

# 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: <span style="font-size: 2em; font-weight: bold;">28</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MRS</u> FIRST: <u>BARBARA</u> MI: NICKNAME:      LAST:      SUFFIX: <u>ODom-Wesley</u>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>	Date Received: <span style="font-size: 1.5em; font-weight: bold;">18 APR - 4 AM 9:30</span> RECEIVED - CSO	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>860-0275</u> EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>ELZIE</u> MI: NICKNAME:      LAST:      SUFFIX: <u>ODom</u>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <u>1019 BYRON LN      ARLINGTON TX 76012</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>265-8804</u> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 <u>1 / 1 / 2018</u> <u>4 / 2 / 2018</u>		
11 ELECTION	ELECTION DATE Month      Day      Year <u>05 / 05 / 18</u>	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)	
		<u>1</u> <u>ARLINGTON CITY COUNCIL DISTRICT</u>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME BARBARA ODOM-WESLEY 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
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 45.86
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9255.86
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4329.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5122.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT

AFFIX NOTARY SEAL EXHIBIT TO FILE

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.

Barbara Odom-Wesley  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Barbara Odom-Wesley this the 4th day of April, 2018, to certify which, witness my hand and seal of office.

JCL  
Signature of officer administering oath

Jillian Cloud  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

24 CANDIDATE NAME

BARBARA OTOM-WESTER

18 POLITICAL COMMITTEE ID

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION ACCEPTED BY POLITICAL COMMITTEES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE CONTRIBUTIONS 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 RECEIVED KNOWLEDGE OF SUCH CONTRIBUTIONS.

CONTRIBUTOR TYPE

INDIVIDUAL

BUSINESS

CONTRIBUTOR NAME

CONTRIBUTOR ADDRESS

RECEIVED FROM

17 FROM RECEIVED FROM

TOTAL POLITICAL CONTRIBUTIONS  
PLEASE EXCLUDE THE QUALIFIED SMALL BUSINESS CONTRIBUTIONS

\$ 45,825

TOTAL POLITICAL CONTRIBUTIONS  
TOTAL FROM REPORTED DONORS OF QUALIFIED BUSINESS

\$ 2,525.86

TOTAL POLITICAL CONTRIBUTIONS  
LESS QUALIFIED BUSINESS CONTRIBUTIONS

\$ 0 -

TOTAL POLITICAL EXPENDITURES

\$ 4,341.03

TOTAL POLITICAL EXPENDITURES  
LESS QUALIFIED BUSINESS CONTRIBUTIONS

\$ 219,215

TOTAL POLITICAL EXPENDITURES  
LESS QUALIFIED BUSINESS CONTRIBUTIONS

\$ 0 -



*Barbara Otom-Wester*

I, the undersigned, notary public, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in my files and records.

*Jillian Cloud*

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8680.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 530.00
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	\$ 3619.70
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 709.33
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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/25/18**

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

**Mrs. Minnie Miles**

7 Amount of contribution (\$)

**50.00**

6 Contributor address; City; State; Zip Code

**6005 Ash Creek Ct ARLINGTON TX 76018**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/23/18**

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

**MR. PAUL GRAMZA**

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**1008 BYRON LN ARLINGTON TX 76012**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/25/18**

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

**MR & MRS PAUL WILLIAMS**

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code

**6015 AUTUMN HILL DR FORT WORTH TX 76140**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/2/18**

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

**Mrs. Brenda Sadler**

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code

**2612 RIVEROAKS DR ARLINGTON TX 76006**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/19/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. ELZIE ODOM**

6 Contributor address;

City; State; Zip Code

**1019 BYRON LN ARLINGTON TX 76012**

7 Amount of contribution (\$)

**200.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/26/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. Kelly Mohorc**

Contributor address;

City; State; Zip Code

**2702 MARK TWAIN CT ARLINGTON TX 76016**

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/26/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. DOROTHY DOUGLAS**

Contributor address;

City; State; Zip Code

**112 OAKRIDGE TR KENNEDALE TX 76060**

Amount of contribution (\$)

**150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/27/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. RICHARD BRINK**

Contributor address;

City; State; Zip Code

**P.O. BOX 120982 ARLINGTON TX 76012**

Amount of contribution (\$)

**300.00**

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

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1 Total pages Schedule A1: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/8/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. BONNIE Borders**

6 Contributor address; City; State; Zip Code

**6317 FoxhUNT DR ARLINGTON TX 76001**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/8/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. CURTIS Wesley**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**550.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/1/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. HARRY Flood**

Contributor address; City; State; Zip Code

**2815 Gillnespie Grand PRAIRIE TX 75052**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/1/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. SEANRA Wesson**

Contributor address; City; State; Zip Code

**4016 JUNIPER CT Euless TX 76040**

Amount of contribution (\$)

**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/11/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. LISA THOMPSON**

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City; State; Zip Code

**706 NORTHMEADOW DR ARLINGTON TX 76011**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS KENT GARDNER**

Amount of contribution (\$)

**50.00**

Contributor address;

City; State; Zip Code

**1021 BYRON LN ARLINGTON TX 76012**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS RANDY LUSTER**

Amount of contribution (\$)

**250.00**

Contributor address;

City; State; Zip Code

**3843 BELTON DR DALLAS TX 75287**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. WANDA COOPER**

Amount of contribution (\$)

**25.00**

Contributor address;

City; State; Zip Code

**604 GUNNISON DR ARLINGTON TX 76006**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: **18**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/11/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Mrs. Cheryl CARPENTER**

6 Contributor address;

City; State; Zip Code

**2601 Springdale Ct ARLINGTON TX 76010**

7 Amount of contribution (\$)

**150.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Mr & Mrs. Anthony Powell**

Contributor address;

City; State; Zip Code

**2408 ARBOR OAKS DR ARLINGTON TX 76010**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Mr & Mrs Robert Dixon**

Contributor address;

City; State; Zip Code

**4032 BOULDER DR Flower mound TX 75022**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. ARGENIA COOPER**

Contributor address;

City; State; Zip Code

**3105 Willowdale DR ARLINGTON TX 76016**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/11/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS SMITHY HARRIS**

6 Contributor address; City; State; Zip Code

**6006 GREEN FOREST KELLINGTON TX 76001**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS JAMES EDDINS**

Contributor address; City; State; Zip Code

**2104 LAKE COUNTRY ARLINGTON TX 76012**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS WENDELL BLACK**

Contributor address; City; State; Zip Code

**1504 CROWLEY RD ARLINGTON TX 76012**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS RALPH HOLLOWAY**

Contributor address; City; State; Zip Code

**2716 RIVER LEGACY DR KELLINGTON TX 76006**

Amount of contribution (\$)

**100.00**

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: **17**

2 FILER NAME

**BARBARA Odom-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/11/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS CLAYTON DYE**

6 Contributor address; City; State; Zip Code

**2401 N Fielder Rd ARLINGTON TX 76012**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. JAMES Runzheimer**

Contributor address; City; State; Zip Code

**2405 GARDEN PARK CT ARLINGTON TX 76013**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS Eugene Tom's**

Contributor address; City; State; Zip Code

**6429 PARKMONT DR ARLINGTON TX 76001**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/11/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR & MRS Rod Adams**

Contributor address; City; State; Zip Code

**3915 CROSS BEND DR ARLINGTON TX 76016**

Amount of contribution (\$)

**100.00**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/11/18**

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

**MR & MRS BOB SNAKE LeGRAND**

6 Contributor address; City; State; Zip Code

**500 THROCKMORTON ST #1712 FORT WORTH TX 76102**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/11/18**

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

**MRS. SHARON RANDOLPH**

Contributor address; City; State; Zip Code

**7001 W. PARKER RD #1318 PLANO TX 75093**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/13/18**

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

**MRS. CAROLYN WILLIAMSON**

Contributor address; City; State; Zip Code

**2459 LAKEWOOD DR GRAND PRAIRE TX 75054**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/14/18**

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

**MR & MRS WILLIAM VERKEST**

Contributor address; City; State; Zip Code

**2402 N Hunter Place LN ARLINGTON TX 76010**

Amount of contribution (\$)

**50.00**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/19/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. SHARON SPEARS**

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City; State; Zip Code

**1001 Shortleaf Pine ARLINGTON TX 76012**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/20/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. TAMKA TUTT**

Amount of contribution (\$)

**25.00**

Contributor address;

City; State; Zip Code

**915 Thistle Ridge ARLINGTON TX 76017**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/21/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. VERNIS WARE**

Amount of contribution (\$)

**500.00**

Contributor address;

City; State; Zip Code

**70200 RAVEN MEADOW DR ARLINGTON TX 76002**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/20/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MRS. CECILIA WILSON**

Amount of contribution (\$)

**25.00**

Contributor address;

City; State; Zip Code

**1003 MAYES ST Cedar Hills TX 75104**

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: **17**

2 FILER NAME  
**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date: **3/20/18**  
5 Full name of contributor: **MRS. EMMA WALKER**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code  
**2700 GREENBROOK DR ARLINGTON TX 76016**

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: **3/24/18**  
Full name of contributor: **MRS. MARY WHITE**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**3443 SAN CLEMENTE DR ARLINGTON TX 76017**

Amount of contribution (\$)  
**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **3/24/18**  
Full name of contributor: **MRS. MAE CLARK**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**2222 PARK HILL DR ARLINGTON TX 76012**

Amount of contribution (\$)  
**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **3/22/18**  
Full name of contributor: **MRS. TAMARA GLASPIE**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**1175 LAUDON LANE ALLEN TX 75013**

Amount of contribution (\$)  
**75.00**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/21/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. Glenn Lewis**

6 Contributor address; City; State; Zip Code

**5600 Rockhill Rd Fort Worth TX 76112**

7 Amount of contribution (\$)

**250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/21/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**LINEBARGER GOGAN BLAIR & SAMPSON LLP**

Contributor address; City; State; Zip Code

**100 Theockmorton St Fort Worth TX 76102**

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/23/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. Christopher Hightower**

Contributor address; City; State; Zip Code

**2300 Castle Rock Rd Arlington TX 76006**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/24/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. & MRS. James Rose**

Contributor address; City; State; Zip Code

**5701 MEMORIAL ARLINGTON TX 76017**

Amount of contribution (\$)

**100.00**

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: 17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/18

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

MRS. PAULA PIERSON

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

2117 Shadow Ridge DR ARLINGTON TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/18

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

MR & MRS Keith Kiles

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3907 ABERMARE CT ARLINGTON TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

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

MR & MRS JOE BUCKNER

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1733 FLOWERS DR CARROLLTON TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

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

MR William Wesley

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

348 SAGEBRUSH TRL MURPHY TX 75094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/24/18**

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

**MR. & MRS. RICKY TEXADA**

6 Contributor address; City; State; Zip Code

**1801 ARRINGTON GREEN COLLEVILLE TX 76034**

7 Amount of contribution (\$)

**25.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/25/18**

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

**MRS. & MRS. ANTHONY SHANKLE**

Contributor address; City; State; Zip Code

**208 MARY PAT DR GRAND PRAIRIE TX 75052**

Amount of contribution (\$)

**30.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/26/18**

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

**MR. & MRS. WILKIE SANDERS**

Contributor address; City; State; Zip Code

**520 REALE DR IRVING TX 75039**

Amount of contribution (\$)

**200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/24/18**

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

**MRS. DORA NISBY**

Contributor address; City; State; Zip Code

**4520 CORLEY ST BEAUMONT TX 77707**

Amount of contribution (\$)

**100.00**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/26/18**

5 Full name of contributor

**MR. Michael Lummus**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

**8009 RAINTREE CT ALVARADO TX 76009**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/26/18**

Full name of contributor

**PENNY PATRICK**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**2305 CASTLE ROCK RD ARLINGTON TX 76006**

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/27/18**

Full name of contributor

**MRS. LISA TURNER**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**3060 NADAR GRAND PRAIRIE TX 75059**

Amount of contribution (\$)

**150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/28/18**

Full name of contributor

**MRS. YVONNE COEMIER**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**1507 KIRBY DR HOUSTON TX 77019**

Amount of contribution (\$)

**100.00**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/20/18**

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

**MR. & MRS Charles STEWARD**

6 Contributor address; City; State; Zip Code

**2000 BOTTS DR ARLINGTON TX 76012**

7 Amount of contribution (\$)

**25.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/20/18**

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

**MR & MRS DONALD CAGER**

Contributor address; City; State; Zip Code

**4100 ARAGON DR FORT WORTH TX 76133**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/29/18**

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

**MR & MRS JOSEPH FAUST**

Contributor address; City; State; Zip Code

**1507 RIVERVIEW DR ARLINGTON TX 76012**

Amount of contribution (\$)

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/29/18**

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

**REV & MRS DWIGHT MCKISSIC SR.**

Contributor address; City; State; Zip Code

**2409 N. PLEASANT CIR ARLINGTON TX 76015**

Amount of contribution (\$)

**300.00**

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: **17**

2 FILER NAME **BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/29/18**

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

6 Contributor address; City; State; Zip Code  
**MRS. JOHN EUBANKS**

7 Amount of contribution (\$)

**50.00**

**1001 LOCK LOMOND ARLINGTON TX 76012**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**3/29/18**

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

Contributor address; City; State; Zip Code  
**MRS. NANCY BARRETT**

Amount of contribution (\$)

**100.00**

**3606 BIG BEAR LAKE CT ARLINGTON TX 76016**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/29/18**

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

Contributor address; City; State; Zip Code  
**MRS. JUANITA ODOM**

Amount of contribution (\$)

**50.00**

**3135 SECRET FOREST LN MISSOURI CITY TX 77459**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/29/18**

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

Contributor address; City; State; Zip Code  
**MRS. SHAWNA RIDLEY**

Amount of contribution (\$)

**100.00**

**1721 FREDRICKBURG DR MESQUITE TX 75181**

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: **17**

2 FILER NAME

**BARBARA ODOM-Wesley**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/30/18**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MS. Pamela ODOM**

6 Contributor address;

City; State; Zip Code

**2519 CEZANNE CIR MISSOURI CITY TX 77459**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/30/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. & MRS. WARREN WALKER**

Contributor address;

City; State; Zip Code

**1809 SMITH LN ARLINGTON TX 76013**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**4/2/18**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**MR. TRAN TRONG**

Contributor address;

City; State; Zip Code

**3605 BIG BEAR LAKE CT ARLINGTON TX 76016**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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: <b>2</b>
2 FILER NAME <b>BARBARA ODOM-Wesley</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <b>3/11/18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. &amp; MRS RALPH HOLLOWAY</b> 7 Contributor address; City; State; Zip Code <b>2716 RIVER LEGACY DR ARLINGTON TX 76006</b>	8 Amount of Contribution \$ <b>100.00</b> 9 In-kind contribution description <b>PAID MUSICIAN KICK-OFF</b> <input type="checkbox"/> 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 <b>3/26/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERESA BEAUDOIN - ALREADY GEAR</b> Contributor address; City; State; Zip Code <b>6460 MARVIN D LOVE STE B6 DALLAS TX 75231</b>	Amount of Contribution \$ <b>350.00</b> In-kind contribution description <b>YARD SIGN-100</b> <input type="checkbox"/> 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: 2

2 FILER NAME BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/26/18

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALISA SIMMONS - DJ'S PRINT

7 Contributor address; City: State; Zip Code

4205 HOPEWELL CT ARLINGTON TX 76016

8 Amount of Contribution \$

80.00

9 In-kind contribution description

PRINTING BANNER

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

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City: State; Zip Code

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.

# 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: 4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/18	5 Payee name MR. MARVIN SUTTON	
6 Amount (\$) 21.00	7 Payee address; City; State; Zip Code 1909 SYRACUSE COURT ARLINGTON TX 76002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE - DISTRICT MAPS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DISTRICT MAPS

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/15/18	Payee name TEXAS VAN DEMOCRATIC PARTY		
Amount (\$) 370.00	Payee address; City; State; Zip Code 1106 LAVACA STE 100 AUSTIN TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE - VOTER HISTORY	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER HISTORY	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/17/18	Payee name KENNEDY JONES - ARLINGTON MINISTRIES ASSOCIATION		
Amount (\$) 25.00	Payee address; City; State; Zip Code 126 E PARK ROW DR ARLINGTON TX 76010		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE - Gospel Celebration	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gospel Celebration EVENT	

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: <b>4</b>	2 FILER NAME <b>BARBARA ODOM-Wesley</b>	3 Filer ID (Ethics Commission Filers)	
4 Date: <b>3/19/18</b>	5 Payee name <b>ARLINGTON Chamber of Commerce</b>		
6 Amount (\$) <b>40.00</b>	7 Payee address; City; State; Zip Code <b>505 E Border ST ARLINGTON TX 76010</b>		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b> <b>PRAYER BREAKFAST</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PRAYER BREAKFAST EVENT</b>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date: <b>3/1/18</b>	Payee name <b>GO DADDY</b>		
Amount (\$) <b>12.00</b>	Payee address; City; State; Zip Code <b>14455 N Hayden Rd SCOTTDALE AZ 85260</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER -</b> <b>web design</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Website Name</b>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date: <b>3/14/18</b>	Payee name <b>MUVE MEDIA</b>		
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>20100 Timberidge Rd HARRAH OK 73045</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other -</b> <b>web design</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>web design</b>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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            | 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: <b>4</b>	2 FILER NAME <b>BARBARA ODOM-Wesley</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/26/18</b>	5 Payee name <b>ALready GEAR</b>	
6 Amount (\$) <b>1050.00</b>	7 Payee address; City; State; Zip Code <b>6960 MARVIN D LOVE FRwy suite B6 DALLASTX 75237</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINT expense - YARD SIGN</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>YARD SIGNS</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>3/30/18</b>	Payee name <b>DJ's PRINT AND PROMO</b>	
Amount (\$) <b>1714.22</b>	Payee address; City; State; Zip Code <b>4205 HOPEWELL COURT</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINT expense - PUSHCARDS, NAME TAGS, envelopes, YARD SIGN</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PUSHCARDS, NAME TAGS, envelopes 10 YARD SIGNS</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>4/2/18</b>	Payee name <b>DAY PAL</b>	
Amount (\$) <b>54.17</b>	Payee address; City; State; Zip Code <b>2211 NORTH FIRST STREET SAN JOSE CA 95131</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>fees - CREDIT CARD fee</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CREDIT CARD fee</b>
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  
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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>BARBARA ODOM-Wesley</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/2/18</b>	<b>5</b> Payee name <b>MERCHANT ACCOUNT SOLUTION</b>	
<b>6</b> Amount (\$) <b>33.31</b>	<b>7</b> Payee address; City; State; Zip Code <b>101 Hoden CAMP Rd THOUSAND OAKS CA 91360</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Fee</b>	
	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CREDIT CARD FEES</b>	

<b>9</b> 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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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	
	<b>Description</b> <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
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	
	<b>Description</b> <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**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>2</u>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/28/18</u>	<b>5</b> Payee name <u>Elzie ODOM RECREATION CENTER</u>	
<b>6</b> Amount (\$) <u>320.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>1601 NE GREEN OAKS ARLINGTON TX 76006</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE KICKOFF</u>	<b>(b)</b> Description <u>KICKOFF CELEBRATION</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

<b>Date</b> <u>3/3/18</u>	<b>Payee name</b> <u>office DEPOT</u>	
<b>Amount (\$)</b> <u>186.33</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <u>780 E ROAD TO SIX FLAGS ST SUITE 210 ARLINGTON TX 76011</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE STAMPS, PRINTING</u>	<b>(b) Description</b> <u>STAMPS, PRINTING COPIES</u> <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

<b>Date</b> <u>3/10/18</u>	<b>Payee name</b> <u>office DEPOT</u>	
<b>Amount (\$)</b> <u>53.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <u>780 E ROAD TO SIX FLAGS ST SUITE 210 ARLINGTON TX 76011</u>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>	<b>(b) Description</b> <u>PRINTING, CRA STAMPS</u> <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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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	Printing 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 G: <b>2</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/16/18</b>	5 Payee name <b>US POST office</b>	
6 Amount (\$) <b>100.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1009 OAKWOOD LN ARLINGTON TX 76012</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE STAMPS</b>	(b) Description <b>STAMPS for MAILING</b> <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

Date <b>4/2/18</b>	Payee name <b>U S POST office</b>	
Amount (\$) <b>50.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1009 OAKWOOD LN ARLINGTON TX 76012</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE - STAMPS</b>	Description <b>STAMPS for MAILING</b> <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

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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