

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: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MRS</u> FIRST: <u>BARBARA</u> MI: _____ <small>NICKNAME LAST SUFFIX</small> Odom-Wesley	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <div style="background-color: black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Change of Address	Date Received 18 APR 27 AM 11:31	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>860-0275</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked 31	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>ELZIE</u> MI: _____ <small>NICKNAME LAST SUFFIX</small> Odom	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 1019 BYRON LN ARLINGTON TX 76012		
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 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 checked="" 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 4 / 3 / 2018 4 / 24 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 05 / 05 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (# any)	13 OFFICE SOUGHT (# known)	
		ARLINGTON CITY COUNCIL DISTRICT 1	

GO TO PAGE 2

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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

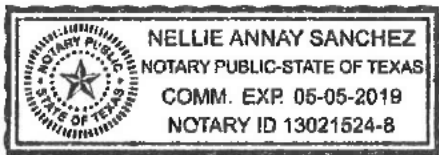
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,085.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 4365.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,048.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Barbara Odom-Wesley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Barbara Odom-Wesley this the 27th day of April, 20 18, to certify which, witness my hand and seal of office.

Nellie Sanchez Signature of officer administering oath
Nellie Annay Sanchez Printed name of officer administering oath
Admin Aide II Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME BARBARA ODOM-Wesley		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9860.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1200.00
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	\$ 3259.90
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	\$ 1105.48
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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/2018

5 Full name of contributor

MR & MRS HARRY OWENS

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

832 FOREST LAKE DR KELLER TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/2018

Full name of contributor

MR & MRS LEONARD BROWN

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

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

1228 EAGLE PL CEDAR HILL TX 75004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/2018

Full name of contributor

MR & MRS HARVEY JOHNSON

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

19341 HUGGINS DR CARSON CA 90746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/2018

Full name of contributor

MR & MRS Kelly FOSTER

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

21443 PARK BEND DR KATY TX 77450

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/2018

5 Full name of contributor

out-of-state PAC (ID#)

MR & MRS RALPH MAYFIELD

6 Contributor address;

City; State; Zip Code

7403 Pebble HLL DR Colleyville TX 76034

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/2018

Full name of contributor

out-of-state PAC (ID#)

MR & MRS JAMES CHEATHAM

Contributor address;

City; State; Zip Code

5802 ROYAL CLUB DR ARLINGTON TX 76017

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2018

Full name of contributor

out-of-state PAC (ID#)

MR. GREG MORSE

Contributor address;

City; State; Zip Code

2600 COLONIAL PARKWAY FORT WORTH TX 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2018

Full name of contributor

out-of-state PAC (ID#)

MRS OPAL TRUVILLION

Contributor address;

City; State; Zip Code

1025 SAN JACINTO BEAUMONT TX 77701

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:

14

2 FILER NAME

BARBARA ODOM-WESLEY

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/2018

5 Full name of contributor

MR & MRS TENONIA CUNNINGHAM

6 Contributor address;

City; State; Zip Code

6303 LAKEWOOD PARK WINDCREST TX 78239

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/5/2018

Full name of contributor

MR & MRS TONY CHENEVEET

Contributor address;

City; State; Zip Code

900 KNOLLWOOD DR DESOTO TX 75115

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/2018

Full name of contributor

MRS. DIANE BELLINGER

Contributor address;

City; State; Zip Code

716 MENCHACAST SAN ANTONIO TX 78207

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2018

Full name of contributor

MR & MRS. JASON SHELTON

Contributor address;

City; State; Zip Code

3912 CROSSBENT 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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/2018

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

MR & MRS MARCUS WRIGHT

6 Contributor address; City; State; Zip Code

1201 E TARRANT RD GRAND PRAIRIE TX 75050

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/2018

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

MR Clifford mycoskie

Contributor address; City; State; Zip Code

1409 Woodbine CT NELINGTON TX 76012

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2018

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

MR & MRS Heed mims

Contributor address; City; State; Zip Code

6908 BLAKE DR NELINGTON TX 76001

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2018

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

MR & MRS George Westmoreland

Contributor address; City; State; Zip Code

306 Timberleaf DR GRAND PRAIRIE TX 75052

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/2018

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

MR & MRS BARRY ANDERSON

6 Contributor address;

City; State; Zip Code

2202 Ed Smith CT GRAND PRAIRIE TX 75050

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/2018

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

MR & MRS THERAVAN JARRETT

Contributor address;

City; State; Zip Code

1344 STORM DR BEDFORD TX 76022

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2018

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

MS. AMBER JAMES

Contributor address;

City; State; Zip Code

4405 Reserve DR BROOKHAVEN GA 30319

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2018

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

MR & MRS DENNIS SMITH

Contributor address;

City; State; Zip Code

1003 MAYES ST CEDAR HILL TX 75104

Amount of contribution (\$)

200.00

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/2018

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

MR & MRS Clyde Godfrey

6 Contributor address; City; State; Zip Code

2705 PIN OAK LN ARLINGTON TX 76012

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/9/2018

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

MR & MRS WALTER CLEMON

Contributor address; City; State; Zip Code

2046 ENCINO VISTA ST SAN ANTONIO TX 78259

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2018

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

MR & MRS GEORGE WILLIAMS

Contributor address; City; State; Zip Code

3422 OLD OAK PARK DR SAN ANTONIO TX 78247

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2018

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

MR & MRS ROBERT GUNTER

Contributor address; City; State; Zip Code

6429 MONARCH HILLS DR FORT WORTH TX 76132

Amount of contribution (\$)

25.00

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: **14**

2 FILER NAME

BARBARA ODOM - Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/2018

5 Full name of contributor

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

MR & MRS MARJORIE SUTTON

6 Contributor address; City; State; Zip Code

3522 Chamberland DR ARLINGTON TX 76014

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/2018

Full name of contributor

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

DR. ELLA WILLIAMS

Contributor address; City; State; Zip Code

3845 CONVENT ST UNT5 DALLAS TX 75204

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/2018

Full name of contributor

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

DR. FREDERICK TODD II

Contributor address; City; State; Zip Code

1335 Cecile Circle Cedar Hills TX 75104

Amount of contribution (\$)

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2018

Full name of contributor

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

MR. WARREN STEWART

Contributor address; City; State; Zip Code

6702 BLAKE DR ARLINGTON TX 76012

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/2018

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

MRS. & MRS. LARRY HENDERSON

6 Contributor address; City; State; Zip Code

3404 HUNTER GLEN DR MANFIELD TX 76063

7 Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/13/2018

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

MRS. DIANN SMITH

Contributor address; City; State; Zip Code

4611 MARSEILLE DR ARLINGTON TX 76013

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2018

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

MRS. BARBARA ODOM-Wesley

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

600.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2018

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

MRS. SHARON BARNES

Contributor address; City; State; Zip Code

2511 PLATINUM DR ROSSARON TX 77583

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:

14

2 FILER NAME

BARBARA ODOM-WESLEY

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/2018

5 Full name of contributor

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

MR. AGATHA BENJAMIN

6 Contributor address; City; State; Zip Code

2204 Lindblad CT ARLINGTON TX 76013

7 Amount of contribution (\$)

125.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/16/2018

Full name of contributor

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

MR. ISRAEL CUNNINGHAM

Contributor address; City; State; Zip Code

3464 BRAES meadow DR GRAND PRAIRIE TX 75052

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2018

Full name of contributor

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

MRS. LASHAWN LOVIC

Contributor address; City; State; Zip Code

2502 Riverside PKW #1322 GRAND PRAIRIE TX 75050

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/2018

Full name of contributor

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

MRS. TONYA VRASEY

Contributor address; City; State; Zip Code

6113 Cholla DE FORT WORTH TX 76102

Amount of contribution (\$)

250.00

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/2018

5 Full name of contributor

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

MR & MRS Michael Heiskell

6 Contributor address; City; State; Zip Code

6213 TOSCAWA CIR FORT WORTH TX 76102

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/17/2018

Full name of contributor

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

MR & MRS John Lusk

Contributor address; City; State; Zip Code

1229 CEDAR PINE LN OAK POINT TX 75068

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2018

Full name of contributor

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

Perdue, Brandon, Fielder, Collinscott

Contributor address; City; State; Zip Code

500 E BORDER ST ARLINGTON TX 76010

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2018

Full name of contributor

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

MR & MRS Lee Spencer

Contributor address; City; State; Zip Code

19131 PUTTING GREEN DR Humble TX 77346

Amount of contribution (\$)

25.00

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/2018

5 Full name of contributor

MR. KEVIN RICHARDSON

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

6 Contributor address;

City; State; Zip Code

6511 HYDEN DR ARLINGTON TX 76001

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/2018

Full name of contributor

MS. ANGELA CARLYLE

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

Contributor address;

City; State; Zip Code

1009 PRAIRIE RIDGE LN ARLINGTON TX 76005

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2018

Full name of contributor

MR. MATTHEW CLAY

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

Contributor address;

City; State; Zip Code

1217 ARKANSAS ST LAKE CHARLES LA 70607

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2018

Full name of contributor

MR. G.C. MARTIN

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

Contributor address;

City; State; Zip Code

P.O. BOX 91588 ARLINGTON TX 76015

Amount of contribution (\$)

500.00

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/2018

5 Full name of contributor

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

MR. ELZIE ODOM III

6 Contributor address;

City; State; Zip Code

4404 Belmar CT DALLAS TX

75287

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/2018

Full name of contributor

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

MR & MRS ELZIE ODOM JR.

Contributor address;

City; State; Zip Code

4404 BELMAR CT DALLAS TX 75287

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2018

Full name of contributor

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

Mrs LARA STROTHER

Contributor address;

City; State; Zip Code

2318 ROLLING HILLS TRC ARLINGTON TX

76011

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/2018

Full name of contributor

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

MR & MRS MARK JACKSON

Contributor address;

City; State; Zip Code

5608 Blue Ridge FORT WORTH TX 76112

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:

14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/2018

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

MRS. LISA STAPLES-Wheery

6 Contributor address; City; State; Zip Code

600 MYRTLE DR ARLINGTON TX 76018

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/2018

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

Kenneth Sanders

Contributor address; City; State; Zip Code

426 KINGFISHER LN ARLINGTON TX 76002

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2018

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

DR. Keonna Roberts

Contributor address; City; State; Zip Code

801 GLENDON DR FORT WORTH TX 76120

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2018

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

MR & MRS BARON Poitier

Contributor address; City; State; Zip Code

1760 Hidden Brook DR GRAND PRAIRIE TX 75050

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: 14

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/2018

5 Full name of contributor

MR. LARRY Ford

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

6134 SONGWOOD DR
DALLAS TX 75241

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/2018

Full name of contributor

MR. JOHN PROCTOR

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 765129 DALLAS TX 75376

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2018

Full name of contributor

NICK ALEXANDER

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

Amount of contribution (\$)

2000.00

Contributor address; City; State; Zip Code

3100 MONTICELLO AVE SUITE 350
DALLAS TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME BARBARA ODOM-Wesley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/24/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALES LABOR SYSTEMS	8 Amount of Contribution \$ 1200.00	9 In-kind contribution description OFFICE SPACE RENTAL
7 Contributor address; City; State; Zip Code 112 W RANDOLL MILB RD STE. 100 ARLINGTON TX 76011		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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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: 3	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2018	5 Payee name ALTRUSA INTERNATIONAL SOUTHEAST TARRANT EARLY RISERS	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code P.O. BOX 180062 ARLINGTON TX 76096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description fashion show <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/5/2018	Payee name DJ'S PRINT AND PROMO		
Amount (\$) 1451.52	Payee address; City; State; Zip Code 4205 Hopewell COURT ARLINGTON TX 76016		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PRINTING SIGNS & STAKES <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/2018	Payee name Hello SAIGON NHO		
Amount (\$) 300.00	Payee address; City; State; Zip Code 1818 E PIONEER PARKWAY SUITE 176 ARLINGTON TX 76010		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description RADIO AD <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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: 3	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2018	5 Payee name Wix.com	
6 Amount (\$) 17.50	7 Payee address; City; State; Zip Code 500 TERRY FRANCOIS BLVD SAN FRANCISCO CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - website ANNUAL PAYMENT	(b) Description website PAYMENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/2018	Payee name Booker Industries	
Amount (\$) 1277.19	Payee address; City; State; Zip Code 2344 FARRINGTON DALLAS TX 75207	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description MAILER <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/2018	Payee name PAYPAL	
Amount (\$) 148.69	Payee address; City; State; Zip Code 2211 NORTH FIRST ST SAN JOSE CA 95131	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description CREDIT CARD fee <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>BARBARA ODOM-Wesley</u>	3 Filer ID (Ethics Commission Filers)			
4 Date <u>4/23/2018</u>	5 Payee name <u>Facebook</u>				
6 Amount (\$) <u>25.00</u>	7 Payee address; City; State; Zip Code <u>1 HACKER WAY MENLO CA 94025</u>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <u>ADVERTISING ONLINE</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> 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 PERSONAL FUNDS

SCHEDULE G

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2018	5 Payee name Rolling Hills Country Club	
6 Amount (\$) 750.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 401 E LAMAR BLVD	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Deposit for Election Watch Night <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 4/14/2018	Payee name Home Depot	
Amount (\$) 61.24 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4611 S. COOPER ST ARLINGTON TX 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER-SUPPLIES FOR T-POST	(b) Description T-POST FOR SIGNS <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 4/14/2018	Payee name Home Depot	
Amount (\$) 91.08 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 Rd TO SIX FLAGS WEST ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER-SUPPLIES FOR SIGNS	(b) Description T+POST AND TIES FOR SIGNS <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2018	5 Payee name office Depot	
6 Amount (\$) 69.67 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 780 E Rd TO SIX FLAGS suite 210 ARLINGTON TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINTING SUPPLIES <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 4/14/2018	Payee name office Depot	
Amount (\$) 18.35 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 780 E Rd TO SIX FLAGS suite 210 ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description ENVELOPES <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 4/16/2018	Payee name Home Depot	
Amount (\$) 32.38 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 Rd TO SIX FLAGS WEST ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - supplies for SIGNS	(b) Description TPOST DRIVER <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

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	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 G: 3		2 FILER NAME BARBARA ODOM-Wesley		3 Filer ID (Ethics Commission Filers)	
4 Date 4/21/2018		5 Payee name Home Depot			
6 Amount (\$) 3266 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 201 Rd to Six Flags West Arlington TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other-supplies for signs		(b) Description T POST for signs <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	

Date 4/24/2018		Payee name Amazon.com			
Amount (\$) 50.10 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 81226 SEATTLE WA 98108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other-supplies for signs		(b) Description T-Post Puller <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	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED