

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST MI MR. WOODROW W. <small>NICKNAME LAST SUFFIX</small> Woody Owens JR.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2117 Country Club, Pearland Tx 77581	Date Received 07-14-2020	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 922-7453	Date Hand-delivered or Date Postmarked 07-14-2020	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST MI MR. WOODROW W. <small>NICKNAME LAST SUFFIX</small> Woody Owens JR.	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2117 Country Club, Pearland Tx 77581		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 299-2392		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 / 15 / 2020 07 / 15 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Pearland City Council	Pearland City Council	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Woodrow W. Owens, Jr. 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	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ <u>6650.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2615.07</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4034.93</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Woodrow W. Owens, Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Woodrow W Owens, this the 14th day of July, 20 20, to certify which, witness my hand and seal of office.

Maria E. Rodriguez
Signature of officer administering oath

Maria E. Rodriguez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Woodrow W. Owens, Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6650.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2615.07
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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:

4

2 FILER NAME

Woodrow W. Owens

3 Filer ID (Ethics Commission Filers)

4 Date

3-12-20

5 Full name of contributor

Gary Pearson

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

2350 Westmeek Ln. Houston TX 77027

8 Principal occupation / Job title (See Instructions)

Political Consultant

Owner

9 Employer (See Instructions)

Gary Pearson Consulting

Date

3-12-20

Full name of contributor

Alexandra Griffin

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2720 Sunshack Ct. Houston TX 77054

Principal occupation / Job title (See Instructions)

Biz. Development Director

Employer (See Instructions)

Clifford Group

Date

2-28-20

Full name of contributor

Clinton Wong

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

Amount of contribution (\$)

450.00

Contributor address;

City; State; Zip Code

1616 Voss Rd. Houston TX 77057

Principal occupation / Job title (See Instructions)

Land Developer

Owner

Employer (See Instructions)

Clinton Wong Development

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Woodrow W. Owens Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3-11-20

5 Full name of contributor

Jeff Collins

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

13510 Cahill Ln Cypress Tx 77429

8 Principal occupation / Job title (See Instructions)

LAND Development Partner

9 Employer (See Instructions)

LJA ENGINEERING

Date

3-12-20

Full name of contributor

Andrew Grieve

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

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

6603 Whitehill W., Richmond Tx 77406

Principal occupation / Job title (See Instructions)

Developer - Owner

Employer (See Instructions)

Date

3-12-20

Full name of contributor

Walt Suss

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

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

9207 Autumn Lake, Katy Tx 77450

Principal occupation / Job title (See Instructions)

LAND SURVEY OWNER

Employer (See Instructions)

Weisser Surveying

Date

3-12-20

Full name of contributor

CHRIS CANONICO

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

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

4321 JONATHAN ST., BELLAIRE TX 77401

Principal occupation / Job title (See Instructions)

Engineering PARTNER

Employer (See Instructions)

ARDURRA Group, LLC.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

Woodrow W. Owens Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

3-12-20

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

JAMES STARTZELL

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3931 Diamonddale Katy TX 77450

8 Principal occupation / Job title (See Instructions)

Business Development, V.P.

9 Employer (See Instructions)

WCA

Date

3-12-20

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

J. Russ

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

7001 Meadows, Houston TX 77042

Principal occupation / Job title (See Instructions)

Engineering, Vice President

Employer (See Instructions)

Edminister Associates

Date

3-5-20

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

C.C. Lee

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6001 Savoy Houston TX 77036

Principal occupation / Job title (See Instructions)

Consultant Engineer

Employer (See Instructions)

Stoa App.

Date

3-11-20

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

Perdue Brandon Fielder, LLP

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1835 North Loop West, Houston TX 77008

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:

2 FILER NAME

Woodrow W. Owens JR

3 Filer ID (Ethics Commission Filers)

4 Date

2-22-20

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

RAVIRAT VANAMANDALA

6 Contributor address; City; State; Zip Code

2504 BAYFRONT DR PERDREW TX 77584

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Geotech Eng. President

9 Employer (See Instructions)

Geotech Inc.

Date

3-5-20

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

Hemachandra KOLLURU

Contributor address; City; State; Zip Code

94 HEATHROW LN. Sugarland TX 77479

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Engineering President

Employer (See Instructions)

ARMANA Eng

Date

3-12-20

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

A. M. Rodrigo

Contributor address; City; State; Zip Code

15514 TURTLE COURT HOUSTON TX 77059

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Engineering, President

Employer (See Instructions)

GC Engineering

Date

3-12-20

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

DAVID KUBALA

Contributor address; City; State; Zip Code

1564 BEACONSHIRE, HOUSTON TX 77077

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Engineering, Project Dir

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.

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME WOODROW W. DWENES JR	3 Filer ID (Ethics Commission Filers)
4 Date 3-26-20	5 Payee name KOZA'S INC	
6 Amount (\$) 790.07	7 Payee address; City; State; Zip Code 2910 SOUTH MAIN ST. Pearland TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Shirts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 5-1-20	Payee name Verizon Wireless (Woody Dwenes)	
Amount (\$) 550.00	Payee address; City; State; Zip Code P.O. BOX 660108, DALLAS TX 75260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cell Phone (2 months)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 5-14-20	Payee name Woody Dwenes	
Amount (\$) 750.00	Payee address; City; State; Zip Code 2117 Country Club Pearland Tx. 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Purchase New cell phone	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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: <i>2</i>	2 FILER NAME <i>Woodrow W. Dwyer JR-</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-12-20</i>	5 Payee name <i>SHANNON DWYER</i>	
6 Amount (\$) <i>550.00</i>	7 Payee address; City; State; Zip Code <i>Silver Maples #26 Pearland TX 77581</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Develop Campaign Web site</i>	
9 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

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
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED