

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Misty MI: A NICKNAME: _____ LAST: Odenweller SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; color: blue; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red; font-size: 1.1em; font-weight: bold;">JUL 17 2023</div> <div style="text-align: center; color: blue; font-size: 1.2em; font-weight: bold;">LEGAL</div> Date Hand Delivered or Date Postmarked <div style="text-align: center; font-size: 1.5em; font-weight: bold; color: gray;">CG</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
5 CANDIDATE / OFFICEHOLDER PHONE	[REDACTED]	Date Hand Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Lesley MI: A NICKNAME: _____ LAST: Pyle SUFFIX: _____	Date Hand Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: Spring STATE: TX ZIP CODE: 77386 4115 Angling Lane,		
8 CAMPAIGN TREASURER PHONE	AREA CODE: ( 281 ) PHONE NUMBER: 757-2207 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year    THROUGH    Month / Day / Year 01 / 01 / 2023    THROUGH    06 / 30 / 2023		
11 ELECTION	ELECTION DATE: _____ ELECTION TYPE: Month / Day / Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Conroe ISD Board Member	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Misty A. Odenweller		<b>16 Filer ID (Ethics Commission Filers)</b>
<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)	\$ 25.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 484.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,914.48
<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

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JUL 17 2023  
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**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

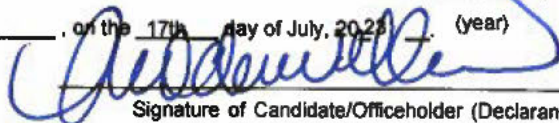
**(2) Unsworn Declaration**

My name is Misty A. Odenweller and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

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

Executed in Montgomery County, State of Texas, on the 17th day of July, 2023 (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Misty A. Odenweller</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 484.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 503.58
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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JUL 17 2023

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 1
<b>2</b> FILER NAME Misty A. Odenweller		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorraine Rice ..... State; Zip Code <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Spring TX 77386	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

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

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

The Instruction Guide explains how to complete this form.

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

4 Date: 1/1 - 6/30/2023
5 Payee name: Apple Commercial

6 Amount (\$): 17.94
7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE
(a) Category: Other - storage
(b) Description: Fee
(c) Check if travel outside of Texas... 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: Office held: Conroe ISD Board Member

Date: 4/24/2023
Payee name: The Limey Group LLC

Amount (\$): 321.81
Payee address; City: Spring State: Texas Zip Code: 77386

PURPOSE OF EXPENDITURE
Category: Advertising Exepnse
Description: Domain/URL Fee
Check if travel outside of Texas... Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Misty A Odenweller
Office sought: Office held: Conroe ISD Board Member

Date
Payee name

Amount (\$)
Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE
Category
Description
Check if travel outside of Texas... Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Misty A Odenweller
Office sought: Office held: Conroe ISD Board Member

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JUL 17 2023

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**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            | 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 F1: 2	<b>2</b> FILER NAME Misty A Odenweller	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/22/2023	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 1.30	<b>7</b> Payee address; City; State; Zip Code [REDACTED] New Orleans LA 70112	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) solicitation/Fundraising Expense	<b>(b)</b> Description Fee
	<b>(c)</b> <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 Office held Conroe ISD Board Member
<b>Date</b> 1/1 - 6/30/2023	<b>Payee name</b> First Financial Bank	
<b>Amount (\$)</b> \$30.00	<b>Payee address; City; State; Zip Code</b> [REDACTED] Abilene Texas 79604	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking	<b>Description</b> Bank Fees
	<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 Office held Conroe ISD Board Member
<b>Date</b> 2/6/2023	<b>Payee name</b> Postal Annex	
<b>Amount (\$)</b> \$113.00	<b>Payee address; City; State; Zip Code</b> [REDACTED] Spring Texas 77386	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fee	<b>Description</b> Annual mailbox fee
	<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 Office held Conroe ISD Board Member

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

The Instruction Guide explains how to complete this form.

Form with fields for: 1 Total pages Schedule G: 1; 2 FILER NAME: Misty A. Odenweller; 3 Filer ID; 4 Date: 1/1-6/30/2023; 5 Payee name: AT&T Mobility; 6 Amount (\$): 503.58; 7 Payee address; 8 PURPOSE OF EXPENDITURE: Other - Office Holder Phone; 9 Candidate / Officeholder name: Misty A. Odenweller; Office sought: Conroe ISD Board Member.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED