

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. BARBARA <small>NICKNAME LAST SUFFIX</small> Odom - Wesley	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]	Date Received 18 JUL 16 AM 11:42 RECEIVED - CSO	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 860-0275	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR ELZIE <small>NICKNAME LAST SUFFIX</small> Odom	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE (Residence or Business) 1019 BYRON LN ARLINGTON TX 76012		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 265-8804		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 25 / 2018 7 / 13 / 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 checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) District One	
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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4965.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 11473.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4594.19
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 14th day of July, 20 18, to certify which, witness my hand and seal of office.

Martha Garcia
Signature of officer administering oath

Martha Garcia
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME 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	\$ 3415.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1500.00
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	\$ 11093.60
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	\$ 379.46
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: 1/3

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/10

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

MR & MRS DONALD ODOM

6 Contributor address; City; State; Zip Code

2 ROYAL HAMPTON CT SUGARLAND TX 77479

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/10

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

MRS. Thelma WILCOTT

Contributor address; City; State; Zip Code

2019 STONE CANYON CT ARLINGTON TX 76012

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/10

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

MR. & MRS. CURTIS Wesley

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/10

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

K STRATEGIES GROUP LLC

Contributor address; City; State; Zip Code

2777 N. STEMMONS Fwy DALLAS TX 75207

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:

2/8

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/18

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

MR & MRS HAMP PATTERSON

6 Contributor address; City; State; Zip Code

2321 OX BOW CT ARLINGTON TX 76006

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/18

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

MR & MRS Kenneth NORTH

Contributor address; City; State; Zip Code

2210 Peachwood DR MISSOURI CITY TX 77489

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/18

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

Mrs. CAROLE LANGTON

Contributor address; City; State; Zip Code

2911 Oxford Ave Richmond CA 94806

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/18

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

MR & MRS JOHN WRIGHT

Contributor address; City; State; Zip Code

705 Castle wood LN 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:

3/8

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/26/2018

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

MR & MRS CLIFTON Wesley

6 Contributor address; City; State; Zip Code

42 GREEN CREEK Rd MADISON GA 35756

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/26/18

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

MR. CALVIN STEPHENS

Contributor address; City; State; Zip Code

9429 ROCKY BRANCH DR DALLAS TX 75243

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/18

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

MR. & MRS DAVID ROBERTS

Contributor address; City; State; Zip Code

5065 BLANCO DR HALTOM CITY TX 76137

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/18

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

DR. & MRS BRIG HILBURN

Contributor address; City; State; Zip Code

3427 E HUNTER BEND CT MANSFIELD TX 76063

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:

4/8

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/26/18

5 Full name of contributor

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

ANDRE MCEWING

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

3301 CHANCELLORSVILLE DR FOREST HILLS TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/26/18

Full name of contributor

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

MR. Ed. MENTON

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

847 W MITCHELL ARLINGTON TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/18

Full name of contributor

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

MR & MRS. JOHN SELF

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

616 HASTEN CT FORT WORTH TX 76120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/18

Full name of contributor

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

MRS. NOMMO DONALD

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

8008 PEONY CT FORT WORTH TX 76123

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: 5/8

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/28/10

5 Full name of contributor

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

MRS. FREYA GRIMES

6 Contributor address; City; State; Zip Code

6205 LEMESA CT ARLINGTON TX 76016

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/29/10

Full name of contributor

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

MRS. DENISE KAHN

Contributor address; City; State; Zip Code

4321 CARTAGENA DR FORT WORTH TX 76133

Amount of contribution (\$)

15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/10

Full name of contributor

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

MRS. MYLA ENGLISH

Contributor address; City; State; Zip Code

636 E SANDRA LN GRAND PRAIRIE TX 75052

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/10

Full name of contributor

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

MR & MRS. RAY GIBL

Contributor address; City; State; Zip Code

14999 SW ROYALTY PKWY APT. P12 TIGARD OR 97224

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:

6/8

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/18

5 Full name of contributor

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

MR & MRS ERIC GRANT

6 Contributor address;

City; State; Zip Code

7204 FORESTBOUE ARLINGTON TX 76001

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/30/18

Full name of contributor

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

MR & MRS RONALD MADDOX

Contributor address;

City; State; Zip Code

1505 GOLIAH DR ARLINGTON TX 76012

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/18

Full name of contributor

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

MRS LEATH KING

Contributor address;

City; State; Zip Code

2617 MUSEUM WAY FORT WORTH TX 76107

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/18

Full name of contributor

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

MR & MRS BRUCE MAXWELL

Contributor address;

City; State; Zip Code

2000 FAIR MEADOW 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: **7/8**

2 FILER NAME

BARBARA Odom-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/18

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

MR. SAMIE GRANT

6 Contributor address; City; State; Zip Code

2016 Hill Country Ct ARLINGTON TX 76012

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/1/18

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

MR & MRS. JOHN JONES

Contributor address; City; State; Zip Code

5642 Ramble wood ct columbus OH 43235

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/18

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

MRS. DENISE TENNESSEE

Contributor address; City; State; Zip Code

115 Penwick Dr Roswell GA 30075

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/18

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

MRS. GRACE McDERMOTT

Contributor address; City; State; Zip Code

2114 Franklin Dr ARLINGTON TX 76011

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:
8/8

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/2018

5 Full name of contributor

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

MR & MRS RONALD Bell

6 Contributor address;

City; State; Zip Code

709 RANKIN DR Bedford TX 76022

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/5/2018

Full name of contributor

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

MR & MRS DAVID Gilliam

Contributor address;

City; State; Zip Code

2115 GARDEN VIEW LN MATTHEWS NC 28104

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/2018

Full name of contributor

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

MR & MRS RICK HARRIS

Contributor address;

City; State; Zip Code

1102 PRAIRIE RIDGE LN ARLINGTON TX 76005

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/2018

Full name of contributor

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

BLACK WOMEN PAC

Contributor address;

City; State; Zip Code

P.O. BOX 8325 HOUSTON TX 77288

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>BARBARA ODOM-Wesley</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/5/2018</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GONZALES LABOR SYSTEMS</u>	8 Amount of Contribution \$ <u>1500</u>	9 In-kind contribution description <u>office space RENTAL</u>
7 Contributor address; City; State; Zip Code <u>112 W RANDOL MILL RD STE. 100 ARLINGTON TX 76011</u>		<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)			

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 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: 1/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2010	5 Payee name Facebook	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING ONLINE <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 4/27/2018	Payee name MERCHANT ACCOUNT SOLUTION
Amount (\$) 1.76	Payee address; City; State; Zip Code 101 HODEN CAMP Rd THOUSAND OAKS CA 91360

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description CREDIT CARD FEES <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 4/30/2018	Payee name Facebook
Amount (\$) 50.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO CA 94025

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING ONLINE <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	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: 2/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)			
4 Date 5/1/2018	5 Payee name Ms. Shell SUTTON				
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 2720 FURRS LANE #14103 ARLINGTON TX 76006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description MAILER DESIGN <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:25%;">Office sought</td> <td style="width:20%;">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 5/1/2018	Payee name CHASE BANK				
Amount (\$) 25.00	Payee address; City; State; Zip Code P.O. Box 182051 Columbus OH 43218				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description BANKING fee <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:25%;">Office sought</td> <td style="width:20%;">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 5/04/2018	Payee name SISSY DAY & ASSOCIATES				
Amount (\$) 8655.73	Payee address; City; State; Zip Code 1201 W ABRAMS ARLINGTON TX 76013				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description MAILERS <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:25%;">Office sought</td> <td style="width:20%;">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		

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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: 3/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2010	5 Payee name D J's PRINT AND Demo	
6 Amount (\$) 682.56	7 Payee address: City; State; Zip Code 4205 Hopewell Court ARLINGTON TX 76016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING expense	(b) Description T-SHIRTS, PRINTING <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 5/5/2010	Payee name Chick-fil-A	
Amount (\$) 162.81	Payee address: City; State; Zip Code 1505 N COLLINS ST ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food expense	Description Election day MEALS <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 5/7/2010	Payee name Facebook	
Amount (\$) 60.82	Payee address: City; State; Zip Code 1 HACKER WAY MENLO CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING expense	Description ADVERTISING ONLINE <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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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: 4/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2018	5 Payee name PAYPAL	
6 Amount (\$) 23.14	7 Payee address; City; State; Zip Code 2211 NORTH FIRST ST SAN JOSE CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/8/2018	Payee name ROLLING HILLS COUNTRY CLUB	
Amount (\$) 454.20	Payee address; City; State; Zip Code 401 E LAMAR BLVD ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FOOD 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/11/2018	Payee name WIX.COM	
Amount (\$) 17.50	Payee address; City; State; Zip Code 500 TERRY FRANCOIS BLVD SAN FRANCISCO CA 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	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 <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 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: 5/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2018	5 Payee name MONI PASTA & PIZZA	
6 Amount (\$) 282.00	7 Payee address; City; State; Zip Code 1730 W RANDOL mill Rd #100 ARLINGTON TX 76012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food expense	(b) Description APPRECIATION EXPENSE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DINNER

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/25/2018	Payee name MERCHANT ACCOUNT SOLUTION
Amount (\$) 29.99	Payee address; City; State; Zip Code 101 HODEN CAMP Rd THOUSAND OAKS CA 91360
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees
	Description CREDIT CARD FEES <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 6/11/2018	Payee name WIX.COM
Amount (\$) 17.50	Payee address; City; State; Zip Code 500 TERRY FRANCOIS BLVD SAN FRANCISCO CA 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE
	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

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 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: 6/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)			
4 Date 6/19/2018	5 Payee name MERCHANT ACCOUNT SOLUTION				
6 Amount (\$) 25.26	7 Payee address; City; State; Zip Code 101 Hodencamp Rd Thousand Oaks CA 91360				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description CREDIT CARD fees <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:33%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/19/2018	Payee name FACE BOOK				
Amount (\$) 62.83	Payee address; City; State; Zip Code 1 HACKER WAY MENLO CA 94025				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING ONLINE <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:33%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 7/11/2018	Payee name Wix.com				
Amount (\$) 17.50	Payee address; City; State; Zip Code 500 TERRY FRANCOIS BLVD SAN FRANCISCO CA 94158				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY 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
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.

1 Total pages Schedule G: 1/2	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2018	5 Payee name The PINK BOX CUPCAKERY	
6 Amount (\$) 51.98 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6019 Heather DR GRAND PRAIRIE TX 75052	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food expense	(b) Description Celebration 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 5/5/2018	Payee name MR. ROY EPHRAIM	
Amount (\$) 250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7214 Fossil Rim TRL ARLINGTON TX 76002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description MUSIC <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 5/5/2018	Payee name The PINK BOX CUPCAKERY	
Amount (\$) 51.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6019 Heather DR GRAND PRAIRIE TX 75052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	(b) Description Celebration WATCH event <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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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: 2/2	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2018	5 Payee name DONUT PALACE	
6 Amount (\$) 25.50 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 978 N COOPER ST ARLINGTON TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> 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)	(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 <u>ONLY</u> 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)	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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