

# 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  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Misty</b></div> <div>FIRST<br/><b>J</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Kieschnick</b></div> <div>SUFFIX</div> </div>   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="font-size: 1.2em; font-family: cursive;">4/30/2023<br/>10:47 pm<br/>(via email)<br/>RW</div> <hr/> Date Hand-delivered or Date Postmarked<br><br><div style="display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <hr/> Date Processed<br><br><hr/> Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  |   |                      |
| 5 CANDIDATE/ OFFICEHOLDER PHONE  | AREA CODE    PHONE NUMBER    EXTENSION<br>( <b>817</b> ) <b>657-7224</b>  |   |                      |
| 6 CAMPAIGN TREASURER NAME  | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Larry</b></div> <div>FIRST<br/><b>D</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Kieschnick</b></div> <div>SUFFIX</div> </div>   |   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><br><b>9448 Castlewood Dr<br/>Saginaw, TX 76131</b>  |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE    PHONE NUMBER    EXTENSION<br>( <b>817</b> ) <b>266-9939</b>  |   |                      |
| 9 REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |   |                      |
| 10 PERIOD COVERED  | <div style="display: flex; justify-content: space-between;"> <div>             Month    Day    Year<br/> <b>04 / 07 / 23</b> </div> <div>THROUGH</div> <div>             Month    Day    Year<br/> <b>04 / 28 / 2023</b> </div> </div>  |   |                      |
| 11 ELECTION  | <div style="display: flex;"> <div style="flex: 1;">             ELECTION DATE<br/>             Month    Day    Year<br/>             /    /           </div> <div style="flex: 2;">             ELECTION TYPE<br/> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>  |   |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)   |                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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.   |   |                      |
|  | COMMITTEE TYPE  | COMMITTEE NAME  |                      |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS   |                      |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |                      |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |  |
|---|---|--|
| 15 C/OH NAME<br><b>Misty Kieschnick</b> |   | 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)  | \$ 3300.00                             |
| EXPENDITURE TOTALS                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2886.23                             |
| CONTRIBUTION BALANCE                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 413.77                              |
| 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.

*Misty J. Kieschnick*

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 Kieschnick**, and my date of birth is [REDACTED]

My address is **9448 Castlewood Dr**, **Fort Worth**, **TX**, **76131**, **United States**  
(street) (city) (state) (zip code) (country)

Executed in **Tarrant** County, State of **Texas**, on the **28** day of **April**, 20 **2023**  
(month) (year)

*Misty J. Kieschnick*

Signature of Candidate/Officeholder (Declarant)

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

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b><br><br>Larry Kieschnick     |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3300.00                                    |
| 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   | \$ 2886.23                                    |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00                                       |
| 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                                       |

\$2885.73 is for advertising expenses

**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 FILER NAME<br><b>Misty Kieschnick</b>   |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>2/20/2023</b>  | <div style="text-align: center;">5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/><b>Randy Herd</b></div> <div style="text-align: center;">6 Contributor address; City; State; Zip Code<br/><b>4560 Power Plant Ct Granbury TX 76048</b></div>    | 7 Amount of contribution (\$)<br><b>2000.00</b> |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>   |  | 9 Employer (See Instructions)                   |
| Date<br><b>2/27/23</b>  | <div style="text-align: center;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/><b>Larry Kieschnick</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code<br/><b>9448 Castlewood Dr Fort Worth TX 76131</b></div> | Amount of contribution (\$)<br><b>1000.00</b>   |
| Principal occupation / Job title (See Instructions)<br><b>Lockheed Martin</b>   |  | Employer (See Instructions)                     |
| Date<br><b>3/3/2023</b>   | <div style="text-align: center;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/><b>Mary Ann Foley</b></div> <div style="text-align: center;">Contributor address; City; State; Zip Code<br/><b>925 Cat Hallow Ct Keller TX 76248</b></div>        | Amount of contribution (\$)<br><b>300.00</b>    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date  | <div style="text-align: center;">Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div style="text-align: center;">Contributor address; City; State; Zip Code</div>   | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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  
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 FILER NAME<br><b>Misty Kieschnick</b>   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date   | 5 Payee name<br><b>Imprint.Com</b>  |  |
| 6 Amount (\$)<br><b>1671.78</b>                              | 7 Payee address;<br><b>101 Commerce St</b>  | City; State; Zip Code<br><b>Oshkosh WI 54901</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expenses</b>  | (b) Description<br><b>Campaign Signs</b>         |
|  | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                        |
| Date<br><b>4/17/2023</b>                                     | Payee name<br><b>Home Depot</b>   |  |
| Amount (\$)<br><b>\$252.48</b>                               | Payee address;  | City; State; Zip Code                            |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>Posts</b>                      |
|  | <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                        |
| Date<br><b>4/11/2023</b>                                     | Payee name<br><b>Signs By Tomorrow</b>  |  |
| Amount (\$)<br><b>961.97</b>                                 | Payee address;<br><b>signsbytomorrow.com</b>  | City; State; Zip Code                            |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>Signs</b>                      |
|  | <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