CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1.	DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR	COMMITTEE			
,,	1/24/2021	BRIAN		DALL			
2.b	. IF COMMITTEE, NAME OF CANDIDATE	DNIM	<i>D.</i> WU	<i></i>	3. ELECTION	N DATE	
						1/3/20	2.0
4.a	. CAMPAIGN ADDRESS AND PHONE						
_	Street or Rural Route	City		State	Zip Code	_	one
2	6A DRAKEWOOD PR P CANDIDATE'S HOME ADDRESS (indifferen	ORTLAND,	7	<u>~</u>	37148	615-6	36-7296
4.0	Street or Rural Route	City		State	Zip Code	Ph	one
5.	OFFICE SOUGHT (include district number,	if applicable)	6. NAME	OF POLITICAL	L TREASURER		ate)
c	ITY OF PORTLAND ALDE	PMAN	l _	NEE BO		, ,	,
7.	CATEGORY OR REPORT (Check one)		1 3	,,- 		w.	
	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	□ MD-YI	FAR ν	EAR-END
	QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEM	MENTAL SUF	PLEMENTAL
8.a	. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDIN	GDATE OF REP	PORTING PERIOD)	
0.7	(0)()						<u>.</u>
9. ((Check one)						
	 a. This campaign is exempt from detail tures total \$1,000 or less for this rep 					otal \$1,000 or le	ss AND expendi-
	. .	* , , ,		•	,		
	 b. This campaign is required to file a deand/or expenditures total more than 	etailed financial discl	osure because	contributions	(including in-kind	d) received total	more than \$1,000
	and/or expenditures total more trian	\$1,000 for this repor	ung penoa.				
10	I/we do solemnly swear or affirm that the	information contained	d in this camp	alan financial d	licologues report	in two and the	
10.	accurate accounting of campaign contribut	ions and expenditure	s required to	be reported by	the candidate co	mmittee by the	Campaign
	Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no						onal financial
	berieff the barrollate of for any	mpontical purpose as	demied by th	e rederai iriterri	iai revenue code		
"	13	1/24/2021	•	Renee	below		1/24/2021
_	signature of candidate	date	_	signature	of political treas	surer	date
		BOOSEP	77 - 10-				
11.	WITNESS SIGNATURE						
	Musika Prairie 00	Manlan	.	Ware	W. HA.	. O. A.	Hanles-
4	general provider	1124 20	O	1 Maria C	v / lun	need	1124 12021
١	signature of witness	date		sign	nature of witness		date
12.	SUMMARY					_	
	a. BALANCE ON HAND LAST REPORT			••••••	\$	36	
	b. TOTAL RECEIPTS THIS PERIOD		II ED		\$		
	c. TOTAL DISBURSEMENTS THIS PERIOD			PM	\$ _/14.	36	
	d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.) JAN	2 5 2021			\$	<u> </u>
	e. TOTAL LOANS OUTSTANDING	SUMNE	R COUNTY		-	-	
1		ECECTION	COMMISSI	GAN		\$	0
		ELECTION	COMMI SSI	ON		\$	0



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVER	
BRIAN D. WOODALL	FROM 10 25 20	TO: 1 15 21
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		•
a. Unitemized Contributions (\$100 or less from each source this period)	\$_ O	
b. Itemized Contributions (over \$100 from each source this period)	\$ O	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	•••••••••••••••••••••••••••••••••••••••	\$ <u> </u>
16. LOANS RECEIVED THIS REPORTING PERIOD		\$ <u> </u>
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ <u>O</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <u> </u>
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, g	asoline)
<u> </u>		
\$		
\$		
\$		
		
\$		
\$		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	\$	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$
22.IN-KIND CONTRIBUTIONS		******
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	-
b. Itemized in-kind contributions (over \$100 from each source this period)		-
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.1	ь.)	\$
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$6	
b. Itemized Obligations Outstanding (Over \$100 each)	\$ O	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite		\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2	NG THE PERIOD			
BRIAN D. W	40DA	ru		FROM/0/25/20	TO: 1/15/21		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	IONS FRO	OM PRECEDING PAG	GE (enter \$0 if first itemized p	• •	Amount 6		
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	CH ITEMIZ	ZED CONTRIBUTION (c	contributions totaling more than \$100 from any contributor)				
First Name	/liddle Nam	e	Contribution Received For		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election				
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
First Name	Middle Nan	ne	Contribution Received F	or:	Amount of Centribution		
Last Name/Organization Name	l		Primary Election	General Election			
Address	··-	· •	Runoff (Local Electio	ns Only)			
City	State	Zip Code	Date of Contribution	•	Aggregate This Election		
Occupation			1				
Employer			-				
First Name	Middle Nam	ne	Contribution Received F	or:	Amount of Contribution		
Last Name/Organization Name	<u> </u>	***************************************	Primary Election	General Election			
Address			Runoff (Local Electio	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
First Name	/liddle Nam	ne	Contribution Received For	:	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					٥		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTE	2	FROM 0 15 2	NG THE PERIOD TO:					
		Amount							
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)									
First Name	Middle Nam		In-Kind Contribution Receive		Value of In-Kind Contribution				
Last Name/Organization Name			······································	Runoff (Local Elections					
Address				Date of In-Kind Contribution		Aggregate this Election			
City State			Zip Code	Description of In-Kind Contribution	ţ.·				
Occupation	Employer								
First Name Middle Name				In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name		•		Runoff (Local Election:					
Address				Date of In-Kind Contribution	··	Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer								
First Name Middle Name				In-Kind Contribution Received	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name		<u>' </u>		Runoff (Local Election					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer	,							
First Name		viiddle Nam	ne	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name				Runoff (Local Election					
Address				Date of In-Kind Contribution		Aggregate this Election			
City		State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer			1					
First Name		Middle Nami	e	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name				Primary Election	_				
Address				☐ Runoff (Local Elections Date of In-Kind Contribution	s Only)	Aggregate this Election			
City Slate Zip Code				Description of In-Kind Contribution					
Occupation	Employer		<u> </u>	-					
	TEN	N/O							
TOTAL ITEMIZED IN-KIND COI (Carry forward to item 3. of next page if an (If this is the last page of in-kind contribut	ditional pages	of this form ar		y.)		0			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				ORT COVERING	
BRIAN D. WOODAL	<u> </u>		1092	.5/20 TO	115/21
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAGE	E (enter \$0 if first Itemized page)		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (e	xpenditures totaling more than \$100 to any pay	ee during the period)	
First Name BRIAN	Middle Nan	ne	Purpose of Expenditure	Am	ount of Expenditure
Last Name/Business Name WODDALL			FACEBOOK AD +1	FEES	29.98
Address					_
City	State	Zip Code			
	ÇII.	1			
First Name RRWN	Middle Nan	ne	Purpose of Expenditure	Ап	ount of Expenditure
Last Name/Business Name			CUADISTABLE		
Address			DONATION		42.19
nuires			76		
City	State	Zip Code	PORTLAND PAY IT F	-orward"	•
First Name	Middle Nan		Purpose of Expenditure	Am	ount of Expenditure
Last Name/Business Name			CHARITABLE		:
WOODAUL Address					42.19
7.001655			DONATION TO "HANDS OF HO		1011
City	State	Zip Code	" HANDS OF HOL	PE "	
	Middle Nam	<u> </u>	†		
First Name	ne	Purpose of Expenditure	Am	ount of Expenditure	
Last Name/Business Name					
Address			†		
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure	Arr	ount of Expenditure
Last Name/Business Name	<u> </u>	• • • • • • • • • • • • • • • • • • • •			
Address					
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure	Am	ount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount mus		•			114.36

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR C	OMMITTEE					•			OVER	NG THE PERIOD	
BRIAN	D. W	100DA	ملا				K	OM: 0\25 2		10:	
3. COMPLETE THE APPROPRI	ATE ITEMS	OR EACH I	TEMIZ	ED LOAN (oans totaling n	nore than \$100	from any source	during the per	riod)		
Complete the Following for the Sour	ce of the Loan				<u></u>						
First Name	First Name Middle Name				Outstanding Loan Balance Loans (Beginning of Period) Received			Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name											
					Received For: Date of Loan Primary Election General Election						
City	State	Zip Code		Primary Election General Election Runoff (Local Elections Only)							
	List All Endo	rsers or Guara	antors f	or Above Loa	n (If more spa	ice is needed	d please attach	a page)			
First Name		Middle Name)		First Name				Middle	Name	
Last Name/Organization Name	•	1			Last Name/Or	ganization Nar	ne	•	· · · · · · · · · · · · · · · · · · ·		
Address					Address		·	***************************************			
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	enteed Outstan	ding		<u> </u>	,	
First Name Middle Name			9		First Name Middle Name					Name	
Last Name/Organization Name					Last Name/Organization Name						
Address				.,	Address						
City		State	Zip C	Code	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding		•	•		Amount Guara	anteed Outstan	ding				
First Name		Middle Name	ę		First Name				Middle	e Name	
Last Name/Organization Name		ı			Last Name/Organization Name						
Address					Address				·		
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	anteed Outstan	ding			l	
First Name		Middle Name	8		First Name Middle Name					Name	
Last Name/Organization Name			<u> </u>	Last Name/Organization Name							
Address				·	Address						
City		State	Zip C	Code	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guar	anteed Outstan	iding				
4. Totals for all Loans (complete of Total loans received should also be should a					Outstanding t	oan Balance of Period)	Loans Received	Loa Payrr		Outstanding Loan Balance (End of Period)	
(Total loan payments should also be sho (Total outstanding loan balance should al	own in item 20. or	n summary page	.)		-	D	0	(O	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MITTEE	2. REPORT COVERING THE PERIOD					
1. NAME OF CANDIDATE OR COM	<u>n d. w</u> e	200AU					
 COMPLETE THE APPROPRIATE 	EITEMS FOR EACH	HITEMIZED	Outstanding Balance	Debt Incurred		Outstanding Balance	
OBLIGATION (obligations totaling	more than \$100 ow	ed to any	(Beginning of Period)	· _		(End of Period)	
person/vendor at the end of the re	aporting penod)		Temporary (Beginning of Period) Zip Code Debt Incurred This Period This Period	0			
First Name	Middle Na	me					
Last Name of Transition of Name			\dashv				
Last Name/Business Name							
Address							
	1 000	1	_				
City	State	Zip Code					
Description of Obligation			1		1	<u> </u>	
First Name	Middle Na	ime					
Last Name/Business Name							
Last Marrierousiness Marrie							
Address							
		In a	-		<u>;</u>		
City	State	Zip Code					
Description of Obligation		<u> </u>	<u> </u>		.L	. 1	
First Name	Middle Na	arne					
Last Name/Business Name							
Address			\dashv				
Nutress							
City	State	Zip Code					
Description of Obligation		1			ŀ		
Description of Colligation							
First Name	Middle Na	orno		[ĺ]	
First realies	WILCOIG IN	anic					
Last Name/Business Name		·····					
Address							
City	State	Zip Code					
					<u> </u>		
Description of Obligation							
					Ţ	,	
First Name	Middle Na	ame]	1		
Last Name/Business Name				}	1		
					1		
Address							
City	State	Zip Code	\dashv				
Oity .	June	Zip code					
Description of Obligation							
				_	r.		
4. TOTALS							
(Total from Outstanding Balance - (End in item 23b. on summary page.)	ot Period) column mu	ist also be shown		0	D	0	
ar non-zou. On summary page.)			<u>I.</u>	1	1		