

# 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:<br><b>10</b> |           |           |                |  |             |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / <input checked="" type="radio"/> MRS / MR FIRST LAST MI SUFFIX<br><b>DUFF J. O'Dell</b>  | <div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p><b>RECEIVED</b></p> <p><b>APR 05 2017</b></p> <p>City Secretary's Office</p> </div> <p style="margin-top: 5px;"><b>SB 4:03pm</b><br/>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> |                                   | Receipt # | Amount \$ | Date Processed |  | Date Imaged |  |
| Receipt #  | Amount \$   |   |                                   |           |           |                |  |             |  |
| Date Processed   |   |   |                                   |           |           |                |  |             |  |
| Date Imaged  |   |   |                                   |           |           |                |  |             |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>2821 O'Dell Ct. N.<br/>GRAPEVINE, TX 76051</b>   |   |                                   |           |           |                |  |             |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(214) 478-3750</b>   |   |                                   |           |           |                |  |             |  |
| 6 CAMPAIGN TREASURER NAME  | MS / <input checked="" type="radio"/> MRS / MR FIRST LAST MI SUFFIX<br><b>Sue FRANKS P.</b>   |   |                                   |           |           |                |  |             |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>412 E. Wall St.<br/>GRAPEVINE, TX 76051</b>   |   |                                   |           |           |                |  |             |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(817) 994-6713</b>   |   |                                   |           |           |                |  |             |  |
| 9 REPORT TYPE  | <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)<br><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 <b>12/31/16</b> THROUGH <b>04/06/2017</b><br>Month Day Year  |   |                                   |           |           |                |  |             |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year <b>4/6/17</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |                                   |           |           |                |  |             |  |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>GRAPEVINE CITY Council, Place 6</b>  | 13 OFFICE SOUGHT (if known)   |                                   |           |           |                |  |             |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME DUFF O'DELL 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 | \$ <u>660.00</u>  |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>5122.70</u> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>-0-</u>     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>1546.84</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>3679.84</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>-0-</u>     |

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.

AFFIX NOTARY STAMP / SEAL ABOVE

Duff O'Dell  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Duff O'Dell, this the 5th day of April, 2017, to certify which, witness my hand and seal of office.

Stephanie Silva  
Signature of officer administering oath

Stephanie Silva  
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<br><i>Duff O'Dell</i>       |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>5122.<sup>70</sup></i>           |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ -0-                                 |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ -0-                                 |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ -0-                                 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>1546.<sup>84</sup></i>           |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ -0-                                 |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ -0-                                 |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ -0-                                 |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ -0-                                 |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ -0-                                 |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ -0-                                 |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0-                                 |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Duff O'Dell

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joy Mayo

7 Amount of contribution (\$)

100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

2904 Kimball Ct., Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Helen Lucas Peck

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

714 Briana Ct., Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amber Sebastian

Amount of contribution (\$)

150.<sup>00</sup>

Contributor address; City; State; Zip Code

101 Crystal Brook, Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Alan Kunst

Amount of contribution (\$)

300.<sup>00</sup>

Contributor address; City; State; Zip Code

401 S. Mint St., Grapevine, TX 76051

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

2 FILER NAME

Duff O' Dell

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Julie Pickler

7 Amount of contribution (\$)

935.<sup>90</sup>

6 Contributor address;

City; State; Zip Code

2721 O'Dell Ct., Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jack Dortch

Amount of contribution (\$)

200.<sup>00</sup>

Contributor address;

City; State; Zip Code

1017 Wm. D. Tate Ste 109, Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kurt Troeger

Amount of contribution (\$)

96.<sup>80</sup>

Contributor address;

City; State; Zip Code

319 Pebblebrook, GV, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bob Burrus

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. Box 1324, GV, TX 76051

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:<br><b>6</b>                   |
| 2 FILER NAME<br><b>Duff O' Dell</b>  |   | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><b>3/9/17</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lawrence D. Lyons</b><br>6 Contributor address; City; State; Zip Code<br><b>408 E. Wall St., Grapevine TX 76051</b>   | 7 Amount of contribution (\$)<br><b>200.<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                             |
| Date<br><b>3/9/17</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joan Scott</b><br>Contributor address; City; State; Zip Code<br><b>1910 Longhorn Dr., Grapevine TX 76051</b>            | Amount of contribution (\$)<br><b>100.<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                               |
| Date<br><b>3/9/17</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rebecca S. Hummer</b><br>Contributor address; City; State; Zip Code<br><b>2853 Canyon Dr., Grapevine TX 76051</b>       | Amount of contribution (\$)<br><b>100.<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                               |
| Date<br><b>3/9/17</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Edward M. Folliard</b><br>Contributor address; City; State; Zip Code<br><b>2335 Mockingbird Dr., Grapevine TX 76051</b> | Amount of contribution (\$)<br><b>100.<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                               |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

6

2 FILER NAME

DUFF O'DELL

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

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

LAVON Bolech

7 Amount of contribution (\$)

100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

3337 KNOB OAK DR. GRAPEVINE TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/17

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

TERI L. CANTU

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

2606 Kimberly Dr., Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/17

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

Marvin Balvin

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 483 Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

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

Judith H. Jacobs

Amount of contribution (\$)

80.<sup>00</sup>

Contributor address; City; State; Zip Code

1916 Sheffield St., Grapevine, TX 76051

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

2 FILER NAME

Duff O'Dell

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

5 Full name of contributor

Ed Miller

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.<sup>00</sup>

6 Contributor address; City; State; Zip Code

2801 Southwood Ct, Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/17

Full name of contributor

Jamie Kane

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

1808 Kendall Ct, Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

Margaret Meharg

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

1125 W. Wendling Creek, Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

Chris Belger

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

1907 Casa Loma Ct., Grapevine, TX 76051

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

2 FILER NAME

Duff O'Dell

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/17

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

Edie R. Millette

7 Amount of contribution (\$)

1000.<sup>00</sup>

6 Contributor address; City; State; Zip Code

P.O. Box 8, Groesbeek, TX 76099

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/17

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

Sally Bultman

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

334 L Main St., Groesbeek, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

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

Karl A. Berger

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

936 Spring Creek Dr., Groesbeek, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

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

Dick Jones

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address; City; State; Zip Code

2928 Southridge, Groesbeek, TX 76051

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.

# 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:<br><b>2</b> | 2 FILER NAME<br><b>Duff O'Dell</b> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| 4 Date<br><b>2-28-17</b> | 5 Payee name:<br><b>Design Werks</b> |
|--------------------------|--------------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>197.02</b> | 7 Payee address; City; State; Zip Code<br><b>725 Commerce St., Ste 120<br/>Southlake, TX 76092</b> |
|--------------------------------|--|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Adv.</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Printing</b> |
|------------------------------------|---|--|

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

|                        |                                     |
|------------------------|-------------------------------------|
| Date<br><b>3-10-17</b> | Payee name<br><b>Alpha graphics</b> |
|------------------------|-------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>378.99</b> | Payee address; City; State; Zip Code<br><b>2150 W. HW. Hwy, Ste 111<br/>Grapevine, TX 76051</b> |
|------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Printing</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Buttons, Flyers</b> |
|-------------------------------|---|---|

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

|                        |                                     |
|------------------------|-------------------------------------|
| Date<br><b>3-10-17</b> | Payee name<br><b>Sloan Williams</b> |
|------------------------|-------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>450.00</b> | Payee address; City; State; Zip Code<br><b>401 S. Main St. Grapevine, TX 76051</b> |
|------------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Kick off Party</b> |
|-------------------------------|--|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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:<br><b>2</b>                       | 2 FILER NAME<br><b>Duff O'Shell</b>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>3-16-17</b>                                     | 5 Payee name<br><b>Alphagraphics</b>  |  |
| 6 Amount (\$)<br><b>332.59</b>                               | 7 Payee address; City; State; Zip Code<br><b>2150 W. NW Hwy, Ste. 111<br/>Graperine, DC 76051</b> |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing</b>               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Banners, Buttons</b> |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought<br>Office held   |

|  |  |   |
|--|--|---|
| Date<br><b>3-22-17</b>                                     | Payee name<br><b>Alphagraphics</b>   |   |
| Amount (\$)<br><b>187.44</b>                               | Payee address; City; State; Zip Code<br><b>2150 W. NW Hwy, Ste 111<br/>Graperine, DC 76051</b> |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Printing</b>                | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>6K8 Cards</b> |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought<br>Office held  |

|  |  |   |
|--|--|---|
| Date   | Payee name   |   |
| Amount (\$)  | Payee address; City; State; Zip Code                         |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br>Office held  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED