

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT AMENDED **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: 13

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
 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 MI
 Lesley A
 NICKNAME LAST SUFFIX
 Pyle

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
 July 15 8th day before election Exceeded Modified Reporting Limit
 15th day after campaign treasurer appointment (Officeholder Only)
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year Month Day Year
 05 / 01 / 2022 THROUGH 06 / 30 / 2022

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
 11 / 08 / 2022 General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
 None 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.
 Additional Pages
 GENERAL
 SPECIFIC
 COMMITTEE TYPE COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY
 Date Received **RECEIVED**
JUL 15 2022
LEGAL
 Date Hand-delivered or Date Postmarked
 Receipt # Amount \$
 Date Processed
 Date Indexed

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)
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)	\$ 2,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,768.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,781.70
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 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 15th day of July, 2022.
(month) (year)

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

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		\$ 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		\$ 118.30
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 checked="" 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: 6
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)	
4 Date 05/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Thornley	7 Amount of contribution (\$) 100.00	
6 Contributor address; City; State; Zip Code 4754 Misty Ranch Drive Spring TX 77386			
8 Principal occupation / Job title (See Instructions) Flight Attendant		9 Employer (See Instructions) American Airlines	
Date 05/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Nelson	Amount of contribution (\$) 250.00	
Contributor address; City; State; Zip Code 5346 Pinie Wood Hills Ct Spring TX 77386			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 06/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Kimbrough	Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 634 Dresher Drive Spring TX 77373			
Principal occupation / Job title (See Instructions) Director of Communications		Employer (See Instructions) Taylor Book	
Date 06/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anitia Kunneman	Amount of contribution (\$) 500.00	
Contributor address; City; State; Zip Code 5605 Normandy Drive Colleyville TX 76034			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
<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>			

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 06/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Tanaka	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5507 Harvest Oak Landing Dr Spring TX 77386		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Sherwood	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4226 Hiddend Winds Dr Spring TX 77386		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) ABS
Date 06/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Sheldon	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3911 Boden Ln Spring TX 77386		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Hoover	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 28368 Sterling Oak Dr Spring TX 77386		
Principal occupation / Job title (See Instructions) Engineer Technician		Employer (See Instructions) ExxonMobil
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

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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 06/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Adams 6 Contributor address; City; State; Zip Code 6300 Taggart Street Houston TX 77007	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Drebert Contributor address; City; State; Zip Code 3023 Lenora Springs Dr Spring TX 77386	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Stylist		Employer (See Instructions) Total Image Salon
Date 06/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celeste Grabowski Contributor address; City; State; Zip Code 5206 North Ossineke Dr Spring TX 77386	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean And Deanna Spradley Contributor address; City; State; Zip Code 13301 East 53rd Terrace Kansas City MO 64133	Amount of contribution (\$) 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: 6
2 FILER NAME Misty A. Odenweller		3 Filer ID (Ethics Commission Filers)	
4 Date 06/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie Cobb	7	Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 112 Private Rd 3290 Gause TX 77857		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Message Heights	
Date 06/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Johnson	7	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 5110 North Ossineke Dr Spring TX 77386		
Principal occupation / Job title (See Instructions) Speech Pathologist		Employer (See Instructions) Self employed	
Date 06/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Juarez	7	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 6624 Sundance Circle East Joshua TX 76058		
Principal occupation / Job title (See Instructions) Arborist		Employer (See Instructions) Self employed	
Date 06/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Rebecca McDuffee	7	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 27700 Vivace Dr Spring TX 77386		
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Commenco	
<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>			

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 06/29/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Chopp 6 Contributor address; City; State; Zip Code 28225 Woodland Bend Way Spring TX 77386	7 Amount of contribution (\$) 225.00
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) Vision Source
Date 06/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Shouse Contributor address; City; State; Zip Code 5911 Masters Dr Houston TX 77069	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Acct Manager		Employer (See Instructions) Kainos
Date 06/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Hoff Contributor address; City; State; Zip Code 31035 Timber Bend Ln Spring TX 77386	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Greer Contributor address; City; State; Zip Code 204 Bayland Ave Houston TX 77009	Amount of contribution (\$) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Sagstuen 6 Contributor address, City; State; Zip Code 19217 Archwood Street Los Angeles CA 91335	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Odenweller Contributor address; City; State; Zip Code 27610 Siandra Creek Ln Spring 77386	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Misty A Odenweller	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Anedot	
6 Amount (\$) 118.30	7 Payee address; 1340 Poydras Street, Suite 1770 New Orleans	City; New Orleans State; LA Zip Code 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) solicitation/Fundraising Expense	(b) Description Fee
	(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 Misty A. Odenweller	Office sought Conroe ISD Board Member Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F4: 1	2 FILER NAME Misty A. Odenweller	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,427.80
5 Date 05/11/2022	6 Payee name Apple	
7 Amount (\$) 1,427.80	8 Payee address; 2000 Willowbrook Drive Houston	City; Houston State; TX Zip Code 77070
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 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	
11 Complete <u>ONLY</u> 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED