

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 19 JUL 15 PM 12:45 RECEIVED - CSO	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 860-0275	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR ELZIE 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 25 / 2019 7 / 3 / 2019		
11 ELECTION	ELECTION DATE Month Day Year / /	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

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

COMMITTEE NAME

GENERAL

ARLINGTON Police Association PAC

SPECIFIC

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

\$

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

\$ 11,501.99

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 16,807.62

CONTRIBUTION
BALANCE

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

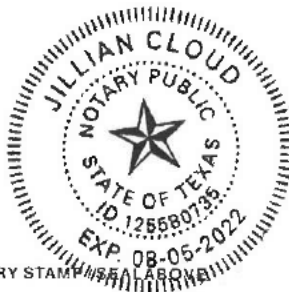
\$ 4422.04

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP

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 Adom-Wesley

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Barbara Adom-Wesley, this the 15th day of July, 20 19, to certify which, witness my hand and seal of office.

J. Cloud
Signature of officer administering oath

Jillian Cloud
Printed name of officer administering oath

Notary Public
Title of office administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4615.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6886.99
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	\$ 16,807.62
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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:

1/6

2 FILER NAME

BARBARA ODOM-WESLEY

3 Filer ID (Ethics Commission Filers)

4 Date

4/26/2019

5 Full name of contributor

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

ARLINGTON POLICE ASSOCIATION

6 Contributor address;

City; State; Zip Code

PO BOX 856 ARLINGTON TX 76004

7 Amount of contribution (\$)

3000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/26/2019

Full name of contributor

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

HAMMER AND NAILS CLUB

Contributor address;

City; State; Zip Code

100 E 15th ST SUITE 600 FORT WORTH TX 76102

Amount of contribution (\$)

25000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2019

Full name of contributor

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

JOE BOWERS

Contributor address;

City; State; Zip Code

520 AVENUE H EAST #102 ARLINGTON TX 76011

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2019

Full name of contributor

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

LEON BACKES

Contributor address;

City; State; Zip Code

10210 N. CENTRAL EXPRESS WAY SUITE 300 DALLAS TX 75231

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:

2/6

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/2019

5 Full name of contributor

DON & Deborah Phil Fee

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

6 Contributor address;

City; State; Zip Code

8360 Thornhill DR N. Richard Hills TX 76180

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/2019

Full name of contributor

DOUGLAS & LISA BACKES

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

Contributor address;

City; State; Zip Code

3113 Whispering Brook Rowett TX 75088

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2019

Full name of contributor

MATTHEW & HEATHER HARRIS

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

Contributor address;

City; State; Zip Code

2441 COUNTY ROAD 1100 MONTALBA TX 75853

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/2019

Full name of contributor

LAURA & DAVID HOLLAND

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

Contributor address;

City; State; Zip Code

4700 SAINT CHARLES ST Flower Mound TX 75022

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/6

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/2019

5 Full name of contributor

JAMES MAIBACH

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

6 Contributor address;

City; State; Zip Code

6501 BALDWIN ACRES CT ARLINGTON TX 76001

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/2019

Full name of contributor

PAUL & JEANNINE KNOWLTON

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

Contributor address;

City; State; Zip Code

5620 GILLUM DR PLANO TX 75095

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/2019

Full name of contributor

BMG AUTO GROUP

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

Contributor address;

City; State; Zip Code

2418 W. DIVISION ST ARLINGTON TX 76012

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/2019

Full name of contributor

BEN PARSONS

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

Contributor address;

City; State; Zip Code

3921 FAIRFAX DR Bedford TX 76021

Amount of contribution (\$)

40.00

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:

4/6

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/2019

5 Full name of contributor

RALPH F. BONITA HOLLOWAY

6 Contributor address;

2716 RIVER LEGACY DR ARLINGTON TX 76006

City; State; Zip Code

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4/2019

Full name of contributor

Romelle HASE

Contributor address;

2110 HILL COUNTRY DR ARLINGTON TX 76012

City; State; Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/2019

Full name of contributor

ROBERTA HILL

Contributor address;

953 Blossomwood CT ARLINGTON TX 76017

City; State; Zip Code

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/2019

Full name of contributor

BRENDA SADLER

Contributor address;

2612 RIVEROAKS ARLINGTON TX 76006

City; State; Zip Code

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:

5/6

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

5/13/2019

5 Full name of contributor

ELIZABETH BANDA CALVO

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

7 Amount of contribution (\$)

100.00

6 Contributor address:

City: State: Zip Code

1108 Wishing Well CT Cedar Hill TX 75104

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/13/2019

Full name of contributor

Perdue, Brandon, Fielder, Collins, Mattie

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

Amount of contribution (\$)

250.00

Contributor address:

City: State: Zip Code

500 E Border ST ARLINGTON TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/12/2019

Full name of contributor

Harvey & Linda Johnson

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

Amount of contribution (\$)

50.00

Contributor address:

City: State: Zip Code

19341 HUGGINS DR CARSON CA 90746

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages/Schedule A1:

6/6

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/2019

5 Full name of contributor

LISA THOMPSON

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

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

706 NORTH MEADOW DR ARLINGTON TX 76011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/3/2019

Full name of contributor

ROBERT KIMBEL

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

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4010 N COLLINS ARLINGTON TX 76005

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)

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

2 FILER NAME

BARBARA Odom-Wesley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

4-26-2019

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

ARLINGTON Firefighters

7 Contributor address; City; State; Zip Code
208 S Fielder Rd ARLINGTON TX 76013

8 Amount of Contribution \$

2,895.60

9 In-kind contribution description

PUT OUT 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

4-26-2019

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

ARLINGTON Firefighters

Contributor address; City; State; Zip Code
208 S Fielder Rd ARLINGTON TX 76013

Amount of Contribution \$

1,955.69

In-kind contribution description

SENIOR MAILER TO MURPHY NASICA

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2/2	
2 FILER NAME BARBARA ODOM-Wesley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 5/4/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALES LABOR SYSTEMS	8 Amount of Contribution \$ 50000	9 In-kind contribution description OFFICE SPACE RENTAL
7 Contributor address; City; State; Zip Code 112 W RANDOL MILL RD STE 100 ARLINGTON TX 76011		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 5/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARLINGTON Police Association	Amount of Contribution \$ 1535.70	In-kind contribution description SET OUT CAMPAIGN SIGNS
Contributor address; City; State; Zip Code P.O. BOX 856 ARLINGTON TX 76004		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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: 1/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4-26-2019	5 Payee name PAVLIK AND ASSOCIATES	
6 Amount (\$) 91.58	7 Payee address; City; State; Zip Code 1300 SUMMIT AVE STE 715 FORT WORTH TX 76102	
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 MAILER DESIGN
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4-30-2019	Payee name PAVLIK AND ASSOCIATES	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 1300 SUMMIT AVE STE 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 CONSULTATION
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4-30-2019	Payee name SUGARLICHIOUS - TAMIKA Redmon	
Amount (\$) 100.00	Payee address; City; State; Zip Code 512 PELICAN CT DESOTO TX 75115	
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 FOOD 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 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: 2/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
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4 Date 5-2-2019	5 Payee name SISSY DAY & ASSOCIATES
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6 Amount (\$) 135.31	7 Payee address; City; State; Zip Code 1408 W ABRAMS ARLINGTON TX 76013
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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 MAILER LIST
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-2-2019	Payee name SISSY DAY & ASSOCIATES
------------------	--------------------------------------

Amount (\$) 6,251.59	Payee address; City; State; Zip Code 1408 W. ABRAMS ARLINGTON TX 76013
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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 MAILER EXPENSE
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-2-2019	Payee name SISSY DAY & ASSOCIATES
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Amount (\$) 4,824.91	Payee address; City; State; Zip Code 1408 W. ABRAMS ARLINGTON TX 76013
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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 MAILER EXPENSE
-------------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 / 6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
-------------------------------------	-------------------------------------	---------------------------------------

4 Date 5-4-2019	5 Payee name LOU CORBIN
--------------------	----------------------------

6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1424 CLEARVIEW DR MESQUITE TX 75181
-------------------------	---

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 MUSIC EXPENSE
------------------------------------	---	--

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

Date 5-4-2019	Payee name LARRY FORD
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Amount (\$) 73.44	Payee address; City; State; Zip Code 6134 SONGWOOD DR DALLAS TX 75241
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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 DECORATION
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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 5-4-2019	Payee name faceTime studio
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Amount (\$) 51.00	Payee address; City; State; Zip Code P.O. BOX 174324 ARLINGTON TX 76003
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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 facebook
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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: 4/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 5-2-2019	5 Payee name RAYMOND TURCO & ASSOCIATES	
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code 6729 MEADOW CREST DR ARLINGTON TX 76002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION 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 PHONE BANK CALLING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 4-26-2019	Payee name Facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025	
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 facebook
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 4-29-2019	Payee name Facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94024	
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 facebook
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4-29-2019	5 Payee name facebook	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025	
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 facebook
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5-1-2019	Payee name facebook	
Amount (\$) 35.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025	
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 Facebook
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5-6-2019	Payee name facebook	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025	
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 facebook
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6/6	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
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4 Date 5-15-2019	5 Payee name ROLLING HILLS COUNTRY CLUB
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6 Amount (\$) 285.20	7 Payee address; City; State; Zip Code 401 E LAMAR BLVD ARLINGTON TX 76011
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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 WATCH NIGHT CELEBRATION
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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 5-22-2019	Payee name Facebook
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Amount (\$) 18.99	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-9-2019	Payee name DJ'S PRINT AND PROMO
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Amount (\$) 615.60	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 PRINTING envelopes & T-shirts
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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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