Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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: 5

OFFICE USE ONLY

Date Received: JUL 15 2014 8:25 A.M. AB

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (circled) FIRST: DUFF MI: J. NICKNAME LAST: O'DELL SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2821 O'DELL CT. N. GRAPEVINE, TX 76051
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION: (214) 478-3750
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (circled) FIRST: Sue MI: P. NICKNAME LAST: FRANKS SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 412 E. WALL ST. GRAPEVINE, TX 76051
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 $500 limit ☐ Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year: 6 / 12 / 14 THROUGH Month Day Year: 7 / 15 / 14
11 ELECTION	ELECTION DATE Month Day Year: 6 / 21 / 14 ELECTION TYPE: ☐ Primary ☑ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any)
13 OFFICE SOUGHT (if known)	GRAPEVINE CITY COUNCIL, PLACE 6

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	$ 23.97
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 23.97
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 172.93
	4. **TOTAL POLITICAL EXPENDITURES**	$ 2185.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 263.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

18 AFFIDAVIT

DEBRA J. STEWART
Notary Public
STATE OF TEXAS
My Comm. Exp. Nov. 26, 2016

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 _____, 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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1 of 3
2 FILER NAME: DUFF O'DELL
3 ACCOUNT # (Ethics Commission Filers):

4 Date: 6-10-14
5 Payee name: FARINAS
6 Amount ($): 279.36
7 Payee address; City; State; Zip Code: 420 S. MAIN ST. GRAPEVINE, TX 76051
8 PURPOSE OF EXPENDITURE
(a) Category (See categories listed at the top of this schedule): FOOD / BEV.
(b) Description (If travel outside of Texas, complete Schedule T): FOOD/BEV. CAMPAIGN WORKERS
9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name:
Office sought:
Office held:

Date: 6-14-14
Payee name: ESPARZAS
Amount ($): 154.86
Payee address; City; State; Zip Code: 124 E. WORTH ST. GRAPEVINE, TX 76051
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): FOOD / BEV.
Description (If travel outside of Texas, complete Schedule T): FOOD/BEV. CAMPAIGN WORKERS
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name:
Office sought:
Office held:

Date: 6-21-14
Payee name: FOX RENTAL
Amount ($): 234.71
Payee address; City; State; Zip Code: 1300 W. NW. Hwy. GRAPEVINE, TX 76051
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): EVENT EXP.
Description (If travel outside of Texas, complete Schedule T): TABLES, CHAIRS, FAN.
Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name:
Office sought:
Office held:

Date: 6-20-14
Payee name: BIG D PARTY RENTAL
Amount ($): 224.63
Payee address; City; State; Zip Code: 16518 WestGrove Dr. ADDISON, TX 75001
PURPOSE OF EXPENDITURE
Category (See categories listed at the top of this schedule): EVENT EXP
Description (If travel outside of Texas, complete Schedule T): MISTING FAN
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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: 2 of 3

2 FILER NAME: DUFF O'DELL

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 6-21-14

5 Payee name: ROCKY GRIBBLE

6 Amount ($): 200.00

7 Payee address; City; State; Zip Code: 1096 W. WINDING CREEK DR. GRAPEVINE, TX 76051

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): EVENT EXP.

(b) Description (If travel outside of Texas, complete Schedule T): ENTERTAINMENT

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

Date: 6-21-14

Payee name: CHELSEA PIZZA

Amount ($): 118.67

Payee address; City; State; Zip Code: 2647 IRA E. WOODS AVE, Ste. 300 GRAPEVINE, TX 76051

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEV.

Description (If travel outside of Texas, complete Schedule T): ELECTION NIGHT PARTY

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

Date: 6-21-14

Payee name: KYLE CONWAY

Amount ($): 200.00

Payee address; City; State; Zip Code: 9 MEADOWBROOK TROPHY CLUB, TX 76262

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXP.

Description (If travel outside of Texas, complete Schedule T): ENTERTAINMENT

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

Date: 6-21-14

Payee name: JIM CAMPBELL

Amount ($): 200.00

Payee address; City; State; Zip Code: 1704 VALLEY VIEW DR. ~~EVENT EXP.~~ JOSHUA, TX 76058

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXP

Description (If travel outside of Texas, complete Schedule T): ENTERTAINMENT

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: 3 of 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 6-24-14

5 Payee name: JAN LUERS

6 Amount ($): 265.23

7 Payee address; City; State; Zip Code: 3509 WINDVIEW St. GRAPEVINE, TX 76051

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): EVENT EXP.

(b) Description (If travel outside of Texas, complete Schedule T): FOOD, BEV, NAPKINS, PLATES ELECTION WATCH PARTY

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date: 6-30-14

Payee name: PRITCHETT CAMPAIGN STRATEGIES

Amount ($): 135.10

Payee address; City; State; Zip Code: 6836 BRANTS LANE FT. WORTH, TX 76116

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Advertising

Description (If travel outside of Texas, complete Schedule T): ROBO CALLS

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED