CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME YUBY	FAY;	5 WOOLRIDGE 15 FI	ier ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT WASENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8144
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$75,1395.
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 4639.
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$6134.
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code. Signature of Candidate	ion required to be reported by me
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Sworn to and subsci	1/2		_, this the
day of AVII	, 20	to certify which, witness my hand and seal of office.	La Allet
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

RUBY FAYE WOOLRIDGE 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. V SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. V SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. V SCHEDULE E: LOANS 5. V SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1/3 (
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5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1395	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 101	
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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME RUBY FAYED WOOLRIDGE 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor ____ out-of-state PAC (ID#:_____ 4 Date 4 S 19 5 Full name of contributor. 4 APHNO MARTIN 6 Contributor address; City; State; Zip Code 1019 BALDWIN DR ARUN6TON, 4012 7 Amount of contribution (\$) 40, 8 Principal occupation / Job title (See Instructions) WOW THE CROWD PROMOS Date Full name of contributor US/19 BBTTY SO DUBRETT Contributor address; City; State; Zip Code 1019 CROWLEY RV, ARL TX 74012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100 Employer (See Instructions) RETIRED Date Amount of contribution (\$) SUZANNE DUKE 4/3/19 50. Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Out-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) AMERICAN AIRLINES TRAINER ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AT: 2 FILER NAME RUBY FAYER WOOLR TICE 4 Date 5 Full name of contributor Cherk HARRIS 6 Contributor address: 3 Jahl SHADY WOOLR TICE 1 Amount of contribution (\$) 1 CO., 5 Full name of contributor Cherk HARRIS 6 Contributor address: City: State: Zip Code SDA FUNDAL SHADY WOOLD FARL TX 74-012 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date 1 Full name of contributor Contributor address: City: State: Zip Code Contributors Contributor address: City: State: Zip Code City: State: Zip Code Contributor address: City: State: Zip Code City: State: Zip Co	MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
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ALEX WEISS + JULIE HORBY Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor Contri	0 -	m (tions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 80. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:_____) Date Full name of contributor TAMMID CARSON Contributor address; City; State; Zip Code 5400 CAMSINGFORD, ARC TX 76017 Amount of contribution (\$) Principal occupation / Job title (See Instructions) # 0085 KEERER SELF- EMPLOYED Date Full name of contributor PAUJA & BILL BOLHMU Contributor address; City; State; Zip Code Amount of contribution (\$) 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED ___ out-of-state PAC (ID#:______) Amount of contribution (\$) Y S 19 VERA ROBERTS Contributor address; City: State; Zip Code D 249 S 1 MS FT WORTH TX 7619 Principal occupation / Job title (See Instructions) R F 1 R F S 25 RESTIRED 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:
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6 Contributor address; City; State, Zip Code 971 E. SANFORD ARL. TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	20
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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 FUBY FALE WOOLF TO SE 5 Full name of contributor out-of-state PAC (ID#: 7 / AREN WILLIAM) 6 Contributor address; City; State; Zip Code 735 ADOUFHUS CIR FT. WORTH, YX Excupation / Job title (See Instructions) 9 Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Principal occupation / Job title (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) 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.

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME RIMA 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Out-of-state PAC (ID#: Amount of 9 In-kind contribution Contribution \$ description BEVERAGES FOR 408 Loch Longed Dr. ARL TX 74010 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 In-kind contribution Contribution \$ description Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Check if travel outside of Texas. Complete Schedule T. 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)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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NON-MONETARY (IN-KIND) POLITICAL

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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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
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 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

Candidate/Officeholder/Politic		rinting Expense falaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1	: 2 FILER NAME RUBY FAYE	WOOLRIDGE	3 Filer ID (Ethics Commission Filers)		
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Date	Payee name				
4/13/19	SPECTRUM				
Amount (\$)	Payee address; City; State; Zip C	ode			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
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4 Date 4 24 19	5 Payee name ATC YECHNOLOGY		4		
385,	Payee address; City: State: Zlp Code \ WASHINGTON DC				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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/OF	Candidate / Officeholder name H	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 H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code		/		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)		diside of Texas. Complete Schedule T. i, 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					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 (errier a category not listed above)

Candidate/Officeholder/Politica		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:	RUBY WOOLRIDE	E	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 4/11 - 4/15/19 7 Amount (\$)	6 Payee name RUBY WOOLRID 8 Payee address; City; State; Z				
9 TYPE OF EXPENDITURE	* Political	Non-Political			
10	(a) Category (See Categories listed at the top of this		n		
PURPOSE OF EXPENDITURE	FOOD/BEURAGE FO MEALS WITH STAI	R 3 Check if	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political			
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		travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					