

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 NICKNAME LAST SUFFIX Odom-Wesley	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]	Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; transform: rotate(90deg);"> RECEIVED - 19 APR 26 AM 10:14 STATE </div>	
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 NICKNAME LAST SUFFIX ODOM	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1019 BYRON LN ARLINGTON TX 76012		
8 CAMPAIGN TREASURER PHONE	AREA CODE 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 26 2019 4 24 2019		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (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)

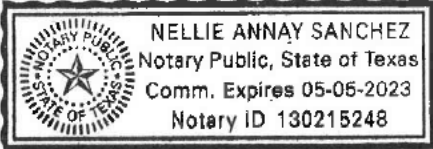
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE GENERAL SPECIFIC COMMITTEE NAME ARLINGTON POLICE ASSOCIATION PAC
 COMMITTEE ADDRESS P.O. BOX 856 ARLINGTON TX 76004
 COMMITTEE CAMPAIGN TREASURER NAME JENNIFER ARCHER
 COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. BOX 856 ARLINGTON TX 76004

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,579.82
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,299.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,552.21
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 26th day of April, 2019, to certify which, witness my hand and seal of office.

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

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME: BARBARA ODOM-WESELY

18 NOTICE FROM POLITICAL COMMITTEE(S):

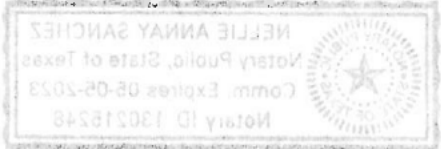
19 COMMITTEE TYPE: Special
Political

20 COMMITTEE NAME: Washington Police Assoc. Union PAC

21 CONTRIBUTION TOTALS:

1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS FOR EACH CANDIDATE (LOANS OR GUARANTEES OF LOANS UNLESS LISTED)	\$ 100
2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 13,214.50
3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS	\$
4	TOTAL POLITICAL EXPENDITURES	\$ 11,214.50
5	TOTAL POLITICAL DEBIT BALANCE (LOANS AND GUARANTEES OF LOANS) AT END OF REPORTING PERIOD	\$ 13,314.50
6	TOTAL POLITICAL CREDIT BALANCE (CONTRIBUTIONS) AT END OF REPORTING PERIOD	\$

22 APPROVAL:



Barbara Odom-Wesely
Candidate

Report prepared by: Barbara Odom-Wesely
Date: 10/19/23

Report prepared by: Nellie Annay Sanchez
Date: 10/19/23

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	\$ 10,815.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,763.82
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	\$ 10,212.96
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	\$ 1,086.46
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:

1/13

2 FILER NAME

BARBARA ODOM - Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/2019

5 Full name of contributor

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

YVONNE HOLLOWAY - CUNNINGHAM

6 Contributor address;

City; State; Zip Code

6303 LAKEWOOD PARK SAN ANTONIO TX 78239

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/26/2019

Full name of contributor

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

ANTHONY & MARILYN SAMPSON

Contributor address;

City; State; Zip Code

649 OAK TREE CV CEDAR HILL TX 75104

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/2019

Full name of contributor

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

BROTHAD ENTERPRISES

Contributor address;

City; State; Zip Code

2225 DENIRO DR FORT WORTH TX 76134

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/2019

Full name of contributor

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

CANDACE HALLIBORTON

Contributor address;

City; State; Zip Code

1304 CHEROKEE ST 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:

2/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/2019

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

TRACI RIPLEY

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

3160 MONTICELLO suite 350 DALLAS TX 75205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/27/2019

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

AL F. Kim ODOM

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4210 S MACGREGOR WAY HOUSTON TX 77021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/2019

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

DONALD F. ROSE ODOM

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2 ROYAL HAMPTON CT SUGARLAND TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/2019

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

JUDITH CARRIER

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3720 WOOLEN DR FORT WORTH TX 76133

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:

3/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/2019

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

JOHN F. SANDRA JONES

7 Amount of contribution (\$)

55.00

6 Contributor address; City; State; Zip Code

5642 Ramble wood ct Columbus OH 43235

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/2019

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

CECILIA WILSON

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1603 MAYES ST CEDAR HILL TX 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/2019

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

HARRY OWENS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

832 FOREST LAKES DR Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/2019

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

LISA VAN BEMEET

Amount of contribution (\$)

40.00

Contributor address; City; State; Zip Code

1106 ASCOTT CT 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:

4/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/2019

5 Full name of contributor

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

GERALDINE WHITAKER

6 Contributor address;

City; State; Zip Code

401 FORAKER ST DESOTO TX 75115

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4/2019

Full name of contributor

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

BONNIE BORDERS

Contributor address;

City; State; Zip Code

6317 FOX HUNT DR ARLINGTON TX 76001

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2019

Full name of contributor

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

JAMES & ROSIE CHEATHAM

Contributor address;

City; State; Zip Code

5802 ROYAL CLUB DR ARLINGTON TX 76017

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2019

Full name of contributor

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

AGATHA BENJAMIN

Contributor address;

City; State; Zip Code

2204 LINDBLAD CT ARLINGTON TX 76013

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/2019

5 Full name of contributor

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

TEXAS ASSOCIATION of Realtors PAC

6 Contributor address;

City; State; Zip Code

PO BOX 2246 AUSTIN TX 78768

7 Amount of contribution: (\$)

2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/8/2019

Full name of contributor

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

MARIE J. AL Conde

Contributor address;

City; State; Zip Code

64 FAIRFIELD WAY SAN FRANCISCO CA 94127

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2019

Full name of contributor

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

BRENDA 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

4/8/2019

Full name of contributor

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

CHRISTOPHER CARROLL

Contributor address;

City; State; Zip Code

4518 Ridgecrest DR ARLINGTON TX 76017

Amount of contribution (\$)

600.00

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:

6/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/2019

5 Full name of contributor

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

Sandra McClellan

6 Contributor address;

City; State; Zip Code

900 WALNUT DR ARLINGTON TX 76012

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/8/2019

Full name of contributor

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

James Rose

Contributor address;

City; State; Zip Code

5316 Rocky Ridge Rd DALLAS TX 75241

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2019

Full name of contributor

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

MARILYN PATTERSON

Contributor address;

City; State; Zip Code

2321 OX BOW CT ARLINGTON TX 76006

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2019

Full name of contributor

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

DALE SHARPE JENKINS

Contributor address;

City; State; Zip Code

2608 PIN OAK 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:

7/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/2019

5 Full name of contributor

JAMES CARROLL

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

7 Amount of contribution (\$)

600.00

6 Contributor address;

City; State; Zip Code

5531 Mercedes Ave DALLAS TX 75206

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/10/2019

Full name of contributor

Thelma Wilcott

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2019 Stone Canyon Ct ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2019

Full name of contributor

LEONARD & DENISE Tennessee

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

115 Penwick Dr Roswell GA 30075

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/10/2019

Full name of contributor

RICHARD F. SYLVIA Greene

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2114 Cross Creek Ct ARLINGTON TX 76017

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:

8/13

2 FILER NAME

BARBARA ODOM - Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/2019

5 Full name of contributor

EARL F. DeLores Williams

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

6 Contributor address;

City; State; Zip Code

2318 KILDEER TRL GRAND PRAIRIE TX 75052

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Gwendolyn Blueitt

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

Contributor address;

City; State; Zip Code

157 COUNTY ROAD 532 KIRBYVILLE TX 75956

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2019

Full name of contributor

ODIS BLUEITT

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

Contributor address;

City; State; Zip Code

24923 Biedie Ridge SAN ANTONIO TX 78260

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2019

Full name of contributor

MAE CLARK

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

Contributor address;

City; State; Zip Code

2222 PARK HILL 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:

9/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/2019

5 Full name of contributor

Theodore & Linda HEARTLEY

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

7 Amount of contribution (\$)

5000

6 Contributor address;

City; State; Zip Code

3605 Plum Vista Pl ARLINGTON TX 76005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/2019

Full name of contributor

B. JORD & LAURA De mandee

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4203 ASPEN GROVE CT ARLINGTON TX 76085

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2019

Full name of contributor

STANLEY & WANDA Hilliard

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

Amount of contribution (\$)

2500

Contributor address;

City; State; Zip Code

6005 COHOKE DR ARLINGTON TX 76018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2019

Full name of contributor

DARRYL OWENS

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

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6701 CORONATION CT ARLINGTON TX 76017

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:

10/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/2019

5 Full name of contributor

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

JASON & SARAH Shelton

6 Contributor address:

City; State; Zip Code

3912 CROSS BEND DR ARLINGTON TX 76016

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/16/2019

Full name of contributor

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

JAMES & DIANE Eddins

Contributor address:

City; State; Zip Code

2104 LAKE COUNTRY ARLINGTON TX 76012

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2019

Full name of contributor

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

ERICH & TRACEY Ramsey

Contributor address:

City; State; Zip Code

PO BOX 170536 ARLINGTON TX 76003

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2019

Full name of contributor

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

M.PAC. ARLINGTON, INC.

Contributor address:

City; State; Zip Code

1316 S PECAN ST ARLINGTON TX 76010

Amount of contribution (\$)

350.00

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:

11/13

2 FILER NAME

BARBARA O'Dom-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/2019

5 Full name of contributor

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

TRAVIS & Ollie Miller

6 Contributor address;

City; State; Zip Code

7010 GREEN SPRING ARLINGTON TX 76016

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/2019

Full name of contributor

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

LINDA ALLEN-BROWN

Contributor address;

City; State; Zip Code

8401 LEXINGTON DR ROWLETT TX 75089

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2019

Full name of contributor

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

TIM & MARY JEAN MOLONEY

Contributor address;

City; State; Zip Code

2008 RUMSON DR ARLINGTON TX 76006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2019

Full name of contributor

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

AMBER JAMES

Contributor address;

City; State; Zip Code

4405 RESERVE DR NE BROOKHAVEN GA 30319

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:

12/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/2019

5 Full name of contributor

FLOYD OSTROM

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

7 Amount of contribution (\$)

25.00

6 Contributor address;

City; State; Zip Code

2005 CHANTILLY CT ARLINGTON TX 76015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/22/2019

Full name of contributor

ARLINGTON POLICE ASSOCIATION

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

Amount of contribution (\$)

2000.00

Contributor address;

City; State; Zip Code

PO BOX 856 ARLINGTON TX 76004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2019

Full name of contributor

KHALEEDAH & ANSAR MUHAMMAD

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

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

366 Honeydew DR VALLEJO CA 94591

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2019

Full name of contributor

DONALD & BARBARA CAGER

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4100 ARAGON DR FORT WORTH TX 76133

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:

13/13

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

4/23/2019

5 Full name of contributor

ROY & TAMMY SCULH

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

7 Amount of contribution (\$)

2500

6 Contributor address;

City; State; Zip Code

1107 EDENBROOK DR ARLINGTON TX 76001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/2019

Full name of contributor

TANTE WILLIAMS

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

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

1005 LAKE RIDGE CT COLLEYVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2019

Full name of contributor

GERALD ALLEY

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

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

606 LOCH CHATEL CT ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

BARBARA Odom-Wesley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

4/11/2019

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

ARLINGTON Police ASSOCIATION

7 Contributor address; City; State; Zip Code

PO BOX 856 ARLINGTON TX 76004

8 Amount of Contribution \$

1263.82

9 In-kind contribution description

LARGE CAMPAIGN SIGNS

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

4/24/2019

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

GONZALES LABOR SYSTEMS

Contributor address; City; State; Zip Code

112 W RANDOL MILL RD STE 100 ARLINGTON TX 76011

Amount of Contribution \$

1500.00

In-kind contribution description

OFFICE SPACE RENTAL

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: 1/4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4-3-2019	5 Payee name PAULIK AND ASSOCIATES	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 1300 SUMMIT AVE SUITE 725 FORT WORTH TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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 CONSULTING

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-3-2019	Payee name Home Depot
Amount (\$) 195.72	Payee address; City; State; Zip Code PO BOX 78011 PHOENIX AZ 85062

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-POST FOR SIGNS
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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 4-8-2019	Payee name DALLAS VIETNAM RADIO
Amount (\$) 200.00	Payee address; City; State; Zip Code 1818 E PIONEER PKWY SUITE 176 ARLINGTON TX 76010

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 RADIO INTERVIEW
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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	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: 2/4 2 FILER NAME: BARBARA ODOM-Wesley 3 Filer ID (Ethics Commission Filers)

4 Date: 4-18-2019 5 Payee name: PAVLIK AND ASSOCIATES

6 Amount (\$): 189.00 7 Payee address; City; State; Zip Code: 1300 SUMMIT AVE STE 725 FORT WORTH TX 76102

8 PURPOSE OF EXPENDITURE: PRINTING EXPENSE
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
GRAPHIC DESIGN - MAILER

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

Date: 4-16-2019 Payee name: DEWAYNE WASHINGTON - FACE TIME STUDIO

Amount (\$): 500.00 Payee address; City; State; Zip Code: P.O. BOX 174324 ARLINGTON TX 76003

PURPOSE OF EXPENDITURE: ADVERTISING
 Category (See Categories listed at the top of this schedule)
 Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
PHOTO; VIDEO

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

Date: 4-15-2019 Payee name: ARLINGTON Chamber of Commerce

Amount (\$): 50.00 Payee address; City; State; Zip Code: 505 E BORDER ST ARLINGTON TX 76010

PURPOSE OF EXPENDITURE: EVENT EXPENSE
 Category (See Categories listed at the top of this schedule)
 Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
SMALL BUSINESS MORNING LUNCHEON

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 3/4 2 FILER NAME: BARBARA ODOM-Wesley 3 Filer ID (Ethics Commission Filers):

4 Date: 4-8-2019 5 Payee name: UNITED WAY - ARLINGTON

6 Amount (\$): 25.00 7 Payee address; City; State; Zip Code: 1500 N. MAIN ST 200 FORT WORTH TX 76164

8 PURPOSE OF EXPENDITURE: EVENT EXPENSE

(a) Category (See Categories listed at the top of this schedule): EVENT EXPENSE

(b) Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
UNITED WAY LUNCHEON

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

Date: 4-18-2019 Payee name: BOOKER INDUSTRIES / VALENTINE DIRECT

Amount (\$): 6765.63 Payee address; City; State; Zip Code: 2344 FARRINGTON ST DALLAS TX 75207

PURPOSE OF EXPENDITURE: ADVERTISING EXPENSE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
YARD SIGNS / LARGE SIGNS

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

Date: 4-18-2019 Payee name: BOOKER INDUSTRIES / VALENTINE DIRECT

Amount (\$): 244.60 Payee address; City; State; Zip Code: 2344 FARRINGTON ST DALLAS TX 75207

PURPOSE OF EXPENDITURE: PRINTING EXPENSE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
MAILER LIST

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 4/4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
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4 Date 4-24-2019	5 Payee name PAYPAL
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6 Amount (\$) 43.01	7 Payee address; City; State; Zip Code 2211 NORTH FIRST ST SAN JOSE CA 95131
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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
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 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 3-30-2019	5 Payee name office DEPOT	
6 Amount (\$) 8.21 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 780 E ROAD TO SIX FLAGS ^{suite 210} ARLINGTON TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <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 4-4-2019	Payee name office DEPOT	
Amount (\$) 13.09 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 780 E ROAD TO SIX FLAGS suite 210 ARLINGTON TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description COPIES <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 4-15-2019	Payee name US POST office	
Amount (\$) 52.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1009 OAKWOOD LN ARLINGTON TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description US STAMPS <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

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
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 G: 2/2	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4-15-2019	5 Payee name office DEPOT	
6 Amount (\$) 12.36 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 780 E Road to Six Flags Suite 210 ARLINGTON TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 4-24-2019	Payee name Rolling Hills COUNTRY CLUB	
Amount (\$) 1000.00 <input type="checkbox"/> Reimbursement from political contributions intended	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	(b) Description WATCH NIGHT DEPOSIT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED