

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR: <u> </u> FIRST: <u>Duff</u> MI: <u> </u> NICKNAME: <u> </u> LAST: <u>O'Dell</u> SUFFIX: <u> </u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE <u>2821 O'Dell Ct. N.</u> <u>Grapevine, TX 76051</u>	Date Received RECEIVED JUL 14 2017 City Secretary's Office	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(214)</u> PHONE NUMBER: <u>478-3750</u> EXTENSION: <u> </u>	Date Hand-delivered or Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR: <u> </u> FIRST: <u>Ann</u> MI: <u> </u> NICKNAME: <u> </u> LAST: <u>Franks</u> SUFFIX: <u> </u>	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE <u>412 E. Wall St.</u> <u>Grapevine, TX 76051</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>994-6713</u> EXTENSION: <u> </u>	Date Imaged	
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 <u>4 / 27 / 2017</u> <u>6 / 30 / 2017</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 06 / 17</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Grapevine City Council</u> <u>Place 6</u>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Duff O'Dell

15 ACCOUNT # (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

\$ *48.25*

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

\$ *1575.90*

EXPENDITURE
TOTALS

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

\$ *201.64*

4. TOTAL POLITICAL EXPENDITURES

\$ *1979.41*

CONTRIBUTION
BALANCE

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

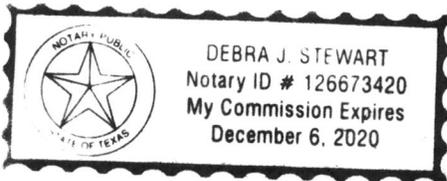
\$ *382.69*

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.

Duff O'Dell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Duff O'Dell*, this the *13th* day of *July*, 20 *17*, to certify which, witness my hand and seal of office.

Debra J. Stewart
Signature of officer administering oath

DEBRA J. STEWART
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME

Duff O'Dell

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/6/17

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

Clydene Johnson

6 Contributor address; City; State; Zip Code

812 W. Sunset St., Grapevine, TX 76051

7 Amount of contribution (\$)

\$ 100.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3/17

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

Patricia Ann Stinson

Contributor address; City; State; Zip Code

2934 Columbine Dr., Grapevine, TX 76051

Amount of contribution (\$)

\$ 100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/17

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

Dorothy J. DiBon

Contributor address; City; State; Zip Code

1333 Bayou Rd. Grapevine, TX 76051

Amount of contribution (\$)

\$ 50.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/17

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

James Kelly

Contributor address; City; State; Zip Code

609 Cabral Cir. Apt. # 4107 St. Worth, TX 76102-8640

Amount of contribution (\$)

\$ 200.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/17

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

Dana McCormick

Contributor address; City; State; Zip Code

2525 Springhill Grapevine, TX 76051

Amount of contribution (\$)

\$ 100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Duff O'Dell

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-1-17

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

Lucy Billingsley

6 Contributor address; City; State; Zip Code

1722 Routh St. Ste 770
Dallas, TX 75221

7 Amount of contribution (\$)

485.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-1-17

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

Dustin Parker

Contributor address; City; State; Zip Code

1200 S. Main #1600
Grapevine, TX 76051

Amount of contribution (\$)

242.⁴⁵

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-17

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

Chris Coep

Contributor address; City; State; Zip Code

3212 Magnolia Ct.
Grapevine, TX 76051

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2</i>	2 FILER NAME <i>Duff O' Dell</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-7-17</i>	5 Payee name <i>Wise Guyp Pizzeria</i>
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6 Amount (\$) <i>79.83</i>	7 Payee address; City; State; Zip Code <i>322 S. Park Blvd., Grapevine, TX 76051</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-6-17</i>	Payee name <i>Sloan Williams</i>
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Amount (\$) <i>487.13</i>	Payee address; City; State; Zip Code <i>401 S. main St., Grapevine, TX 76051</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food - Water Party</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-30-17</i>	Payee name <i>Chills</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>814 S. main St., Grapevine, TX 76051</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Video -</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-30-17</i>	Payee name <i>Saltgrass Steak House</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>103 State Hwy. 114 E Grapevine, TX 76051</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Video preparation</i>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Duff O'Dell	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-5-17	5 Payee name Espargan
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6 Amount (\$) 341.94	7 Payee address; City; State; Zip Code 1248 Wood St. Draperville, TX 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Dinner for Volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-30-17	Payee name The T Shirt Shop
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Amount (\$) 168.87	Payee address; City; State; Zip Code 213 E. NW Hwy Draperville, TX 76051
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) T. Shirts <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 5-4-17	Payee name Lucy Bellinzley
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Amount (\$) 500.00	Payee address; City; State; Zip Code 1722 Routh St. Ste 770 Dallas, TX 75221
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Contribution Refund - <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 (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