

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 35		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Emailed	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed		
	<input type="checkbox"/> 8th day before election		Date Imaged		

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MAR 27 2023
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6 EXPLANATION OF CORRECTION
 The original report was missing 4 in-kind contributions. The contributions have been added to pages 24-26 (Form A-2) of the report. The total contributions number is also added to pages 2 & 3 of the report.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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

(2) Unsworn Declaration
 My name is Misty A ODEWELLER and my date of birth is _____
 My address is _____
 Executed in Montgomery County, State of Texas, on the 29 day of March, 2023.
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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:

33

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Misty

A

NICKNAME

LAST

SUFFIX

Odenweller

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Lesley

A

NICKNAME

LAST

SUFFIX

Pyle

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #,

CITY,

STATE,

ZIP CODE

(Residence or Business)

4115 Angling Lane Spring TX 77386

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

757-2207

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

07 / 01 / 2022

THROUGH

12 / 31 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 08 / 2022

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Conroe ISD Board Member

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

MAR 27 2023

FORM C/OH COVER SHEET PG 2

LEGAL

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,073.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,496.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,372.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Misty A Odenweller, and my date of birth is [REDACTED]

My address is [REDACTED]

Executed in Montgomery County, State of Texas, on the 27 day of March, 2023

[Signature of Misty A Odenweller] Signature of Candidate/Officeholder (Declarant)

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MAR 27 2023

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Misty A. Odenweller

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,365.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,708.06
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,993.39
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	\$ 503.56
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	\$

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MAR 27 2023 SCHEDULE A1

LEGAL

MONETARY POLITICAL CONTRIBUTIONS

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:	20
2	FILER NAME	Misty A. Odenweller
3	Filer ID (Ethics Commission Filers)	

4	Date	7/2/2022	5	Full name of contributor	Charles Shirley	7	Amount of contribution (\$)	100.00
			<input type="checkbox"/> out-of-state PAC (ID# _____)					
			6 Contributor address; City; State; Zip Code 3226 W. Benders Landing BLVD SPRING TX 77386					

8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)
---	---	---	-----------------------------

Date	7/5/2022	Full name of contributor	Glenda Bucceri	Amount of contribution (\$)	100.00
		<input type="checkbox"/> out-of-state PAC (ID# _____)			
		Contributor address; City; State; Zip Code 4214 Starling Stream Dr. SPRING TX 77386			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	7/6/2022	Full name of contributor	James Fontana	Amount of contribution (\$)	500.00
		<input type="checkbox"/> out-of-state PAC (ID# _____)			
		Contributor address; City; State; Zip Code 422 SPRING LAKE HAVEN SPRING TX 7573			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	7/6/2022	Full name of contributor	April Kerze	Amount of contribution (\$)	100.00
		<input type="checkbox"/> out-of-state PAC (ID# _____)			
		Contributor address; City; State; Zip Code 19 Herald Oak Court SPRING TX 77381			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MAR 27 2023

MONETARY POLITICAL CONTRIBUTIONS

LEGAL 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 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

7/6/2022

5 Full name of contributor

Julie Cowan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

4691 Summerisle Ct Spring TX 77379

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/6/2022

Full name of contributor

Gayle Fuchs

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

19715 Oxalis Ct Spring TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/2022

Full name of contributor

Katherine Mussleman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

27402 East Benders Landing Blvd Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/6/2022

Full name of contributor

Chuck Sheldon

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3911 Boden Ln Spring TX 77386

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.

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED
MAR 27 2023
SCHEDULE A1

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

LEGAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)
4 Date 7/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Gilbert	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code 1323 Sweetgum Street Conroe TX 77385		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Ann Harlow	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 3902 North Rondalet Rd. Spring TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, Cassandra	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 531 Woodstock Lane Conroe TX 77302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Javers	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 27703 Braydon Ct. Spring TX 77386		
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.

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MAR 27 2023

MONETARY POLITICAL CONTRIBUTIONS

LEGAL 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 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

7/9/2022

5 Full name of contributor

Sherdene Terry

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

4127 Balsam Fir Lane Spring TX 77386

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/12/2022

Full name of contributor

Nicole May

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

167 West Bristol Oak Circle Spring TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/22/2022

Full name of contributor

Jaime Crison

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

27480 S. Lazy Meadow Way Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/22/2022

Full name of contributor

Aimee Shupe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4118 Maple Rapids Ln Spring TX 77386

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.

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MAR 27 2023 SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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

LEGAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Akers	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 23529 Windbourne Dr. Spring TX 77375		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Odonnell	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3515 Aspen Glen Lane Spring TX 77388		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margen Sean	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 502 Holly Crest Dr. Spring TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Winne	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9311 Appin Falls Dr. Spring TX 77379		
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.

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MAR 27 2023

MONETARY POLITICAL CONTRIBUTIONS

LEGAL 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 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

7/23/2022

5 Full name of contributor

Carolyn Gibbs

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address:

City:

State:

Zip Code

13910 Champion Forest Dr. Houston TX 77069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/24/2022

Full name of contributor

Matt and Jennifer Reeves

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

5406 North Ossincke Dr. Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/2022

Full name of contributor

Laura Hammer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address:

City:

State:

Zip Code

3939 North Rondelet Dr. Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/25/2022

Full name of contributor

Pamela Geistweidt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

612 West Austin Street Fredericksburg TX 79244

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.

MONETARY POLITICAL CONTRIBUTIONS

MAR 21 2023

SCHEDULE A1

LEGAL

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 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Rife	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 27473 Soutz Lazy Meadow Way Spring TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Nickel	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3903 Fishermans Court Spring TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bea Brydon	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4867 Elk Creek Trail Reno, NV 89519		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) April Kerze	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 19 Harold Oak Court Spring TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MAR 27 2023

MONETARY POLITICAL CONTRIBUTIONS

LEGAL 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 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/2022

5 Full name of contributor

Ginger Russell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address:

City:

State:

Zip Code

9902 Woodlane Blvd Magnolia TX 77354

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/17/2022

Full name of contributor

Luis Pedraza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

951 Fife Drive Conroe TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2022

Full name of contributor

David Tomlinson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address:

City:

State:

Zip Code

27610 Quiet Sky Place Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21/2022

Full name of contributor

Lorraine Rice

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address:

City:

State:

Zip Code

25923 Richards Road Spring TX 77386

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.

MAR 2 / 2023

MONETARY POLITICAL CONTRIBUTIONS **LEGAL** 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 FILER NAME		3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Ebel	7	Amount of contribution (\$)
8/22/2022	6 Contributor address: City: State: Zip Code 9911 Birkbridge Ct Spring TX 77379		1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John James Hundley	Amount of contribution (\$)	
8/23/2022	Contributor address: City: State: Zip Code 1811 Teal Arbor Lane Houston TX 77345	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Robichaux	Amount of contribution (\$)	
8/23/2022	Contributor address: City: State: Zip Code 9029 Water Crest Ct. Montgomery TX 77316	200.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Hood	Amount of contribution (\$)	
8/23/2022	Contributor address: City: State: Zip Code 9434 Invergarny Way Tomball TX 77375	200.00	
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.

RECEIVED

MAR 27 2023

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

LEGAL

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date
8/23/2022

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
66 Elm Willow Court The Woodlands TX 77382

75.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/24/2022

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6813 Casey Court Pearland TX 77584

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/24/2022

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
27519 Liberty Heights Ln Fulshear TX 77441

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/25/2022

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1133 Hausmann Gin Rd. La Grange TX 78948

50.00

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.

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MONETARY POLITICAL CONTRIBUTIONS

MAR 27 2023

SCHEDULE A1

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

LEGAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robyn Soileau	7 Amount of contribution (\$) 256.00
6 Contributor address; City; State; Zip Code 3107 W. Benders Landing Blvd Spring TX 77386		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Olson	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 28007 Whispering Maple Way Spring TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Burns	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 27006 Star Gazer Way Spring TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riz Spencer	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 409 Teague Street Navasota TX 77868		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

LEGAL SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

9/4/2022

5 Full name of contributor

Vicki Odenweller

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

18611 Admiration Drive Cypress TX 77433

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/2022

Full name of contributor

Patricia Negrich

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

5602 White Birch Rd Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/2022

Full name of contributor

Gregory Parker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2226 Oak Rise Drive Conroe TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/2022

Full name of contributor

Charles Viera

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

28607 Pinnacle Point Place Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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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 FILER NAME <i>Misty A. Odenweller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/14/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRISTINE RICHARDS</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>4215 Balsam Fir Ln Spring TX 77386</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/15/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lacy Phillips</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>27515 Siandra Creek Ln Spring TX 77386</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/22/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Horraine Rice</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>25923 Richards Road Spring TX 77386</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Proske</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>30 Meadow Rose Place Spring TX 77386</i>		
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.		

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SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/2022

5 Full name of contributor

out-of-state PAC (ID#: _____)

Drew & Julia Kronenberger

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

28211 ~~Kaitces~~ Court Spring TX 77386

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/13/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Judy Johnson

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1690 O'Daniel Ln Conroe TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Loqi Ross

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4127 Irish Ivy Court Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2022

Full name of contributor

out-of-state PAC (ID#: _____)

Martin Etwop

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

9856 Preserve Way Conroe TX 77385

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.

MONETARY POLITICAL CONTRIBUTIONS

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MAR 27 2022 SCHEDULE A1

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LEGAL

The Instruction Guide explains how to complete this form.

		1 Total pages Schedule A1:
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Franks	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 16607 Bridle Oak Dr. Cypress TX 77433		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryce Speer	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 27303 Shady Hill Landing Ln Spring TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) April Kerze	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 19 Herald Oak Ct Spring TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Young	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1006 Golden Willow Ln Conroe TX 77304		
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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/2022

5 Full name of contributor

Stephanie Cox

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

51 Trilling Bird Place Conroe TX 77384

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/2022

Full name of contributor

Laura Proske

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

30 Meadow Rose Place Spring TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2022

Full name of contributor

Dawn Hoover

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

28368 Sterling Oak Dr. Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2022

Full name of contributor

Adrian Heath

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

43 West Stony Bridge Ct. Spwva TX 77381

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

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MAR 27 2023 SCHEDULE A1

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LEGAL

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Misty A. Odenweller* 3 Filer ID (Ethics Commission Filers)

4 Date <i>10/22/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorraine Rice</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>25923 Richards Road Spring TX 77386</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>11/22/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorraine Rice</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>25923 Richards Road Spring TX 77386</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>12/22/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine <i>Lorraine Rice</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>25923 Richards Road Spring TX 77386</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8/18/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wendy Odenweller</i>	Amount of contribution (\$) <i>1,500.00</i>
Contributor address; City; State; Zip Code <i>469 Edge wood Dr. Montgomery TX 77356</i>		

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.

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MAR 27 2022 SCHEDULE A1

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The Instruction Guide explains how to complete this form.

2 FILER NAME Misty A. Odenweller		1 Total pages Schedule A1:
4 Date 7/22/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Lyons	3 Filer ID (Ethics Commission Filers)
	6 Contributor address; City; State; Zip Code 9227 Memorial Hills Dr. Spring TX 77379	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/1/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrick + Mary Breid	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 27523 E. Bendersland Dr. Spring TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/3/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael + Carol Farris	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 2415 Rosillos Peak Dr. Spring TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAO OIL & GAS LLC	Amount of contribution (\$) 5,000.00
	Contributor address; City; State; Zip Code 28007 Whispering Maple Way Spring TX 77386	
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.

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SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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LEGAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Misty A. Odenweller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/24/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Casey T. Wallace LLC</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>3914 Fishermans Ct Spring TX 77386</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/24/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon & Wesley Sheldon</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3911 Boden Lane Spring TX 77386</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/24/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David & Elizabeth Anderson</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>503 Rosewood Dr. Sheradock TX 77381</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/24/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dale Inman</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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LEGAL

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

7/1/2022

5 Full name of contributor

Sherry Gremillion

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

290.00

6 Contributor address;

City;

State;

Zip Code

28511 Waterband ~~Way~~ Way, Spring TX 77386

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/14/2022

Full name of contributor

Lesley Pyle

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,500.00

Contributor address;

City;

State;

Zip Code

4115 Angling Ln Spring TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2022

Full name of contributor

Susan Scruggs

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCHEDULE A2

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

LEGAL

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3
2 FILER NAME MISTY A. ODENWELLER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 9,708.06
5 Date 10/29/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE TOTY	8 Amount of Contribution \$ 203.33
	7 Contributor address; City; State; Zip Code 67 CHESTNUT MEADOW Dr. CONROE TX 77384	9 In-kind contribution description SIGNS
		<input type="checkbox"/> Check if travel outside of Texas. Complete Sched.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXANS FOR EDUCATIONAL FREEDOM	Amount of Contribution \$ 2,172.53
	Contributor address; City; State; Zip Code P.O. Box 341027 AUSTIN TX 78734	9 In-kind contribution description Advertising Texting Service
		<input type="checkbox"/> Check if travel outside of Texas. Complete Sched.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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LEGAL

SCHEDULE A2

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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 A2: 3
2 FILER NAME MISTY A. ODENWELLER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/17/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR EDUCATIONAL FREEDOM 7 Contributor address: City: State: Zip Code PO Box 341027 AUSTIN TX 78734	8 Amount of Contribution \$ 3,632.20 9 In-kind contribution description Advertising Direct mail <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR EDUCATIONAL FREEDOM Contributor address: City: State: Zip Code PO Box 341027 AUSTIN TX 78734	Amount of Contribution \$ 1466.67 In-kind contribution description Consulting <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

MAR 27 2023

SCHEDULE A2

LEGAL

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 A2: 3
2 FILER NAME MISTY A. ODENWELLER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/10/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXANS FOR EDUCATION FREEDOM	8 Amount of Contribution \$ 3,333.33
7 Contributor address; City; State; Zip Code P.O. Box 341027 AUSTIN TX 78734		9 In-kind contribution description Advertising Digital media
		<input type="checkbox"/> Check if travel outside of Texas. Complete Sched.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Sched.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6
2 FILER NAME: Misty A. Odenweller
3 Filer ID (Ethics Commission Filers):

4 Date: 7/1-12/31/2022
5 Payee name: First National Bank

6 Amount (\$): 30.00
7 Payee address: P.O. Box 701 Abilene TX 79604
City: Abilene State: TX Zip Code: 79604

8 PURPOSE OF EXPENDITURE: (a) Category: Fee Banking (b) Description: monthly Bank statement fee
(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 7/1-12/31/2022
Payee name: APPLE.COM

Amount (\$): 17.94
Payee address: 1 Infinite Loop Cupertino CA 95014
City: Cupertino State: CA Zip Code: 95014

PURPOSE OF EXPENDITURE: Category: Other (a) Description: Monthly fee for storage
(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: 10/11/2022
Payee name: Cosmic Cowboy Lounge

Amount (\$):
Payee address: 3555 Rayford Rd, STE 10 Spring TX 77386
City: Spring State: TX Zip Code: 77386

PURPOSE OF EXPENDITURE: Category: Food/Beverage Expenditure (a) Description: Food for meet & greet
(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

MAR 27 2023

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EXPENDITURE CATEGORIES FOR BOX 8(a)

LEGAL

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/2022		5 Payee name Academy Sports & outdoors			
6 Amount (\$) 129.84		7 Payee address: 1461 Spring Cypress Rd Spring		City: TX	State; Zip Code 77373
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign shirts		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/9/2022		Payee name WEAP Stars Custom Signs			
Amount (\$) \$ 1,050.00		Payee address: 1603 Rayford Rd		City: Spring TX	State; Zip Code 77386
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/10/2022		Payee name U2 Marketing			
Amount (\$) 975.35		Payee address: 5900 Bingle Rd		City: Houston Texas	State; Zip Code 77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Misty A. Odenweller	3 Filer ID (Ethics Commission Filers)
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4 Date 10/10/2022	5 Payee name LZ Marketing
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6 Amount (\$) 874.35	7 Payee address; 5900 Bingle Rd	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/2022	Payee name Speedy Printing
Amount (\$) 804.19	Payee address; 25538 I-45, suite A Spring TX 77386

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/2022	Payee name Melissa Dugan for CISD
Amount (\$) 230.29	Payee address; 15406 FM. 3083 #57 Conroe TX 77302

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donations made by Candidate	Description Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 10a

LEGAL

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)	
4 Date 7/20/2022		5 Payee name CAZ Consulting LLC			
6 Amount (\$) 1,262.00		7 Payee address; 6255 Willers Way Houston TX		State; Zip Code TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Palmeards		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date 8/15/2022		Payee name CAZ Consulting Way LLC			
Amount (\$) 75.00		Payee address; 6255 Willers Way Houston TX		City; State; Zip Code TX 77057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Data subscription		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date 8/22/2022		Payee name CAZ Consulting Way LLC			
Amount (\$) 95.00		Payee address; 6255 Willers Way Houston TX		City; State; Zip Code TX 77057	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Consulting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				

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SCHEDULE F1

LEGAL

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Misty A. Odenweller** 3 Filer ID (Ethics Commission Filers)

4 Date **10/17/2022** 5 Payee name **CA2 Consulting LLC**

6 Amount (\$) **84.00** 7 Payee address: **6255 Willers Way Houston TX 77057**

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	SMS Text Messaging
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date **11/2/2022** Payee name **CA2 Consulting LLC**

Amount (\$) **5,468.60** Payee address: **6255 Willers Way Houston TX 77057**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Online Advertising
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date **10/10/2022** Payee name **Texas for Educational Freedom**

Amount (\$) **10,000.00** Payee address: **P.O. Box 341027 Austin TX 78734**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Donations made by Candidate	Donation
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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MAR 27 2023 SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

LEGAL

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Misty A. Odenweller** 3 Filer ID (Ethics Commission Filers)

4 Date **7/6/2022** 5 Payee name **Kellic Berry**

6 Amount (\$) **617.70** 7 Payee address; City; State; Zip Code
27867 Serenata Springs Dr. Spring TX 77386

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **Website Design**

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

Date **8/24/2022** Payee name **FAB Signs**

Amount (\$) **2,381.50** Payee address; City; State; Zip Code
9922 North Fwy, Suite A Houston TX 77037

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Yard Signs**

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

Date **7/1-12/31/2022** Payee name **Anedot**

Amount (\$) **648.30** Payee address; City; State; Zip Code
1340 Poydras Street Suite 1770 New Orleans LA 70112

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) **Solicitation / Fund raising** Description **Fees**

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

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