-kind contribution description
10 Principal occupation (FOR NON-JUDICIAL INSTANCES)				
11 Employer FOR NON-JUDICIAL INSTANCES (check if self-employed)				
12 Contributor's principal occupation (FOR JUDICIAL)				
13 Contributor's job title (FOR JUDICIAL) (if first action)				
14 Law firm or organization (FOR JUDICIAL)				
15 Law firm or organization (FOR JUDICIAL) (if second or third action)				

5 Date	6 Full name of contributor	7 Contributor address	8 Amount of Contribution \$	9 In-kind contribution description
10 Principal occupation (FOR NON-JUDICIAL INSTANCES)				
11 Employer FOR NON-JUDICIAL INSTANCES (check if self-employed)				
12 Contributor's principal occupation (FOR JUDICIAL)				
13 Contributor's job title (FOR JUDICIAL) (if first action)				
14 Law firm or organization (FOR JUDICIAL)				
15 Law firm or organization (FOR JUDICIAL) (if second or third action)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS EACH NEEDED
 If contributor is out-of-state, the PAC officer may request that you file an additional reporting requirement.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME
RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
4/14/19

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

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$
US.

9 In-kind contribution description
OFFICE SUPPLIES

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
RETIRED

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
4/14
+ 4/18

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

Contributor address; City; State; Zip Code

Amount of Contribution \$
59.

In-kind contribution description
GAS FOR CAMPAIGN TRAVEL

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
RETIRED

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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **4**

2 FILER NAME
RUBY FAYE WOOLRIDGE

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
**4/1a.
4/21/19**

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

7 Contributor address; City; State; Zip Code

8 Amount of Contribution \$ **205.** 9 In-kind contribution description
TRAVEL EXPENSES - HOUSTON
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
RETIRED

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
**4/2 -
4/24/19**

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

Contributor address; City; State; Zip Code

Amount of Contribution \$ **3550.** In-kind contribution description
TIME CAMPAIGN WORK
 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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME RUBY FAYE WOOLRIDGE		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1131.00
5 Date of loan 4/23/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBY WOOLRIDGE	9 Loan Amount (\$) 350.
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; _____ City; _____ State; _____ Zip Code	10 Interest rate NA
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions) RETIRED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; _____ City; _____ State; _____ Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/24/19	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBY WOOLRIDGE	Loan Amount (\$) 781.
Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; _____ City; _____ State; _____ Zip Code	Interest rate NA
		Maturity date NA
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; _____ City; _____ State; _____ Zip Code	
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 2 FILER NAME RUBY FAYE WOOLRIDGE 3 Filer ID (Ethics Commission Filers)

4 Date 4/12/19 5 Payee name CONARK DIRECT

6 Amount (\$) 321.50 7 Payee address; City; State; Zip Code 507 S. MAIN ST., FORT WORTH, TX 76104

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE

(b) Description
 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 4/13/19 Payee name SPECTRUM

Amount (\$) 88.41 Payee address; City; State; Zip Code FORT WORTH, TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) TELECOM - INTERNET

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 4/13/19 Payee name MATHANIEL KEEBLER

Amount (\$) 600. Payee address; City; State; Zip Code ARLINGTON, TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) CONSULTING

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME RUBY PAYE WOOLRIDGE	3 Filer ID (Ethics Commission Filers)
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4 Date 4/24/19	5 Payee name ATC TECHNOLOGY
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6 Amount (\$) 385.	7 Payee address; City; State; Zip Code WASHINGTON DC
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>1</u>	2 FILER NAME <u>RUBY WOOLRIDGE</u>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date <u>4/11-4/15/19</u>	6 Payee name <u>RUBY WOOLRIDGE</u>		
7 Amount (\$) <u>101.</u>	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<u>FOOD/BEVERAGE FOR 3 MEALS WITH STAFF</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED