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: 13

OFFICE USE ONLY

Date Received: APR 10 2014 12:52

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR (MRS circled) | FIRST: Duff | MI: J.
NICKNAME | LAST: O'DELL | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX: 2821 O'Dell Ct. N. | APT / SUITE #: | CITY: Grapevine, TX | STATE: | ZIP CODE: 76051

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (214) | PHONE NUMBER: 478-3750 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR (MRS circled) | FIRST: Sue | MI: P
NICKNAME | LAST: FRANKS | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 412 E. Wall, Grapevine, TX 76051 | APT / SUITE #: | CITY: | STATE: | ZIP CODE

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) | PHONE NUMBER: 994-6713 | EXTENSION

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: 01/01/2014 THROUGH Month Day Year: 03/31/2014

11 ELECTION
ELECTION DATE Month Day Year: 05/10/2014
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 J. 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	$ 844.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7719.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6958.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7719.00
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 Duff O'Dell, this the 9 day of April, 20 14, to certify which, witness my hand and seal of office.

Debra J. Stewart — DEBRA J. STEWART — NOTARY

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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
1-15-14	Edie Gillette 2945 Silver Crest Lane Grapevine, TX 76051	500			
1-15-14	mike Lease 314 Drexel Grapevine, TX 76051	100			
1-15-14	Jack Dortch 1017 Wm D. Tate Ave #109 Grapevine, TX 76051	200			
1-23-14	Dale Foult 1501 Briarcrest Dr. Grapevine, TX 76051	400			
1-23-14	Sue P. Franks 412 E. Wall St. Grapevine, TX 76051	100			

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-20-14	LINDA TROPGER 319 PEBBLEBROOK DR. GRAPEVINE, TX 76051	100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)
2-20-14	EDWARD FOLLIARD 3325 GRAPEVINE MILLS BLVD. #1102 GRAPEVINE, TX 76051	100	

(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)
2-20-14	BOB BURRUS 3735 TRAE. WOOD APT. 151 GRAPEVINE, TX 76051	100	

(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)
2-20-14	BECKY & WARREN HUMMER 2853 CANYON DR. GRAPEVINE, TX 76051	100	

(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)
2-24-14	BECKY JOHNSON 111 DOWNING CT. BOSSIER CITY, LA 7111	100	

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/26/14	DENNIS LUERS 3509 WINDVIEW ST. GRAPEVINE, TX 76051	250	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 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)
2/28/14	BULTMANN REAL ESTATE 4900 WILDWOOD CT. COLLEYVILLE, TX 76034	100	

(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)
2/28/14	CHARLES & SALLY BULTMANN 4900 WILDWOOD CT. COLLEYVILLE, TX 76034	100	

(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)
3-7-14	JOHN DORETY 325 SPRINGBROOK CT. GRAPEVINE, TX 76051	100	

(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)
3-10-14	GARY FICKES 4021 HILLTOP DR. SOUTHLAKE, TX 76092	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-6-14	TERI L. CANTU 2606 KIMBERLY DR GRAPEVINE, TX 76051	200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)
3-7-14	HELEN LUCAS REED 714 BRIANA CT. GRAPEVINE, TX 76051	200	

(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)
3-19-14	JUDITH S. SHERMAN 428 DURRAND OAK DR. KELLER, TX 76248	100	

(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)
3-11-14	DANIEL A. GORDON 3630 LAKERIDGE DR. GRAPEVINE, TX 76051	200	

(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)
3-10-14	LAVON BOLECH 3337 KNOB OAK DR. GRAPEVINE, TX 76051	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
1-28-14	DON MOORE 1304 AIRLINE GRAPEVINE, TX 76051	100			
1-28-14	CAROL RECORD 4837 DEXTER FT. WORTH, TX 76107	100			
1-29-14	JAN SMITH 3509 WINDVIEW ST. GRAPEVINE, TX 76051	500			
1-30-14	MIKE DAVIS 4703 CRESTHAVEN DR. COLLEYVILLE, TX 76034	500			
2-7-14	JAMES DRIVER 616 FARINE, IRVING, TX 75062	1,000			

(If travel outside of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-12-14	PATRICK E. FAIRCHILD 3404 STONECREST GRAPEVINE, TX 76051	300	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)
3-9-14	CHRISTINA M. TOMCZAK 2922 COLUMBINE DR. GRAPEVINE, TX 76051	125	

(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)
3-7-14	RON HAGLER 1909 SADDLERIDGE DR. GRAPEVINE, TX 76051	500	

(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)
3-7-14	JANA McGLONE 2050 GRAYSON DR. #42 GRAPEVINE, TX 76051	100	

(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)
3-7-14	SHONDA SCHAEFER 3137 FOX RUN DR. GRAPEVINE, TX 76051	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (If applicable)
3-7-14	OSCAR TEMBLADOR 3337 SHADOW RIDGE GRAPEVINE, TX 76051	200	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)
3-7-14	~~JANA MCGLONE~~ ~~2050 GRAYSON DR., #42~~ ~~GRAPEVINE, TX 76051~~	~~100~~	

(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)

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)

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

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: 4

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 3-6-14

5 Payee name: MUSTANG GRAPHICS

6 Amount ($): $528.26

7 Payee address; City; State; Zip Code: 317 S. JENKINS St., Ste. C GRAPEVINE, TX 76051

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ADVERTING - PRINTING

(b) Description (If travel outside of Texas, complete Schedule T): FLYERS, BUTTONS, BUS CARDS

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

---

Date: 3-6-14

Payee name: FEDEX OFFICE

Amount ($): $38.97

Payee address; City; State; Zip Code: 415 E. STATE Hwy. 114, 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): POSTER

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

---

Date: 2-19-14

Payee name: FEDEX

Amount ($): $41.35

Payee address; City; State; Zip Code: 415 E. STATE Hwy. 114, GRAPEVINE, TX 76051

PURPOSE OF EXPENDITURE

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

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

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

---

Date: 3-12-14

Payee name: DEBI MEEK - ~~REIMBURSE RENT~~

Amount ($): $134.96

Payee address; City; State; Zip Code: 404 S. Main 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 FOR KICKOFF

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	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: DUFF J. O'DELL

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2-10-14

5 Payee name: GRAPEVINE CONVENTION CENTER

6 Amount ($): $250.00

7 Payee address; City; State; Zip Code: 1209 S. MAIN ST., GRAPEVINE, TX 76051

8 PURPOSE OF EXPENDITURE

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

(b) Description (If travel outside of Texas, complete Schedule T): LANCASTER THEATRE RENTAL

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

---

Date: 3-14-14

Payee name: RED PALM STUDIOS

Amount ($): $1500.00

Payee address; City; State; Zip Code: 14041 FONTANA RD., ROANOKE, TX 76262

PURPOSE OF EXPENDITURE

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

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

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

---

Date: 3-20-14

Payee name: HOBBY LOBBY

Amount ($): $35.74

Payee address; City; State; Zip Code: 5325 WM. D. TATE DR., GRAPEVINE, TX 76051

PURPOSE OF EXPENDITURE

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

Description (If travel outside of Texas, complete Schedule T): PINS & PENS

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

---

Date: 3-27-14

Payee name: IMPACT NEWSPAPER

Amount ($): $770.00

Payee address; City; State; Zip Code: 1452 Hughes RD, #323 GRAPEVINE, TX 76051

PURPOSE OF EXPENDITURE

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME DUFF J. O'DELL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-13-14	5 Payee name GRAPEVINE CONVENTION CENTER	
6 Amount ($) $695.13	7 Payee address; City; State; Zip Code 1209 S. MAIN ST., GRAPEVINE, TX 76051	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FACILITY RENTAL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-6-14	Payee name SAM'S CLUB	
Amount ($) $321.69	Payee address; City; State; Zip Code 1701 W. Hwy 114, 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, DRINKS (COLD) WINE - KICKOFF EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-5-14	Payee name CLASSIC GRAPHICS	
Amount ($) $1,071.68	Payee address; City; State; Zip Code 3021 RAMONA DR., FORT WORTH, TX 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T) SIGNS, STAKES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 1-31-14	Payee name RED PALM STUDIOS	
Amount ($) $1500.00	Payee address; City; State; Zip Code 14041 FONTANA ROAD, ROANOKE, TX 76262	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) WEBSITE - ARTWORK
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME DUFF J. O'DELL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-13-14	5 Payee name REIMBURSE DUFF O'DELL - CLASSIC GRAPHICS	
6 Amount ($) 470.36	7 Payee address; City; State; Zip Code 3081 RAMONA DR., FT. WORTH, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTING	(b) Description (If travel outside of Texas, complete Schedule T) DOOR MAGNETICS
9 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

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