

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME James Bruce Wood Sr. 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	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 7323.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2114.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000.00

19 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.

Bruce Wood
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Wood, this the 15th day of July, 2010, to certify which, witness my hand and seal of office.

Cynthia Ramirez Cynthia Ramirez deputy clerk
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: **5**

2 FILER NAME
James Bruce Wood, Sr

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/22/10

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

7 Amount of contribution (\$) **100.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**10707 Meadowbrook Blvd
Forney, TX 75126-6665**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
BUSINESS OWNER

10 Employer (See Instructions)

Date
2/22/10

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

Amount of contribution (\$) **250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**11034 Reeder Ln.
Forney, TX 75126-6441**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
County Commissioner

Employer (See Instructions)

Date
2/22/10

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

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**10950 Old Military Trail
Forney, TX 75126**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)

Date
2/21/10

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

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**111 W. Church St.
Forney, TX 75126**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)

Date
2/22/10

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

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**101 Bailee Court
Forney, TX 75126-6686**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/22/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary 'Jody' Deller	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 15124 CR 4018 Kemp, TX 75143		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) County Employee		10 Employer (See Instructions)	
Date 2/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matthew Malone	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 507 Pinto Lane Forney TX 75126-4712		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS PERSON		Employer (See Instructions)	
Date 2/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith Oakley	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 5th St Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) GOVERNMENTAL AFFAIRS		Employer (See Instructions)	
Date 2/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryan Pickens	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Highland Park Village Suite 500 DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions)	
Date 2/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark and Becky Calabria	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 W mulberry St Kaufman, TX 75142-1940		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/01/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID ANDERSON	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3808 Hidden Holw AUSTIN, TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) GOVERNMENTAL AFFAIRS		10 Employer (See Instructions)	
Date 4/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Robert Messer	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 313 Laurel Trail TERRELL, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Adult Probation Dept		Employer (See Instructions)	
Date 4/9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Harrison	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 863 Forney TX 75126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions)	
Date 4/9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Camp	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 279 Kilgore, TX 75663-0279		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired Business Man		Employer (See Instructions)	
Date 4/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Andrews	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17261 CR 4072 Scurry, TX 75158		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Golf Course Owner		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Thompson	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8590 C.R. 159 Kaufman, TX 75142		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions)	
Date 4/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Hendrickson	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8672 FM 1388 Kaufman, TX 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-22-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK & SANDRA WILSON	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$331.04 CAMPAIGN RECEPTION
6 Contributor address; City; State; Zip Code 304 DALVIEW COURT FORNEY, TX 75126		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BUSINESS OWNERS		10 Employer (See Instructions)	
Date 4-1-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIXON NOTES	Amount of contribution (\$)	In-kind contribution description (if applicable) \$275.00 INVITATION PRINTING
Contributor address; City; State; Zip Code 10140 CR 4084 SCURRY, TX 75158		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)	
Date 4-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK & SHERRY SMITHART	Amount of contribution (\$)	In-kind contribution description (if applicable) \$150.00 Victory Celebration Reception
Contributor address; City; State; Zip Code 12180 CR 351A TERRELL, TX 75161		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RANCHER & BUSINESSMAN		Employer (See Instructions)	
Date 4-9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jed & Geri Thompson	Amount of contribution (\$)	In-kind contribution description (if applicable) \$750.00 Victory Celebration Reception
Contributor address; City; State; Zip Code 12198 Shadow Ridge Lane TERRELL, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate Investments		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 James Bruce Wood 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 2-24-10 7 Name of lender out-of-state PAC (ID#: _____) JAMES BRUCE WOOD 9 Loan Amount (\$) 5,000.00

6 Is lender a financial Institution? Y N 8 Lender address; City; State; Zip Code 314 LAUREL TRAIL TERRELL, TX 75160 10 Interest rate 11 Maturity date

12 Principal occupation / Job title (See Instructions) EDUCATIONAL CONSULTANT; FARMER 13 Employer (See Instructions) Self Employed

14 Description of Collateral none

15 GUARANTOR INFORMATION not applicable 16 Name of guarantor 17 Guarantor address; City; State; Zip Code 18 Amount Guaranteed (\$)

19 Principal Occupation 20 Employer

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)

Is lender a financial Institution? Y N Lender address; City; State; Zip Code Interest rate Maturity date

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

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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: **3**

2 FILER NAME **James Bruce Wood Sr.** 3 ACCOUNT # (Ethics Commission filers)

4 Date 2-23-10	5 Payee name The Communicator	7 Amount (\$) \$ 94.50
6 Payee address; City, State, Zip Code 255 Pole Bridge Road Covington, TX 75159		

8 Purpose of payment (See instructions regarding type of information required.) Newspaper Advertisement <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 2-23-10	Payee name The Terrell Tribune	Amount (\$) \$550.00
Payee address; City, State, Zip Code P.O. Box 669 Terrell, TX 75160		

Purpose of payment (See instructions regarding type of information required.) Newspaper Advertisement <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 2-24	Payee name The Forney Messenger	Amount (\$) \$ 126.00
Payee address; City, State, Zip Code P.O. Box 936 Forney, TX 75126		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 2-25-10	Payee name Postmaster	Amount (\$) \$ 1918.06
Payee address; City, State, Zip Code Dallas, TX		

Purpose of payment (See instructions regarding type of information required.) Postage For Mailer <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **James Bruce Wood Sr.** 3 ACCOUNT # (Ethics Commission filers)

4 Date 2-28-10	5 Payee name NIXON Notes	7 Amount (\$) 300.00
6 Payee address; City, State; Zip Code 10140 C.R. 4084 SCURRY, TX 75158		

8 Purpose of payment (See instructions regarding type of information required.) Campaign Consulting (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 3-10-10	Payee name NIXON Notes	Amount (\$) 2953.61
Payee address; City, State; Zip Code 10140 C.R. 4084 SCURRY, TX 75158		

Purpose of payment (See instructions regarding type of information required.) Direct Mail Advertisement (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 3-10-10	Payee name NIXON Notes	Amount (\$) 300.00
Payee address; City, State; Zip Code 10140 C.R. 4084 SCURRY, TX 75158		

Purpose of payment (See instructions regarding type of information required.) Campaign Consulting (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 3-5-10	Payee name The Terrell Tribune	Amount (\$) 200.00
Payee address; City, State; Zip Code P.O. Box 669 TERRELL, TX 75160		

Purpose of payment (See instructions regarding type of information required.) News Paper Advertisement (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME James Bruce Wood Sr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-8-10	5 Payee name The KAUFMAN HERALD 6 Payee address; City; State; Zip Code P.O. BOX 460 KAUFMAN, TX 75142	7 Amount (\$) \$152.25
8 Purpose of payment (See instructions regarding type of information required.) (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 3-19-10	Payee name Postmaster Payee address; City; State; Zip Code Terrell, TX	Amount (\$) \$132.00
Purpose of payment (See instructions regarding type of information required.) Postage For Thank You Notes (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-20-10	Payee name DISCOVER CARD Payee address; City; State; Zip Code	Amount (\$) 483.88
Purpose of payment (See instructions regarding type of information required.) Campaign Expenses (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-20-10	Payee name Flowerfields Payee address; City; State; Zip Code 404 West NASH TERRELL, TX 75160	Amount (\$) 113.66
Purpose of payment (See instructions regarding type of information required.) Decorations/Flowers For Reception (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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