

# 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:  
12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST  
Misty

MI  
A

NICKNAME

LAST  
Odenweller

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4507 Riley Fuzzel Suite 500-426 Spring TX 77386 Rd

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 846 )

413-1563

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST  
Lesley

MI  
A

NICKNAME

LAST  
Pyle

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4115 Angling Lane,

Spring

TX

77386

(Residence or Business)

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

05 / 01 / 2022

THROUGH

Month

Day

Year

06 / 30 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 2022

ELECTION TYPE

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME**  
Misty A. Odenweller

**16 Filer ID (Ethics Commission Filers)**

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 2,900.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,768.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,900.00
<b>OUTSTANDING LOAN TOTALS</b>	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 05/13/1965.

My address is 27610 Siandra Creek Ln, Spring, TX, 77386, US.

(street) (city) (state) (zip code) (country)

Executed in Montgomery County, State of Texas, on the 14 day of July, 2022.

(month) (year)

*Misty A. Odenweller*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Misty A. Odenweller	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,900.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,999.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,427.80
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,340.25
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

## 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: **1**

2 FILER NAME  
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rebecca Thornley

7 Amount of contribution (\$)

05/26/2022

6 Contributor address; City; State; Zip Code  
4754 Misty Ranch Drive Spring TX 77386

100.00

8 Principal occupation / Job title (See Instructions)  
Flight Attendant

9 Employer (See Instructions)  
American Airlines

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Diane Nelson

Amount of contribution (\$)

05/28/2022

Contributor address; City; State; Zip Code  
5346 Pinie Wood Hills Ct Spring TX 77386

250.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pamela Kimbrough

Amount of contribution (\$)

06/17/2022

Contributor address; City; State; Zip Code  
634 Dresher Drive Spring TX 77373

100.00

Principal occupation / Job title (See Instructions)  
Director of Communications

Employer (See Instructions)  
Taylor Book

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anitia Kunneman

Amount of contribution (\$)

06/17/2022

Contributor address; City; State; Zip Code  
5605 Normandy Drive Colleyville TX 76034

500.00

Principal occupation / Job title (See Instructions)  
Retired

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

## SCHEDULE A1

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

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1 Total pages Schedule A1: **6**

2 FILER NAME  
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date  
06/17/2022

5 Full name of contributor  
Helen Tanaka  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
5507 Harvest Oak Landing Dr Spring TX 77386

100.00

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)

Date  
06/17/2022

Full name of contributor  
Nicole Sherwood  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4226 Hiddend Winds Dr Spring TX 77386

25.00

Principal occupation / Job title (See Instructions)  
Finance

Employer (See Instructions)  
ABS

Date  
06/18/2022

Full name of contributor  
Chuck Sheldon  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
3911 Boden Ln Spring TX 77386

100.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
06/18/2022

Full name of contributor  
Dawn Hoover  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
28368 Sterling Oak Dr Spring TX 77386

100.00

Principal occupation / Job title (See Instructions)  
Engineer Technician

Employer (See Instructions)  
ExxonMobil

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## 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: **4**

2 FILER NAME  
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date  
06/19/2022

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anne Adams

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
6300 Taggart Street Houston TX 77007

100.00

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)

Date  
06/22/2022

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kelly Drebert

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
3023 Lenora Springs Dr Spring TX 77386

25.00

Principal occupation / Job title (See Instructions)  
Stylist

Employer (See Instructions)  
Total Image Salon

Date  
06/22/2022

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Celeste Grabowski

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
5206 North Ossineke Dr Spring TX 77386

50.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
06/23/2022

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dean And Deanna Spradley

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
13301 East 53rd Terrace Kansas City MO 64133

100.00

Principal occupation / Job title (See Instructions)  
Operations

Employer (See Instructions)  
Commenco

**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

## 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

2 FILER NAME  
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date  
06/23/2022

5 Full name of contributor  
Bobbie Cobb  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
112 Private Rd 3290 Gause TX 77857

100.00

8 Principal occupation / Job title (See Instructions)  
Owner

9 Employer (See Instructions)  
Message Heights

Date  
06/24/2022

Full name of contributor  
Taylor Johnson  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
5110 North Ossineke Dr Spring TX 77386

250.00

Principal occupation / Job title (See Instructions)  
Speech Pathologist

Employer (See Instructions)  
Self employed

Date  
06/24/2022

Full name of contributor  
Joe Juarez  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6624 Sundance Circle East Joshua TX 76058

100.00

Principal occupation / Job title (See Instructions)  
Arborist

Employer (See Instructions)  
Self employed

Date  
06/26/2022

Full name of contributor  
Mary Rebecca McDuffee  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
27700 Vivace Dr Spring TX 77386

100.00

Principal occupation / Job title (See Instructions)  
Operations

Employer (See Instructions)  
Commenco

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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1 Total pages Schedule A1: **2**

2 FILER NAME  
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date  
06/29/2022

5 Full name of contributor  
Charles Chopp  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
28225 Woodland Bend Way Spring TX 77386

225.00

8 Principal occupation / Job title (See Instructions)  
Management

9 Employer (See Instructions)  
Vision Source

Date  
06/27/2022

Full name of contributor  
Robin Shouse  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
5911 Masters Dr Houston TX 77069

300.00

Principal occupation / Job title (See Instructions)  
Acct Manager

Employer (See Instructions)  
Kainos

Date  
06/27/2022

Full name of contributor  
Nicole Hoff  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
31035 Timber Bend Ln Spring TX 77386

25.00

Principal occupation / Job title (See Instructions)  
Student

Employer (See Instructions)

Date  
06/30/2022

Full name of contributor  
Kim Greer  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
204 Bayland Ave Houston TX 77009

100.00

Principal occupation / Job title (See Instructions)  
Office Manager

Employer (See Instructions)  
Precision Well Logging

**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

## 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: 6

2 FILER NAME  
Misty A. Odenweller

3 Filer ID (Ethics Commission Filers)

4 Date: 06/23/2022  
5 Full name of contributor: Andrew Sagstuen  
 out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code  
19217 Archwood Street Los Angeles CA 91335

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 05/25/2022  
Full name of contributor: Keith Odenweller  
 out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code  
27610 Siandra Creek Ln Spring 77386

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)

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)

**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

## SCHEDULE A2

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: 1	
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,999.00	
5 Date 0516/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Limey Group, LLC	8 Amount of Contribution \$ \$1,500.00	9 In-kind contribution description Website Design
7 Contributor address; City; State; Zip Code 27431 Blue Cedar Lane Spring TX 77386		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 06/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Photography by Christi Muhle	Amount of Contribution \$ \$499.00	In-kind contribution description Photographs
Contributor address; City; State; Zip Code 2714 Linden Park Ln Spring TX 77386		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Misty A. Odenweller	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,427.80
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<b>5</b> Date 05/11/2022	<b>6</b> Payee name Apple
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<b>7</b> Amount (\$) 1,427.80	<b>8</b> Payee address; 2000 Willowbrook Drive Houston TX 77070
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign Computer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member	Office held
---	--	--	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City: State: Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Misty A. Odenweller	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2022	<b>5</b> Payee name The Limey Group, LLLC	
<b>6</b> Amount (\$) 312.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 27431 Blue Cedar Ln City: Spring State: TX Zip Code: 77386	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Domain /URL Purchase
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member
<b>4</b> Date 06/06/2022	<b>5</b> Payee name The Limey Group LLC	
<b>6</b> Amount (\$) 600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 27431 Blue Cedar Ln City: Spring State: TX Zip Code: 77386	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Design
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member
<b>4</b> Date 06/26/2022	<b>5</b> Payee name Chase Card Services	
<b>6</b> Amount (\$) 1,427.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; P.O. Box 6294 City: Carol Stream State: IL Zip Code: 60197	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Payment of credit card bill for campaign computer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Misty A. Odenweller	Office sought Conroe ISD Board Member

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED