

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
DUFF

MI
J.

NICKNAME

LAST
O'DELL

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
APR 28 2023

1:40 JAB

Date Hand-delivered or Date Postmarked

hard-delivered

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**2821 O'DELL CT. N.
GRAPEVINE, TX 76051**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 478-3750

6 CAMPAIGN TREASURER NAME

MS (MRS) / MR

FIRST
SUE

MI
P.

NICKNAME

LAST

SUFFIX

FRANKS

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

412 E. WALL ST. GRAPEVINE, TX 76051

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 994-6713

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

03 / 28 / 2023 THROUGH 04 / 26 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2023

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL - PLACE 6

13 OFFICE SOUGHT (if known)

CITY COUNCIL - PLACE 6

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|---|---|
| 19 FILER NAME DUFF O'DELL | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1410.- |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 100.34 |
| 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 | \$ |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|------------------------------------|---------------------------------------|
| 1 Total pages Schedule G: 1 | 2 FILER NAME DUFF O'DELL | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|---------------------------------------|

| | |
|-----------------------------|------------------------------------|
| 4 Date 04/14/2023 | 5 Payee name DUFF O'DELL |
|-----------------------------|------------------------------------|

| | |
|--|---|
| 6 Amount (\$) 12.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 2921 O'DELL CT. N. GRAPEVINE, TX 76051 |
|--|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description ZIP TIES TO SECURE CAMPAIGN SIGNS |
| | <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 04/14/2023 | Payee name DUFF O'DELL |
|---------------------------|----------------------------------|

| | |
|--|---|
| Amount (\$) 97.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 2821 O'DELL CT. N. GRAPEVINE, TX 76051 |
|--|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | Description CAMPAIGN KICK-OFF EVENT |
| | <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 | Payee name |
|------|------------|

| | | | | |
|--|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | |

| | | |
|------------------------|---|---|
| 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 |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME DUFF O'DELL | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF BLYTHE | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 1304 MULHOLLAND DRIVE GRAPEVINE, TX 76051 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTIAN ROSS | Amount of contribution (\$) \$ 10.00 |
| Contributor address; City; State; Zip Code 851 E. TEXAS ST. GRAPEVINE, TX 76051 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAN STEWART SMITH LUERS | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 3509 WINDVIEW CT. GRAPEVINE TX 76051 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIOVANNI CAPRIGLIONE | Amount of contribution (\$) \$ 500.00 |
| Contributor address; City; State; Zip Code 1352 10 BAR TRAIL SOUTHLAKE, TX 76092 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME DUFF O'DELL | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/16/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL W. SCHAEFER | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 3324 SPRUCE LANE GRAPEVINE, TX 76051 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|--|---|
| Date 4/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCY BILLINGSLEY | Amount of contribution (\$) \$ 500.00 |
| Contributor address; City; State; Zip Code 1722 ROUTH ST. DALLAS, TX 75201 SUITE 770 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|---|
| Date 4/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA S. TROEGER | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 319 PEBBLEBROOK DRIVE GRAPEVINE, TX 76051 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

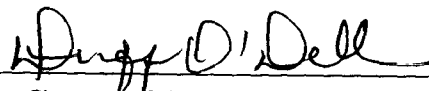
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

| | | |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1410.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 100.34 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1609.07 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)