CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 35	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST WIST NICKNAME LAST DEAL	SUFFIX	MAR 2 7 2023
4 ORIGINAL REPORT TYPE	30th day before election limit	Final report Eeded modified reporting	Date Hand-deli gra Lar Dah As narked Receipt # Amount S
5 ORIGINAL PERIOD COVERED		Month Day Year ROUGH 2/31/2022	Date Processed Date Imaged
The original re have been add number is al	prefection profes 74-24 Lasson added to press 24-24 Lasson added to press 2	in-Kind contributions. To orm A-2) of the report. To 43 of the Preport	he contributions ne total contributions
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected report is	true and correct.
Chec	ck ONLY if applicable:		
Semiannual mislead or to	ith and without an intent to		
Other report date I learne omission in the	the 14th business day after the or affirm, that any error or		
		Signature of Candidate	Officeholder
(1) Affidavit	Please co	emplete either option below:	
NOTARY STAMP/SEA	AL.		
Swom to and subscribed	before me by	this the	day of
20, to certify	which, witness my hand and seal of offi		
Signature of officer administration	ering oath Printed name	of officer administering oath	Title of officer administering oath
国达尔尔特里尔 克里斯	TEXANDER MAINTENANCE	OR	
(2) Unsworn Declarati	ion		
My name is Wist	4 A DOENWELLER	and my date of high is	
My address is			
Executed in Montge	(Steet) (Aur) County, State of Texa	(Conth)	(zip code) (country) (yaar) (Officeholder (Declarant)
Remember To Atta	nch Any Part Of The Campaign	Finance Report Form Needed To Re	



CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFF MEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must dentify 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.
- 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.

	E / OFFICEHOLDER FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction Guid	de explains how to complete this form.	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICEUSEONLY
٨	odenweller suffix	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO ROX- ADT SHITT N. GUTY	MAR 2 7 2023
5 CANDIDATE/ OFFICEHOLDER PHONE		Date Hand-delivered or Date Postmarked
TREASURER NAME	AS / MRS / MR FIRST MI LCSICS A HICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
	- tyle	Date imaged
TREASURER	STREET ADDRESS (NO PO BOX PLEASE), APT/SUITE N. CITY: 4115 Angling Lane Spring TX 77	STATE; ZIP COOE
TREASURER	PHONE NUMBER EXTENSION 757- Z207	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded Modified	15th day after campaign tréasurer appointment (Officeholder Only)
10 PERIOD COVERED	Month Day Year Month 67 /61 / 2022 THROUGH 12	Day Year 31 /2022
11 ELECTION	tenth Day Year Primary Runoff Description 1 68 2022 General Special	
8	HONE 13 OFFICE SOUGHT (4 KNOWN)	board Member
14 NOTICE FROM POLITICAL COMMITTEE(S)	S BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY CANDIDATE / OFFICENOLOGY. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDINSENT. CANDIDATES AND OFFICENOLOGY ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO MAINTIES NAME COMMITTEE TYPE COMMITTEE NAME	ADE BY POLITICAL COMMITTEES TO SUPPORT
Additional Pages	GENERAL COMMITTEE ADDRESS	
I	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

MAR 2 7 2023

FORM C/OH COVER SHEET PG 2

4= 0.00	1 EOAL	
15 C/OH NAME	LEGAL 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,673.06
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6.00
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. TOTAL POLITICAL EXPENDITURES	\$ 25,496.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	* \$ 3,372.41
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
18 SIGNATURE & s	wear, or affirm, under penalty of perjury, that the accompanying report is true and juired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Condition	
	Signature of Candida	ite of Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP / SEAL	-	
Swom to and subscribed	before me by this the	day of
	which, witness my hand and seal of office.	
Signature of officer administo	ring oath Printed name of officer administering oath	Title of officer administering oath
(0) 11	OR	Mary Assessment of the second
(2) Unsworn Declaration		
My name is Mic	sty A Odenwelle , and my date of birth is	
My address is	, and an arrangement of the second of the se	
Executed in MUNTGUN	County, State of Texas, on the day of Mincon (month) Signature of Candidate/O	(zip code) (country) 20 2-3 (year) (year)
Forms provided by Texas Eth		Paviced 14/15/2022

MAR 2 7 2023

SUBTOTALS - C/OH

LEGAL

FORM C/OH COVER SHEET PG 3

		GOVER :	SHEET PG 3
19 FIL	Misty A. Odenweller	20 Filer D (Ethics Co	nmmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$25,345.w
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$25,345.w \$9,708.06
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 24,993.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ 503.5%
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$
	The state of the s		
			3

MONETARY POLITICAL CONTRIBUTIONS MAR 2 ZUZ3schedule A1 If the requested information is not applicable, DO NOT include this page in the DA 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (S) 100.00 Amount of contribution (\$) 100.00 Amount of contribution (S) \$00.00

The Instruction Guide explains how to complete this form. 2 FILER NAME Misty A. Odenweller 5 Full name of contributor Out-of-state PAC (ID#:_____ 5 Full name of contributor
Charles Shirley
6 Contributor address; City; State: Zip Code
3226 W. Benders Landy SPRING TP 77386 7/2/2022 8 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID# 7/5/2022 Contributor address; City: State: Zip Code 4214 Starling Stream Dr. Speing TX 77386 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:_____ 7/6/2022 James Fontana
Contributor address; City: State; Zip Code 422 SPEING LAKE HOWEN SPEING TX 7373 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: 7/6/2022 April Kerze
Contributor address: City: State; Zip Code

19 Herald Oak Count France TX 77381

Principal occupation / Job title (See Instructions) Employer (See Instru Amount of contribution (\$) 100.00 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

If the requi	nefed fatour II a	E	GAECHEDULE A1
ii tile requ	ested information is not applicable, DO NOT include this page in the	repo	rt.
	e Instruction Guide explains how to complete this form.	1 -	otal pages Schedule A1:
2 FILER NAMI	Misty A. Odenweller	3 F	iler ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		
-1.1	Tulie Cowas 6 Contributor address; City; State; Zip Code		mount of contribution (\$)
1/4/2022	6 Contributor address; City; State; Zip Code		50.00
8 Principal occ	Lete 31 Summeriste Cf Spewg TX 77379 Upation / Job title (See Instructions) 8 Employer (See Instructions)		
	9 Employer (See Instructions)	ilons)	
Date	Full name of contributor Out-of-state PAC (ID#:).	A	mount of contribution (\$)
7/6/2022	Gayle Fuchs Contributor address; City; State; Zip Code		(0)
	19715 OXALIS C+ SPEING TX 77379	:	00.00
Principal occup	pation / Job title (See Instructions)		
	Employer (See Instructions)	ons)	
Date	Full name of contributor Out-of-state PAC (ID#	Α	mount of contribution (S)
7/6/2022	Katherine Mussleman		Sure of Contribution (S)
	Contributor address; City: State; Zip Code 27402 EAST Benders Linding Blud Sprwg TX 77386 Dation / Job title (See Instructions)		00.00
Principal occur	Linding BIVD SPRWG TX 77386 pation / Job title (See Instructions) Employer (See Instructions)		
	Employer (See Instructions)	ons)	
Date	Fulf name of contributor		TOUR! of contain H
7/6/2022	Chyck Sheldon Contributor address; City: State: Zip Code 3911 Boden LN SPEING TX 77386		nount of contribution (\$)
,,,,,,	Contributor address: City: State: Zip Code	16	0.00
Principal occur			
	Employer (See Instructions)	ns)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED	
orms provided by Te	If contributor is out-of-state PAC, please see Instruction guide for additional re	ortin	requirements.

MONETARY POLITICAL CONTRIBUTIONS

MAR 27 SEE BEDULE A1

If the requested information is not applicable, DO

	not applicable, DO NOT	include this page in the	ept	GAL
	e instruction Guide explains how to complete th			otal pages Schedule A1:
2 FILER NAMI	Misty A. Odenwelle		3	iler ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state Po	AC (ID#:)	7 /	mount of contribution (\$)
7,47200	Karen Gilbert 6 Contributor address; City; 1323 Sweetyun Street Contributor	State: Zip Code	-	20.00
o Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date 7/e/rozz	Full name of contributor out-of-state PA Rebecca Ann Harlow Contributor address; City;	C {ID#:}	,	mount of contribution (\$)
	3902 North Rondelet Re	State: Zip Code Spainly TX 773 86	I,	.000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor Qui-of-state PAG	G (ID#:)	A	mount of contribution (S)
7/6/2022	Crowe, Cassandra Contributor address; City; 581 Woodstock Lane Contributor)	State; Zip Code	1	00.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor Out-of-state PACT Toger Taves Contributor address; City;	(10#:)	A	nount of contribution (S)
117 /2022	Contributor address; City;	State; Zip Code	1	0,00
Principal occup	27703 Braydon Ct. Speined ation / Job title (See Instructions)	Employer (See Instruction	ns)	
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru	F THIS SCHEDULE AS NEE	DEC	requirements.
rms provided by Te	xas Ethics Commission www.ethics.s			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 I EGAL If the requested information is not applicable, DO NOT include this page in the report. The Instruction 2 FILER NAME Misty A. Odenwelle 4 Date 5 Full name of contributor Out-of-state PAC (ID# 7 Amount of contribution (\$) The sleepe Terry 7/9/2022 6 Contributor address: City: State; Zip Code 1,000.00 4127 Balsan Fir Lane Speing TX 77386 Tion / Job title (See Instructions) 9 Employer (See Instructions) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7/12/222 Contributor address; City; State; Zip Code Amount of contribution (\$) 167 West Bristol Oak Grele Speng TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: 7/22/2022 Taime Creson Contributor address; City: State; Zip Code Amount of contribution (\$) 27480 S. Lazy Meadow Way Stung Th 77386 Employer (See Instructions) 1100.00 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Aimee Shupe Therpore Contributor address; City; State; Zip Code Amount of contribution (\$) 4118 Maple Rapids LN Sperna TX77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) 500.00 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 2 7 2023 SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the Control of the C 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) 7 Amount of contribution (\$) 50.00 23529 Windbourne Dr. Speing TX 77375 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#:_____ Amount of contribution (\$) 25.00 3515 Aspen Glen Lane Staing TX 77388 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:______) Amount of contribution (\$) 7/22/2022 MARGEN SEAN Contributor address; City; State: Zip Code 502 Holly Crest Dr. Spring TX 77886 Principal occupation / Job title (See Instructions) Date Full name of contributor Jane Winne Contributor address; City: State: Zip Code 9311 Aprin Falls Dr. Spenk TX 77379 Employer (See Instructions) Amount of contribution (\$) 00.00

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 2.7 2023

1	TARY POLITICAL CONTRIE		G	SCHEDULE A1
	ested information is not applicable, DO NOT		repo	rt.
	e Instruction Guide explains how to complete ti	nis form.	1	otal pages Schedule A1:
2 FILER NAME	Misty A. Odenwa	eller	3 1	ller ID (Ethics Commission Filers)
4 Date	Carolyn Gibbs	AC (IO#)	7 /	mount of contribution (\$)
7/23/2022		State; Zip Code		250.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc		
Date	Full name of contributor out-of-state Pr	AC (ID#:		mount of contribution (\$)
7/24/2022	Mathal Tennifer Reeve Contributor address; City;	State: Zin Cada		
Principal occur	5406 North Ossinck Dr. Spoation / Job title (See Instructions)	21NGTX 77386		00.00
	to the instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor Out-of-state PA	C (10#:)	A	mount of contribution (S)
7/26/2012	Contributor address; City;	State; Zip Code	1,0	00.00
Principal occup	3939 North Rondelet Dr. 5			
	(COO MARKENIONS)	Employer (See Instructi	ons)	
Đate	Full name of contributor out-of-state PA	C ((D#):	Ai	nount of contribution (\$)
7/25/2012	Contributor address; City;	State; Zip Code		
Principal occup	612 West Austin Street Freder	Employer (See Instruction	[100.00
		Companyor (Gas Instruction	ons)	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS NE action guide for additional re	EDEC portin	requirements.
orms provided by Te	exas Ethics Commission www.ethics.			

ł				
MONE	TARY POLITICAL CONTRIB	UTIONS M	4K 2	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT i	include this page in	Egg	AL
The	Instruction Guide explains how to complete the	ls form.	1	otal pages Schedule A1:
2 FILER NAME				
4 Date	Misty A. Odenwel	ler	.	iler ID (Ethics Commission Filers)
	Full name of contributor out-of-state PARONALD Rife 6 Contributor address: City: 27473 South Lazy Meadur	AC (ID#:)	7 /	mount of contribution (\$)
8/8/2012	6 Contributor address; City:	State; Zip Code	1	,000.04
8 Principal ass	27473 South Lazy Meaduw War	y SPRING TX 7739		
• moparacce	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor Gout-of-state PA	C (ID#:	A	mount of contribution (5)
Glabon	Kristi Nickel Contributor address; City:			(5)
rijaa	Contributor address; City:	State; Zip Code	10	06.00
Deineises	3903 Fishermans Carl &	PRING 9X77386		
enncipal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor Quit-of-state PAC	מעון כ		
~ / /	Bea Brydon		A.	nount of contribution (S)
8/10/2022	Contributor address; City;	State; Zip Code		n. a.
	4667 Elkereck Trail Reno	NV 89519	1 1	06.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:	•	
5.1.6	April Kerze Contributor address; City			nount of contribution (\$)
Blichors	· Ony,	State; Zip Code		***
	19 Harold Dak Court Spain	4 TX 77381	1	000.00
Principal occupa	ition / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	
	If contributor is out-of-state PAC, please see Instru	ction guide for additional re	porting	requirements.



MONE	LEGAL	
If the requ	ested information is not applicable, DO NOT include this page in the	SCHEDULE A1
Th	e instruction Guide explains how to complete this form.	1 otal pages Schedule A1:
2 FILER NAM		
4.5-	Misty A. Odenweller	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
8/17/2022	Ginger Russell	
	6 Contributor address: City: State: Zip Code 9902 Woodlant Blvd Magnolia TX 77354 upation / Job title (See Instructions)	50.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
8/17/2027	Luis Pedraga Contributor address; City; State; Zip Code	
•	Gity; State; Zip Code	50.00
Principal occup	951 Fife Drive Course TX 77301 Dation / Job title (See Instructions)	
	Employer (See Instructions)	ions)
Date	Full name of contributor Out-of-state PAC (ID#:	
	David Tomlinson	Amount of contribution (\$)
8/20/2022	Contributor address; City; State; Zip Code	500.00
Bilan	27610 Quiet Sky Place Spang TX 77386 ation / Job litle (See Instructions)	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	
	Lorraine Rice Out-of-state PAC (ID#:	Amount of contribution (\$)
8/21/2022	Contributor address; City: State: Zip Code	25.00
	25923 Richards Road SPRING TY 77386	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional rej	EDED
	The second service of additional rep	porting requirements.

MONETARY POLITICAL CONTRIBUTIONS LEGAL

SCHEDULE A1

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

		he report.
The	Instruction Guide explains how to complete this form.	1 otal pages Schedule A1:
2 FILER NAME	Misty A. Odenweller	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	L'IN TRADITAGE CT DPENIC TX T7276	1,000.00
	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)
B/23/2022	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / John little (Sou Justine 1) 77345	
	Employer (See Instructions)	uctions)
B/23 horz	Full name of contributor Gout-of-state PAC (ID#:	Amount of contribution (s)
	1029 Nater Crest Ct. Muntgomen TX 7731	6
	Employer (See Instru	ctions)
8/23/wz	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupa	Full name of contributor out-of-state PAC (ID#	200.00
	tion / Job title (See Instructions) Employer (See Instruc	ctions)
Orms provided by Ta	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.

	REC	E	VED
If the requ	ested information is not applicable, DO NOT include this page in t	₹ 2 7 ©	SCHEDUIE A 4
2 FILER NAM	e Instruction Guide explains how to complete this form.	1 1	olal pages Schedule A1:
	Misty A. Odenweller	3 F	iler ID (Ethics Commission Filers)
	Full name of contributor Don Larson City: State: Zip Code Vo Elm Nillow Court The woodlands 98 77382		mount of contribution (s)
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru		
Blad hora	Full name of contributor out-of-state PAC (ID#: Tohn Hundley Contributor address; City; State; Zip Code (813 Casco Court Peurland TX 77584 pation / Job title (See Instructions) Employer (See Instructions)	A	mount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Blethon	Full name of contributor out-of-state PAC (IDN:		nount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)	
B/25/2022	Full name of contributor out-of-state PAC (ID#:) CHOISTAG HAUSMANN Contributor address; City: State; Zlp Code	Ar	ount of contribution (s)
Principal occup	1133 Havaman Gin Rd. Le Grange TX78948 ation / Job title (See Instructions) Employer (See Instructions)	ions)	

if contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

www.ethlcs.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS MAR 2 7 2023 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. Notal pages Schedule A1: 2 FILER NAME Misty A. Odenweller 5 Full name of contributor Out-of-state PAC (ID#: Robyn Soileau 6 Contributor address: City: Sta 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 256.00 3107 W. Ocndors Londing Blid Speng 97 77386 8 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#: Blahaz Bradley Olsen Contributor address; City; State; Zip Code Amount of contribution (\$) 1,000.00 28007 Whisper Maple Way String TX T386 pation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Riz Spencer Contributor address; City; State: Zip Code 409 Teague Street Navasota TX 77868 Employer (See Ins Out-of-state PAC (ID#:__ Amount of contribution (\$) 200.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

RECEIVED MAR 2.7 2023

Revised 8/17/2020

1	Sted information is not applicable, DO NOT		LEGASCHEDULE A1
	Instruction Guide explains how to complete t		1 Total pages Schedule A1:
2 FILER NAME	Misty A. Odenwell		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state Vicki Odenwell 6 Contributor address; City; 18611 Admiration Druc Graphical (See Instructions)	PAC (IDI:	7 Amount of contribution (\$) 200.00
9/1/2012	Full name of contributor Patricia Negric Contributor address; City:	AC (ID#) State: Zin Out	Amount of contribution (\$)
	SCO2 WHITE Brown R. SPRING T	₹ 7739८ Employer (See Instruction	1 0 0 . Do
7/7/2022	Full name of contributor out-of-state participation Out-of-state parti	State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	
9 /13/2022	Full name of contributor out-of-state PAC Charles Viewa Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Principal occupal	28607 Pinnade Point Place Ston / Job title (See Instructions)	PLINA TX7738L Employer (See Instruction	25.00
1	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS NEE action guide for additional rep	DED orting requirements.
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MONETARY POLITICAL CONTRIBUTIONS	MAR 2 7 2023
If the requested information is not applicable, DO NOT include this page	LEGAL SCHEDULE A1
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)
7 Date E F. 0	7 Amount of contribution (S)
4215 Balsan Fir LN SPRING TX77	50.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See	Instructions)
Pate Full name of contributor out-of-state PAC (IDM: 9/15/2012 Contributor address; City: State; Zip Code	Amount of contribution (\$)
27515 Sinnera Creek LN SPOLAR TYDDO	25.00
Principal occupation / Job title (See Instructions) Employer (See	8 C Instructions)
Date Full name of contributor out-of-state PAC (IDIE:	Amount of contribution (\$)
9/22/2022 LOTTAINE Rice Contributor address; City; State: Zip Code 25923 Richards Road Spring TX7738 Principal occupation / Job title (See Instructions)	25.00
Principal occupation / Job title (See Instructions) Employer (See !	nstructions)
Date Full name of contributor out-of-state PAC (ICH:	Amount of contribution (\$)
30 Meadow Rose Place Spenie TV 7729	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addition	AS NEEDED onal reporting requirements.
ns provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS

If the requested information is not applicable, DO NOT include this page in the report GAL The instruction Guide explains how to complete this form. Total pages Schedule A1: 2 FILER NAME 3 Filter ID (Ethics Commission Filers) 4 Date 9 Principal occupation / Job title (See Instructions)

5 Full name of contributor | Out-of-state PAC (ID#:

Out-of-state PAC (7 Amount of contribution (\$) 500.00 Date Amount of contribution (\$) 1690 6 BARTICI LN CONFOC TY TISO!

Total / Inh title (See Instructions)

Employer (See Instructions) 25.00 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Amount of contribution (\$) 4127 Inish Ivy Court Steine TT 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions) 60.00 Quit-of-state PAC (IDR:____ Ampunt of contribution (8) Principal occupation / Job title (See Instructions)

Conroc TF T1385

Employer (See Instructions) 300,00 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 CONT

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10/12/202 Steven Tranks 6 Contributor address; City; State; Zip Code	50.00
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8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	stions
The food with	Caonsy
Date Full name of contributor	
CI VOI VISITE PAS (IDE:	Amount of contribution (\$)
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10/12/2022 Contributor address; City; State; Zip Code	
27303 Shady Hill landy LN SPRING TY 7381	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Guitafictoic RAC IDW	
Full name of contributor	Amount of contribution (\$)
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April Kerze Contributor address; City; State; Zip Code	500.00
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Principal occupation / Job title (See Instructions) Employer (See Instruc	
Employer (Sea Metrico	nons)
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() stituling of contributor —	Amount of contribution (\$)
hara young	
Contributor address; City: State; Zip Code	50.00
Contributor address; City: State; Zip Code 1006 Golden Willow Ln Perus X 77305	,
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	Misty A. Odenwell	. 26	3 F	ler ID (Ethics Commission Filers)
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10/14/2027	Stephanie Cox 6 Contributor address: City:	State; Zip Code	t	00.00
	51 Trilling Bird Pace upation / Job title (See Instructions)	Consoc TO 77394		
		9 Employer (See Instruct	ions)	
Date	Full name of contributor Out-of-state P. LAUCA POSKE Contributor address; City:	AC (IDII:)	Aı	nount of contribution (\$)
, ,,,,	City;	State; Zip Code	Ę	0.00
Principal occu	30 Meadow Rose Place Span	Employer (See Instruction	ons)	
Date	Full name of contributor Out-of-state PA	C (ID#:)	Ar	nount of contribution (\$)
10/15/202	Contributor address; City;	State; Zip Code		
	28368 Sterling Oak Dr. Sp.	line DC 77386	19	0.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	กร)	
Date	Full name of contributor			
10/17/2022	Adrian Heat	`	An	ount of contribution (\$)
	43 West Stony Bridge Ct. Sp	State; Zip Code	10	0.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	na)	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

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RECEIVED MONETARY POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. MAR 2 7 2023 SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME Misty A. Odenweller 5 Full name of contributor | out-of-state PAC (ID#:______ 3 Filer ID (Ethics Commission Filers) ___) 7 Amount of contribution (\$) 25.00 25923 Rizherds Road Spr. ng TX 77386 pation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Contributor address; City: State: Zip Code Amount of contribution (\$) 25923 Rizhards Road Spring TX77386 25.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Lipout-un-state 12/22/2022 Contributor address; City; State; Zip Code 25923 Rizhards Road Stang TY 77384 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25,00 Amount of contribution (\$) Contributor address; 469 Edge wood D. Montgomy X77350 Employer (See Instructions) 1,500.00

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

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7/22/2022	Cathy Lyons 6 Contributor address; City; 9227 Memorial Hills Dr. Spa	State; Zip Code	ı	00.00
8 Principal occ	upation / Job title (See instructions)	129 77 77379		
	openion, sob due (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor			
	Fredrick + Mary Breid Contributor address; City;		A	nount of contribution (\$)
07.7222		,	lc	0.00
Principal accur	27523 E. Benderslanding Blud	SPRINGTY 77386		
· mopar occus	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	F.W.			
	Full name of contributor out-of-state PAC	(ID#:)	A	nount of contribution (\$)
8/8/2022	Michael + Carol Farris Contributor address; City;			
	2415 Pacillas Paris	State; Zip Code	2	50.00
Principal occur	2415 Rosillus Peak Dr. Spain	9TX 77384		
	and (one instituctions)	Employer (See Instruction	ons)	
Date	Full name of contributor			
9/14/2012	VA - OIL			nount of contribution (\$)
	Contributor address; City;	State; Zip Code	5,	000.60
Principal accup	28007 Whispering Maple Way	Stens TX 77384		
	and y oob tile (see instructions)	Employer (See Instruction	ons)	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the EALI The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Misty A. Odenweller 4 Date 5 Full name of contributor | out-of-state FAC (1104: CASCY T. Wallace LLC 6 Contributor address; City; State; Zip Code 2 FILER NAME 3 Fler ID (Ethics Commission Filers) 7 Amount of contribution (\$) 3914 Tishermons A Spring TX 7738c 500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor aut-of-state PAC (ID#:____ Sheron & Wesley Sheldon Contributor address; City; State; Zip Code Amount of contribution (\$) 9/24/2022 100.00 3911 Boden Lane Staing TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 9/24/2022 David & Elizabeth Anderson Contributor address; City; State; Zip Code 503 Rosewood Dr. Shenadock, TY 77381 Principal occupation / Job title (See Instructions) Out-of-state PAC (IDW:_____ Amount of contribution (S) State; Zip Code 100.00 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. Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS

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4 Date	To Octenwell	es es			·			
	5 Full name of contributor Oul-of-state P	AC (ID#:)	7 A	mount	of contribution (\$)			
7/1/20	mecry Tremillion							
1/1/1000	Sherry Grenillium 6 Contributor address: City; 23511 Watched Many	State; Zip Code	2	90	ν.ω			
	THE PARTY WAR WORKE WAY	Pring Dans						
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
			,					
Date	Full name of contributor	C (ID#:						
	Leslen Pala	10 (10)	А	nount	of contribution (\$)			
7/14/2022	Contributor address; City:							
	dity:	State; Zip Code	1,5	00	. 00			
	4115 Angling IN SPA	ING TX77391						
Principal occup	4115 Angling W Sen	Employer (See Instruct	ions)	-				
Date	Full name of contributor out-of-state PA	C (ID#:		1				
10/22/200	Susan Schlage		A	nount (of contribution (\$)			
101241022	Subsan Scruggs Contributor address;	State: 75 Audi		20	0.00			
		State, Zip Code						
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Date	Full name of contributor	C (ID#;	An	opunt e	of contribution (\$)			
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCHEDULE A2

If the requested information is not applicable, DO NOT Include this page is Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) A. ODENWELLAR MIRTY 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9.708.06 6 Full name of contributor 5 Date Out-of-state PAC (ID#: 9 In-kind contribution Contribution \$ description 10/29/2022 City; SIGNS State: Zip Code 203.33 67 CHESTAUT MEADIN DI. LONGOETX 7-7394 Check if travel outside of Texas. Complete Schedu 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 JUDICIA 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Contribution \$ description TEXANS FOR EDUCATIONAL FREEDOM 10/22/2022 State; Zip Code P.O.BOY 341027 AUSTIN TX 78734 Check if travel outside of Texas. Complete Schedu 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 JUDICIA 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

LEGAL SCHEDULE A2

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2 FILER NAM	TIBTY A. ODENWELLON		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor aut-of-state PAC (IDN:			Contribution \$ 3,632.20	I g In-kind contribution I description I Advertiging Direct mail
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See instructions)	11 Employe	(FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JL	IDICIAL) (See Instructions
14 Contributor's	emptoyer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (If any) (FOR JUDICIAI
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/10/2022	Full name of contributor out-of-state PAC (IDE:	Zip Code	Amount of Contribution \$	In-kind contribution description (UASULT: ide of Texas. Complete Schedu
Principal occ	eupation / Job tille (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDIC	AL)(See Instructions)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

MAR 27 2023

SCHEDULE A2

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MISTY A. ODENWELLOR			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#: TEXANS FOZ FDUCATION FRESSON 7 Contributor address; City: State; P. D. BOX 341027 AUSTIN TY7	Zip Code	8 Arnount of Contribution \$ 3,333.33	9 In-kind contribution description Advertising Disital Media	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)			IAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions	
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POLITICAL EXPENDITURES MADE

If the requested a	TICAL CONTRIBUTIONS		SCHEDULE F1
in the requested (nformation is not applicable, DO NOT In	clude this page in the lead	AL
Advertising Expense	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Event Expense Fees Food/Beverage Expense GilVAwards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rontal Expense Politing Expense Tri Printing Expense Salaries/Wages/Contract Labor	licitation/Fundraising Expense ansportation Equipment & Related Expen avel In District avel Out Of District or (enter a category not listed above)
Total pages Schedule F	2 FILER NAME		Filer ID (Ethics Commission Filers)
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30.00	P. O. Box 701 A)		State; Zip Code
	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	404
PURPOSE OF EXPENDITURE	Feb Banking	month	
THE ENDITORE		Bank State	mont tee
Complete ONLY if direct	Candidate / Office helder	Street it Austrit, TX,	officenoider living expense
expenditure to benefit C/O	H	Office sought	Office held
Date	Payee name		
7/4-12/31/201	2 APPLE. COM		
Amount (\$)	Payee address:	City;	State; Zip Cede
17.94	1 Infinite Loop	Cupartino CA	95014
PURPOSE OF	Category (See Categories listed at the top of this sched	dule) Description	13014
EXPENDITURE	Edvad Bry Berge	Monthly	ec for storice
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expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/11/2022	Cosmic Cowbay	Lounge	
Amount (\$)	Payee address;	City;	State; Zip Code
	3555 Rayford Rd, 5	TE 10 SPRING	TX 77386
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	16
OF EXPENDITURE	Food Be verage Expenitur	re Food for M.	ect d great
Ampleta Città II	Check if travel outside of Texas. Complete Schedul		iceholder fiving expense
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	EXPENDITURE CATEGO	RIES FOR POVALLE	
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Credit Card Payment		Indepense	avel Out Of District
	The Instruction Guide avaluing he		ther (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME	to complete this form.	
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Date .	Misty A. Oden	Weller	Commussion Filers
10/23/2022			
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Vincout (2)	7 Payee address;		
.00 * !		City;	State; Zip Code
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	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description	
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OF EXPENDITURE	Advanta		1
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expenditure to benefit C/O	H	Office sought	Office held
		The state of the s	Jinco rielo
Date	Рауче лате		
alalana			
9/9/2022	WEAP Star A.	/	
Amount (5)	Weap Stars Custom:	Digus	
1-1	Payee address;	City;	State; Zlp Code
1 400			Zip Code
1,050.00	1603 Rayford Rd	50	h/ -
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PURPOSE	this schedule) Description	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
13/3/198			Office field
Date	Payee name		
	/	10.0-12.20.20	
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	- I HE FETTING		
Amount (\$)	Payee address;	City;	Dist
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		touston Texas	77092
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s provided by Texas Ethic	s Commission www.ethics.state.	x.us	
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POLITICAL EXPENDITURES MADE

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FROM POLITICAL CONTRIBUTIONS MAR 27 2023 SCHEDULE F1 If the requested information is not applicable, DO NOT include this page in the report EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking
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Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Selicitation/Fundraising Expense Trunsportation Equipment & Related Expense Travel In District rees Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Legal Services Credit Card Payment Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schadule F1: 2 FILER NAME 3 Filer IO (Ethics Commission Filers) 5 Payee name 10/10/2022 니 군 7 Payee address; City: State; Zip Code 5900 Bingle Rd 874.35 8 (b) Description PURPOSE Advertising Expense Push Cards EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought 10/26/2012 Speedy Printing Zip Code 804.19 25538 I-45, Suite A Sping TX
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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I TOM FOL	THEAL CONTRIBUTIONS		SCHEDULE F1
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OF EXPENDITURE	Advertising Expense	SM9 Tex	+ Messaging
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Date	Payee name		
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Amount (\$)	Payee address;	City;	State; Zip Code
10,000,00	P.O. Box 341027	Austin TX	78734
27.00	Category (See Categories listed at the top of this schedule)	Description	
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EXPENDITURE	Candidate	Donati	0~
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POLITICAL EXPENDITURES MADE

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4 Date 7/8/2022	Misty A. Ode	nweller	
6 Amount (\$)	Kellic Berry 7 Payee address;	01	
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8	(a) Category (See Categories listed at the top of this act	nedule) (b) Description	my 17 77386
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648.30	1340 Paydras Stree Catagory (See Catagories Instead at the top of this sched	+ Suite 1720 Ne	Warel & Tour
PURPOSE	Category (See Categorie histed at the top of this sched	ule) Description	DOWNERS LIF 10112
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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political contributions intended	P.O. Box 6416 Carol	60197	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Other - Campaign Phone	31 3	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Campaign	
9	Candidate / Officeholder name		officeholder living expense
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25 of 31	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
orms provided by Texas Eth	les Commission www.ethics.state.b	c.us	Revised 8/17/2020