

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: 41
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
MRS BARBARA	Date Received		
ODom-Wesley	19 APR -3 AM 11:55 RECEIVED OSO		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
(817) 860-0275	Date Processed	Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
NICKNAME LAST SUFFIX	Date Imaged	Date Imaged	
MR ELZIE	ODOM		
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	9 REPORT TYPE	
(817) 265-8804			
<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 1 / 15 / 2019 3 / 25 / 2019		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
5 / 4 / 2019			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		DISTRICT 8 ARLINGTON CITY COUNCIL	
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

\$ 3.05

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 24,967.05

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,503.78

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

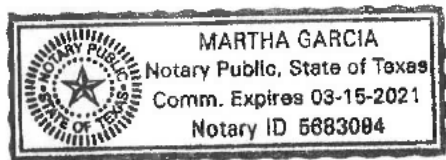
\$ 17,859.37

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 3rd day of April, 20 19, 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	\$ 18,925.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,039.00
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	\$ 5,360.79
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	\$ 143.49
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 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

1/15/2019

5 Full name of contributor

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

MR. & MRS. EARL HOGG

6 Contributor address;

City; State; Zip Code

408 INDIANA ARLINGTON TX 76012

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/9/2019

Full name of contributor

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

DR. IGNACIO & LINDA NUNEZ

Contributor address;

City; State; Zip Code

1800 RAYDON DR ARLINGTON TX 76013

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/2019

Full name of contributor

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

MRS. DOROTHY MCHARTER

Contributor address;

City; State; Zip Code

1600 MARTHA DR Bedford TX 76022

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/2019

Full name of contributor

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

JOHN & BEATRICE SELF

Contributor address;

City; State; Zip Code

616 HASTEN CT FORT WORTH TX 76120

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:

2 / 26

2 FILER NAME

BARBARA O'Dom-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/2019

5 Full name of contributor

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

Mrs. Cheryl Rose

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

P.O. BOX 113 ARLINGTON TX 76004

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18/2019

Full name of contributor

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

MRS. SUSIE LATTIMORE

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

933 CARTHAGE WAY ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/2019

Full name of contributor

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

JOHNNIE & VESTA TURNER

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

P.O. BOX 40414 FOREST HILL TX 76140

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/2019

Full name of contributor

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

BERNITA McWILLIAMS

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

1018 BYRON LN ARLINGTON TX 76012

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 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/2019

5 Full name of contributor

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

GARY TRAMMEL

6 Contributor address;

City; State; Zip Code

905 BRIARCLIFF CT ARLINGTON TX 76012

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/2019

Full name of contributor

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

RICHARD & SUSAN ASHLEY

Contributor address;

City; State; Zip Code

2511 RADCLIFFE DR ARLINGTON TX 76012

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/2019

Full name of contributor

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

WARREN E. KELLEY 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

2/23/2019

Full name of contributor

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

CHRISTOPHER MOORE

Contributor address;

City; State; Zip Code

403 WASHINGTON DR ARLINGTON TX 76012

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:

4 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/2019

5 Full name of contributor

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

KENT & NANCY GARDNER

6 Contributor address;

City; State; Zip Code

1021 BYRON LN ARLINGTON TX 76012

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/13/2019

Full name of contributor

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

DWAYNE WASHINGTON

Contributor address;

City; State; Zip Code

PO BOX 174324 ARLINGTON TX 76003

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

ELZIE & Ruby ODOM

Contributor address;

City; State; Zip Code

1019 BYRON LN ARLINGTON TX 76012

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

BILLY & Shirley SMITH

Contributor address;

City; State; Zip Code

705 MATTHEWS CT ARLINGTON TX 76012

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:

5 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/2019

5 Full name of contributor

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

LINE BARGER, GODDARD, BLAIR & SAMPSON, LLC

6 Contributor address;

City; State; Zip Code

100 THROCKMORTON ST SUITE 300 FORT WORTH TX 76102

7 Amount of contribution (\$)

2500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

Lezlie Yousseif

Contributor address;

City; State; Zip Code

805 Melville DR ARLINGTON TX 76015

Amount of contribution (\$)

35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

TONY & CYNTHIA CHENEVERT

Contributor address;

City; State; Zip Code

900 Knollwood DR DESOTO TX 76115

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

RICHARD & LYNN BRINK

Contributor address;

City; State; Zip Code

P.O. BOX 126982 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:

6 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/2019

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

DR. AYODELE & ROMA OSOWO

6 Contributor address; City; State; Zip Code

6009 VALENTINO CT COLLEYVILLE TX 76034

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/2019

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

Jodie Munsie

Contributor address; City; State; Zip Code

505 DORCAS LN ARLINGTON TX 76013

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

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

BARBARA ODOM & BOB Schriewer

Contributor address; City; State; Zip Code

1418 CROWN HILL ARLINGTON TX 75104

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

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

ANTHONY & DEANA Powelk

Contributor address; City; State; Zip Code

2408 ARBOR OAKS DR ARLINGTON 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:

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2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/2019

5 Full name of contributor

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

JOHN & LAFRANCIS WRIGHT

6 Contributor address:

City; State; Zip Code

705 CASTLEWOOD LN ARLINGTON TX 76012

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

ERENA JONES

Contributor address:

City; State; Zip Code

1511 OXFORD MANFIELD TX 76063

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

SHAWAN HAGAN-COLE

Contributor address:

City; State; Zip Code

605 POPLAR VISTA LN ARLINGTON TX 76002

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

JUSTIN & ANNA CHAPA

Contributor address:

City; State; Zip Code

2212 RACQUET CLOB CT 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:

8 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/2019

5 Full name of contributor

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

SMITHY S. MAXINE HARRIS

6 Contributor address; City; State; Zip Code

PO BOX 152304 ARLINGTON TX 76015

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

LORRAINE ROBSON

Contributor address; City; State; Zip Code

3508 HALIFAX DR ARLINGTON TX 76013

Amount of contribution (\$)

15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

ROD F. SHIRLEY 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)

Date

2/24/2019

Full name of contributor

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

RICKY F. GYD TEXADA

Contributor address; City; State; Zip Code

1801 ARLINGTON GRN COLLEYVILLE TX 76034

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:

9 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/2019

5 Full name of contributor

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

Theodore & Linda Heatley

6 Contributor address;

City; State; Zip Code

3605 Plum Vista Pl Arlington TX 76005

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

MARVIN & Phyllis FRANKLIN

Contributor address;

City; State; Zip Code

504 HARRIS ST Coppell TX 75019

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

LARRY FORD

Contributor address;

City; State; Zip Code

6134 Songwood Dr Dallas TX 75241

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

LEON & JUANITA Rischer

Contributor address;

City; State; Zip Code

3510 Summer Trail Ct 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:

10 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/2019

5 Full name of contributor

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

JAMES RUNZHEIMER

6 Contributor address;

City; State; Zip Code

2405 GARDEN PARK CT ARLINGTON TX 76013 STRA

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

GeORGE & SANDRA CAMPBELL

Contributor address;

City; State; Zip Code

1305 FINDLAY CT ARLINGTON TX 76012

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/2019

Full name of contributor

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

BOB 'SNAKE' & GLORIA LEGEND

Contributor address;

City; State; Zip Code

1020 PeBBie Beach DR Mansfield TX 76063

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/2019

Full name of contributor

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

William Wesley

Contributor address;

City; State; Zip Code

348 SAGEBRUSH TRL MURPHY TX 75094

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:

11 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/2019

5 Full name of contributor

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

DORA Nisby

6 Contributor address;

City; State; Zip Code

4520 Corley ST BEAUMONT TX 77707

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/2019

Full name of contributor

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

DR. GARY & ANNE DYE

Contributor address;

City; State; Zip Code

2401 N. Fielder Rd ARLINGTON TX 76012

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/2019

Full name of contributor

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

NANCY BARRETT

Contributor address;

City; State; Zip Code

3606 BIG BEAR LAKE CT ARLINGTON TX 76016

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/2019

Full name of contributor

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

WARREN STEWART

Contributor address;

City; State; Zip Code

6702 BLAKE DR ARLINGTON TX 76001

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:

12 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/2019

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

Michael & ANITA Heiskel

6 Contributor address; City; State; Zip Code

5601 Bridge ST STE 220 FORT WORTH TX 76112

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/2019

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

Arielle Francis

Contributor address; City; State; Zip Code

2304 SUMMER OAKS CT ARLINGTON TX 76011

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/2019

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

Robert & Minnie 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)

Date

3/2/2019

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

Robert & CYNTHIA BING

Contributor address; City; State; Zip Code

3919 COULTER LN ARLINGTON TX 76016

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:

13 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/2019

5 Full name of contributor

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

ISRAEL CUNNINGHAM

6 Contributor address;

City; State; Zip Code

3464 BRAES MEADOW DR GRAND PRAIRIE TX 75052

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/2019

Full name of contributor

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

STEVE P ANN CAVENDER

Contributor address;

City; State; Zip Code

2106 CARMEL CT ARLINGTON TX 76012

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2019

Full name of contributor

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

AR GENA 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)

Date

3/4/2019

Full name of contributor

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

Kelly mohorc

Contributor address;

City; State; Zip Code

2702 MARK TWAIN CT ARLINGTON TX 76006

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 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/2019

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

EVETTE BRAZZILE

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7712 ACAPULO Rd FORT WORTH TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/6/2019

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

KATHRYN Wileman

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

4100 SHADY VALLEY DR ARLINGTON TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/2019

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

EUGENE & EMOGENE TOMS

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6429 PARKMOUNT DR ARLINGTON TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/2019

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

DR. PAUL MENTON

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

847 W MITCHELL ARLINGTON TX 76013

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:

15 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/6/2019

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

LAINIE BYRNES

6 Contributor address; City; State; Zip Code

2805 Peachtree LN ARLINGTON TX 76013

7 Amount of contribution (\$)

75.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/7/2019

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

DR. CLIFF & SALLY MYCOSKIE

Contributor address; City; State; Zip Code

1409 Woodbine CT ARLINGTON TX 76012

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/2019

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

Audrey & James Northcutt

Contributor address; City; State; Zip Code

618 STRASBOURG CIR SHREVEPORT LA 71115

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/2019

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

MINNIE MILES

Contributor address; City; State; Zip Code

6005 Ashcreek CT ARLINGTON TX 76018

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:

16 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/2019

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

ANTHONY F. JOYCE LEWIS

6 Contributor address; City; State; Zip Code
5420 FAUNIN TRL GRAND PRAIRIE TX 75052

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/2019

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

LAREATHA CLAY

Contributor address; City; State; Zip Code

1411 PECOS ST DALLAS TX 75204

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2019

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

BILL F. IRYETTE ZENN

Contributor address; City; State; Zip Code

7605 COTHASS DR ARLINGTON TX 76016

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2019

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

PAUL GRAMZA

Contributor address; City; State; Zip Code

1008 BYRON 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:

17 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/
2019

5 Full name of contributor

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

Clyde F. VIRGINIA Godfrey

6 Contributor address;

City; State; Zip Code

2705 PIN OAK LN ARLINGTON TX 76012

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/
2019

Full name of contributor

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

EVELYN ARMSTRONG

Contributor address;

City; State; Zip Code

2609 Woodside DR ARLINGTON TX 76016

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/
2019

Full name of contributor

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

Edward F. Grace McDermott

Contributor address;

City; State; Zip Code

2114 FRANKLIN DR ARLINGTON TX 76011

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/
2019

Full name of contributor

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

MARTHA CARTER

Contributor address;

City; State; Zip Code

1711 CARLIN DR ARLINGTON TX 76018

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:

18 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/2019

5 Full name of contributor

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

STEVEN & LINDA RODRIGUEZ

6 Contributor address;

City; State; Zip Code

1011 Purdue DR ARLINGTON TX 76012

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/28/19

Full name of contributor

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

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

3/11/2019

Full name of contributor

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

MIDCITIES VOTING PROJECT

Contributor address;

City; State; Zip Code

1016 Reed ST Hurst TX 76053

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/2019

Full name of contributor

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

MOJIB HADDAD

Contributor address;

City; State; Zip Code

2500 NE GREEN OAKS BLVD ARLINGTON TX 76010

Amount of contribution (\$)

2000.00

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:

19 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/13/2019

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

Shelby & Karen Reese

6 Contributor address; City; State; Zip Code

7520 Wild Brick Dallas TX 75249

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/2019

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

Freddie & Marjorie Sutton

Contributor address; City; State; Zip Code

3522 Chamberland Dr Arlington TX 76014

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/2019

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

Rev. Dwight & Yera McKissic

Contributor address; City; State; Zip Code

2409 N. Pleasant Cir Arlington TX 76015

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/2019

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

Patrick Gentry

Contributor address; City; State; Zip Code

2001 Glen Creek Ct Arlington TX 76015

Amount of contribution (\$)

20.00

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:

20 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/2019

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

FRANZA WILHELM & ERIKA HAMER

6 Contributor address; City; State; Zip Code

809 CRA LN ARLINGTON TX 76012

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/14/2019

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

BRIEN & SALLY COLVER

Contributor address; City; State; Zip Code

4211 PEARL CRESCENT LN ARLINGTON TX 76005

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/2019

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

DAMON GARDNER

Contributor address; City; State; Zip Code

2225 DENIRO DR FORT WORTH TX 76134

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/2019

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

FRYA GRIMES

Contributor address; City; State; Zip Code

6205 LEMESA CT 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

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:

21 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/2019

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

BIBLY & PAULA BOEHME

6 Contributor address; City; State; Zip Code

2705 PARK PLACE CT ARLINGTON TX 76016

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/2019

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

WAYNE & CANAY HALLIBURTON

Contributor address; City; State; Zip Code

1304 CHEROKEE ST ARLINGTON TX 76012

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2019

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

ROBERT & ELLA MCGOVERN

Contributor address; City; State; Zip Code

4803 VILLA VERA RD ARLINGTON TX 76017

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2019

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

SHAREN WITSHIRE

Contributor address; City; State; Zip Code

3102 STORNOWAY TRL ARLINGTON TX 76012

Amount of contribution (\$)

5.00

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:

22 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/2019

5 Full name of contributor

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

POHLY, WALTON

6 Contributor address;

City; State; Zip Code

2216 GREEN GATE DR ARLINGTON TX 76012

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/2019

Full name of contributor

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

DAVID JOHANNESSEN

Contributor address;

City; State; Zip Code

2300 CASTLE ROCK Rd ARLINGTON TX 76012

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2019

Full name of contributor

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

LINDA PATTERSON

Contributor address;

City; State; Zip Code

4514 COHT RD ARLINGTON TX 76017

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2019

Full name of contributor

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

ALBERTO F. CATERINE PARRA

Contributor address;

City; State; Zip Code

804 DELIA CT ARLINGTON TX 76012

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:

23 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/2019

5 Full name of contributor

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

CHRISTOPHER HIGHTOWER

6 Contributor address;

City; State; Zip Code

2300 CASTLE ROCK Rd ARLINGTON TX 76012

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/2019

Full name of contributor

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

BRIAN F. LORIE WHITE

Contributor address;

City; State; Zip Code

1303 BIRDS FOOT TRAIL ARLINGTON TX 76005

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2019

Full name of contributor

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

ROBERT F. ALBERTA DIXON

Contributor address;

City; State; Zip Code

4032 BORDEAUX CIR Flower Mound TX 75022

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2019

Full name of contributor

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

YVONNE CORMIER

Contributor address;

City; State; Zip Code

1507 Kirby DR HOUSTON TX 77019

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:

24 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/2019

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

THOMAS GIBSON

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code

2121 BEAR CREEK PARKWAY EULESS TX 76039

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/2/2019

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

BLAKE KRETZ

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6410 VINTAGE LAKE DR ARLINGTON TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/2019

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

JOHN HUSK

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

1229 CEDAR PINE LN OAK POINT TX 75068

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2019

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

HAROLD & PATRICIA ODOM

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2318 MASTERS LN MISSOURI CITY TX 77459

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:

25 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/2019

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

MICHAEL & TERESA JARRETT

6 Contributor address; City; State; Zip Code

4706 WILD TURKEY TRAIL ARLINGTON TX 76016

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/2019

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

TOM CRAVENS

Contributor address; City; State; Zip Code

501 S Fielder Rd ARLINGTON TX 76013

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/2019

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

KELLY F. SYLVIA FOSTER

Contributor address; City; State; Zip Code

21443 PARK BEND DR KATY TX 77450

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2019

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

EMMA WALKER

Contributor address; City; State; Zip Code

2700 GREENBOOK 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:

26 / 26

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/2019

5 Full name of contributor

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

NICK Alexander

7 Amount of contribution (\$)

750.00

6 Contributor address;

City; State; Zip Code

3100 Monticello DALLAS TX 75205
suite 350

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/2019

Full name of contributor

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

DAN & LINDA DIPERT

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1512 Killian DR ARLINGTON TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2019

Full name of contributor

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

DAN & LINDA DIPERT

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1512 Killian DR ARLINGTON TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/2019

Full name of contributor

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

Wendell & Linda Black

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1504 Crowley Road ARLINGTON TX 76001

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:

113

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/24/2019

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

SKillet N. GRIW

7 Contributor address; City; State; Zip Code

1801 W DIVISION ST ARLINGTON TX 76012

8 Amount of Contribution \$

450.00

9 In-kind contribution description

FUNDRAISING EVENT SPACE RENTAL

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

2/24/2019

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

SKillet N. GRIW

Contributor address; City; State; Zip Code

1801 W DIVISION ST ARLINGTON TX 76012

Amount of Contribution \$

2160.00

In-kind contribution description

FOOD CATERING FOR FUNDRAISING EVENT

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: 213
2 FILER NAME BARBARA ODOM-Wesley		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 3/8/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George & Sandra Campbell	8 Amount of Contribution \$: 289.00 9 In-kind contribution description MUNSON-COX PORTRAIT
7 Contributor address; City; State; Zip Code 1305 FINDLAY CT ARLINGTON TX 76012		<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		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

3 / 3

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/25/2019

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

SISSY DAY & ASSOCIATES

7 Contributor address; City; State; Zip Code

1408 W ABBAMS ARLINGTON TX 76013

8 Amount of Contribution \$

15000

9 In-kind contribution description

OFFICE SPACE

RENTAL FOR

FEBRUARY/MARCH

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

3/25/2019

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

COALITION FOR A BETTER ARLINGTON

Contributor address; City; State; Zip Code

615 ENGLESIDE DR ARLINGTON TX 76018

Amount of Contribution \$

1640.00

In-kind contribution description

VOLUNTEER HOURS

CONSULTING, CANVASSING

SOCIAL MEDIA

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: 1 / 7	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
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4 Date 1-15-2019	5 Payee name Wix.com
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6 Amount (\$) 168.00	7 Payee address; City; State; Zip Code 500 TERRY FRANCOIS BLVD SAN FRANCISCO CA 94158
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE DOMAIN EXPENSE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-15-2019	Payee name ARLINGTON Chamber of Commerce
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Amount (\$) 40.00	Payee address; City; State; Zip Code 505 E BORDER ST ARLINGTON TX 76010
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER BREAKFAST
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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 2-26-2019	Payee name DJ PRINT & PROMO
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Amount (\$) 1063.26	Payee address; City; State; Zip Code 4205 Hopewell CT ARLINGTON TX 76016
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BUSINESS CARDS; INVITATIONS
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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 / 7	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 1-23-2019	5 Payee name ANNIE HIST TRAINING	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code P.O. BOX 303271 AUSTIN TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAINING CANDIDATE FOR POLITICAL CAMPAIGN
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-1-2019	Payee name DJ PRINT & PROMO	
Amount (\$) 105.00	Payee address; City; State; Zip Code 4205 Hopewell CT ARLINGTON TX 76016	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BUSINESS CARDS, INVITATIONS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-11-2019	Payee name THEATRE ARLINGTON	
Amount (\$) 250.00	Payee address; City; State; Zip Code 305 WEST MAIN ST ARLINGTON TX 76010	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELEBRATION & MAYOR ROAST
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: 3 / 7	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
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4 Date 2-16-2019	5 Payee name US Post office
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6 Amount (\$) 275.00	7 Payee address; City; State; Zip Code 1009 OAKWOOD LN ARLINGTON TX 76012
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B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAMPS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-16-2019	Payee name GO DADDY
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Amount (\$) 30.34	Payee address; City; State; Zip Code 14455 NORTH HAYDEN RD SCOTTSDALE AZ 85260
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE DOMAIN
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-16-2019	Payee name FACE TIME STUDIO
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Amount (\$) 500.00	Payee address; City; State; Zip Code 2622 N EDGEWOOD TERRACE FORT WORTH TX 76103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTO; website update; video
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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: 4 / 7	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)	
4 Date 2-16-2019	5 Payee name office DEPOT		
6 Amount (\$) 39.10	7 Payee address; City; State; Zip Code SUITE 210 780 E ROAD TO SIX FLAGS ARLINGTON TX 76011		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING FOR KICK-OFF EVENT	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 2-24-2019	Payee name Dawn Powell		
Amount (\$) 77.81	Payee address; City; State; Zip Code 2408 ARBORE OAKS DR ARLINGTON TX 76006		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DECORATIONS FOR KICK-OFF EVENT	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 2-24-2019	Payee name DAPHNE MARTIN		
Amount (\$) 96.06	Payee address; City; State; Zip Code 1019 BALDWIN DR ARLINGTON TX 76012		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DECORATIONS FOR KICK-OFF EVENT	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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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 / 7		2 FILER NAME BARBARA ODOM-Wesley		3 Filer ID (Ethics Commission Filers)	
4 Date 2-24-2019		5 Payee name LOU COBON			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 1425 Clearview DR Mesquite TX 75101			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MUSIC EXPENSE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 3-4-2019		Payee name PAVLIK AND ASSOCIATES			
Amount (\$) 2000.00		Payee address; City; State; Zip Code 1300 Summit Ave suite 725 Fort Worth TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 3-15-2019		Payee name ARLINGTON-MANSFIELD YMCA			
Amount (\$) 38.77		Payee address; City; State; Zip Code 1148 W Pioneer Parkway Ste. H ARLINGTON TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ANNUAL MEETING & Luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 6 / 7	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 3-15-2019	5 Payee name ARLINGTON Chamber of Commerce	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 505 E Border ST ARLINGTON TX 76010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP ANNUAL DUES

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-4-2019	Payee name Wix.com	
Amount (\$) 14.95	Payee address; City; State; Zip Code 500 TERRY FRANCOIS BLVD SAN FRANCISCO CA 94150	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE DOMAIN EXPENSE

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-4-2019	Payee name GO DADDY	
Amount (\$) 18.17	Payee address; City; State; Zip Code 14455 NORTH HAYDEN RD SCOTTSDALE AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE DOMAIN 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: 7 / 7	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 3-25-2019	5 Payee name PAYPAL	
6 Amount (\$) 113.59	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 - 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 CREDIT CARD fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 3-25-2019	Candidate / Officeholder name SQUARE INC	
Amount (\$) 40.24	Payee address; City; State; Zip Code 1455 MARKET ST suite 600 SAN FRANCISCO CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees - credit card fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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: 1/2	2 FILER NAME BARBARA ODOM - Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-2019	5 Payee name Amazon, Com Services, INC	
6 Amount (\$) 40.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 81226 SEATTLE WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Credit Card Expense	(b) Description Square Chip Reader <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 2-11-2019	Payee name Subway	
Amount (\$) 20.39 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1818 North Cooper ST ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	(b) Description meeting refreshments <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 2-18-2019	Payee name Subway	
Amount (\$) 20.39 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1818 North Cooper ST ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	(b) Description meeting refreshments <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 2-25-2019		5 Payee name RAISING CANE Chicken			
6 Amount (\$) 18.57 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1322 N. COLLINS ST ARLINGTON TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE		(b) Description meeting Refreshment <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 3-4-2019		Payee name PIZZA HUT			
Amount (\$) 25.89 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2726 N COLLINS ST ARLINGTON TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD EXPENSE		(b) Description meeting refreshment <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 3-11-2019		Payee name SUBWAY			
Amount (\$) 17.26 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1818 NORTH COOPER ST ARLINGTON TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD EXPENSE		(b) Description meeting Refreshment <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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