

CA D DATE / OFF CE OLDER
CA PA G F ANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

[Redacted]

21

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

608 W FIRST Hunt, MCK MI

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

NICKNAME LAST SUFFIX
(972) 365 6628
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6 CAMPAIGN
TREASURER

NAME

AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked

McKinney
75069

7 CAMPAIGN
TREASURER
ADDRESS

MS / MRS / MR MI Receipt # Amount \$
5217 Crossvine, McKinney TX 75070

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

(214) 504-5212

9 REPORT TYPE

10 PERIOD
COVERED

THROUGH 1/20/2002

11 ELECTION

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

12 OFFICE

AREA CODE PHONE NUMBER EXTENSION

[Redacted]

CA D DATE / OFF CEHOLDER
CA PA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Stephanie O'Dell

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS

\$

20

EXPENDITURE

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

4. TOTAL POLITICAL EXPENDITURES

\$

16,37

CONTRIBUTION
BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

7408.74

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not available, DO NOT include this expenditure in the

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

3 Filer ID (Ethics Commission Filers)

4 Date

4 12 23

5 Payee name

Executive Press

hanie O' 1

7 Payee address:

City:

State:

Zip Code

(a) Category (See Categories listed at the top of this schedule)

SE

634 35

(c)

Check if travel outside of Texas. Complete Schedule T

Check if Austin, TX, officaholder living expense

1400 Presidential Dr Rich

TX 75081

8

Amount (\$)

PURPOSE OF EXPENDITURE

Advertisin

(b) Description

State

fl ers

Category (See Categories listed at the top of this schedule)

expenditure to benefit C/OH

Date

4/21/23

Payee name

Executive Press

Payee address:

City:

Zip Code

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not available, DO NOT include this expenditure in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Entertainment/Recreation Expense Fundraising Expense
 Accounting/Banking Fees Food/Beverage Expense
 Consulting Expense Gift/Awards/Memorials Expense
 Contributions/Donations Maria Rv

The Instruction Guide explains how to complete this form.

2 *2112 8*

23 *50 add*

8-11

8
 PURPOSE *website*
 EXPENDITURE *advertisement*

6 23 Alpha Media

State:

2666⁰⁰ 1700 Red bud

TX 75069

OF *Advertisement* *Kochia HAS*

Printing Expense Travel Out Of District
 Salaries/Wages/Contract Labor Other (enter a category not listed above)

3 Filer ID (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount 7 Payee address City: State Zip Code

Date (b) Description

4/1 3 Executive Press

City

9 Complete ONLY if used to benefit C/OH *4/1/06 \$6 1400 Presidential Dr. Richardson, Office 75081*

Date Payee name

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not available, DO NOT include this information in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Travel Expense	Solicitation/Fundraising Expense
Accounting/Banking	Food/Beverage Expense	Transportation Equipment & Related Expense
Consulting Expense	Pollina Expense	Travel In District
Contributions/Donations Made By		

Candidate/Political Action Committee

[Redacted]

Credit Card Payment

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(- Category (See Categories listed at the top of this schedule)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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:

2 FILER E

ani o ell

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC	8 Amount of Contribution \$	9 In-kind contribution description
4/12/23	Mike Stevens	794.13	2175 ⁰⁰ consulting

6923 Indiana Ave Lubbock

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

out-of-state PAC

1 Total pages Schedule A1

out-of-state PAC

2 FILER

S Hanie O II

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/23

5 Full name of contributor

Robert ple

out-of-state PAC

7 Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

6800 Anthem

out-of-state PAC

TX 75071

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/23

Full name of contributor

Zvi

Amount of contribution (\$)

1000⁰⁰

Contributor address; City; State; Zip Code

6200 Altamura Ln

TX

Employer (See Instructions)

MONETARY POLITICAL CONTR BUT ONS

SCHEDULE A1

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

1 Total pages A1

ell

2 FILER NAME

hanie 0

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

4/6/23

Anne Johnson

100⁰⁰

6 Contributor address;

City;

State;

Zip Code

5905

Rd Dallas, TX 75230

out-of-state PAC

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

City;

Date

Full name of contributor

Amount of contribution (\$)

Contributor address;

State;

Zip Code

50⁰⁰

McKin, TX 75069

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

4/23/23

Contributor address;

City;

State;

Zip Code

50⁰⁰

