

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: <i>6</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME <i>MR.</i>	FIRST <i>JELKS</i>	MI <i>O.</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>608 FARINE DR. IRVING, TX 75062</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>258.1007</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST <i>STACEY</i>	MI <i></i> SUFFIX <i>MARTIN</i>
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY STATE ZIP CODE <i>1503 IRVIN RD. IRVING, TX 75060</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>477-3333</i>	EXTENSION
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 <i>5 / 3 / 2014 7 / 15 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 10 / 2014</i>	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) <i>IRVING CITY Council - Place 5</i>	13 OFFICE SOUGHT (if known) <i>IRVING CITY Council - Place 5</i>	

RECEIVED
OFFICE USE ONLY
Date Received: **JUL 15 2014**
City Secretary's Office
Date Hand-delivered or Postmarked: *HD 7/15/14 1:00pm Kvt*
Receipt # Amount
Date Processed: *Approved by JJ 7/15/14*
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JELKS OSCAR WARD

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

OSCAR WARD CAMPAIGN

COMMITTEE ADDRESS

608 FARINE DR.
IRVING, TX 75062

COMMITTEE CAMPAIGN TREASURER NAME

STACEY MARTIN

COMMITTEE CAMPAIGN TREASURER ADDRESS

1503 IRVIN RD. IRVING, TX 75060

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ 4,489.82

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 5,990.87

CONTRIBUTION
BALANCE

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

\$ 10,316.97

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 15,000.00

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.

J. Oscar Ward
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J. Oscar Ward, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Kristin Harrison
Signature of officer administering oath

Kristin Harrison
Printed name of officer administering oath

Notary
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: <u>2</u>	
2 FILER NAME <u>JELKS OSCAR WARD</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/8</u> <u>2014</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>ASSOCIAPAC</u> 6 Contributor address: City; State; Zip Code <u>5401 N. Central Expwy. Dallas, TX 75205</u> <u>SUITE 300</u>	7 Amount of contribution (\$) <u>\$1,000</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <u>5/10</u> <u>2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GLORY HOUSE</u> Contributor address: City; State; Zip Code <u>109 S. Main St Irving, TX 75060</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable) <u>Food for volunteers</u>
Principal occupation / Job title (See Instructions) <u>OWNER</u>		Employer (See Instructions) <u>Glory House Rest.</u>	
Date <u>4/19</u> <u>2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Irving VOICES PAC</u> Contributor address: City; State; Zip Code <u>408 W. SIXTH ST. IRVING, TX 75060</u>	Amount of contribution (\$) <u>\$633.68</u>	In-kind contribution description (if applicable) <u>Newspaper ad.</u>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>5/3</u> <u>2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Irving VOICES PAC</u> Contributor address: City; State; Zip Code <u>408 W. SIXTH ST. IRVING, TX 75060</u>	Amount of contribution (\$) <u>\$633.68</u>	In-kind contribution description (if applicable) <u>Newspaper ad.</u>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>5/10</u> <u>2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Irving VOICES PAC</u> Contributor address: City; State; Zip Code <u>408 W. SIXTH ST. IRVING, TX 75060</u>	Amount of contribution (\$) <u>\$211.23</u>	In-kind contribution description (if applicable) <u>Newspaper ad.</u>
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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

JELKS OSCAR WARD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/23
2014

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

Irving Voices PAC

6 Contributor address; City; State; Zip Code

408 W. SIXTH ST.
IRVING, TX 75060

7 Amount of contribution (\$)

\$ 211.23

8 In-kind contribution description (if applicable)

Newspaper ad.

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/3
2014

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

Marvin Randle

Contributor address; City; State; Zip Code

500 Farine Dr.
IRVING, TX 75062

Amount of contribution (\$)

\$ 1100.00

In-kind contribution description (if applicable)

Letter-Printing
Postage

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Irving Counter Top

Date

5/2
2014

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

Bruce Burns

Contributor address; City; State; Zip Code

421 W. Pioneer DR
IRVING, TX 75061

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Sign Placement
Labor

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

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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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 JELKS OSCAR WARD	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/5/2014	5 Payee name Booker Industries
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6 Amount (\$) \$1,832.30	7 Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adv. & Printing	(b) Description (If travel outside of Texas, complete Schedule T) Mail Campaign Literature
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/5/2014	Payee name Booker Industries
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Amount (\$) \$54.13	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Print/Postage	Description (If travel outside of Texas, complete Schedule T) Mail Brochures
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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 5/12/2014	Payee name Booker Industries
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Amount (\$) \$2,915.35	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv. & Consulting	Description (If travel outside of Texas, complete Schedule T) Mailings / Ad. Creation
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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 5/22/2014	Payee name Rambler News Paper
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Amount (\$) \$250.50	Payee address; City; State; Zip Code PO BOX 177BI Irving, TX 75017
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv. Exp. &	Description (If travel outside of Texas, complete Schedule T) Thank You - Ad
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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

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 JELKS OSCAR WARD	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/5/2014	5 Payee name Brackett & Ellis, P.C.
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6 Amount (\$) \$938.59	7 Payee address; City; State; Zip Code 100 Main St. Fort Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal Services	(b) Description (If travel outside of Texas, complete Schedule T) Mailer Issues
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9 Complete <u>ONLY</u> 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)
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Complete <u>ONLY</u> 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)
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Complete <u>ONLY</u> 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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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