# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH	
<b>COVER SHEET PG 1</b>	

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00042143	sion Filers)	2 Total pages fi	led: 71
3 CANDIDATE /	MS / MRS / MR	FIRST	·	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Sid			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/13/2023	
		Miller				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Ϋ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING	6407 S. US Hwy. 377					
ADDRESS					Receipt #	Amount
Change of Address	Stephenville, TX 76401					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Ted				
NAME						
	NICKNAME	LAST		SUFFIX		
		Nugent		00111/		
		Hagon				
6 CAMPAIGN	STREET ADDRESS (NO PC			/ SUITE #; CITY;		ATE; ZIP CODE
TREASURER	7216 Fish Pond Rd.	DON PLEASE),	APT	/ SUITE #, CITT,	51/	ATE, ZIP CODE
ADDRESS	7210 FISH POHU RU.					
(Residence or Business)						
	Waco, TX 76710					
7 CAMPAIGN	AREA CODE PHOI		EXTENSION			
TREASURER	(254) 968-3535					
PHONE	(204) 900-3333					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after ca	mpaign treasurer
					appointment (off	
	July 15	8th day before		Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	Tł	HROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	Agriculture Commissione	r		Agriculture Com		
		GO T	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.us	5	Versi	on V4.1.0.d378aba0

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2 2 of 71

13 C / OH NAME	Miller, Sid (The Hono	rable)	14 Filer ID (E 00042143	thics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditur These expenditures may have been made without th officeholders are required to report this information	he candidate's or officel	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 143,038.82
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 118,724.80
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 111,167.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 60,000.00
17 AFFIDAVIT	-			-
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		The Ho	onorable Sid Miller	
		Signature of	Candidate or Officehold	er
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	ersion V4.1.0.d378aba0

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 71	
18 FILER NAME Miller, Sid (The Honorable)	<b>19</b> Filer ID 00042143	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 137,201.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 5,837.82
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 102,344.17
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 16,492.07
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 23,690.00

	The Instru	ction Guide explains how	to complete this fe	orm.		1	Total pages Schedule A1: Sch: 1/20 Rpt: 4/71	
2	FILER NAME					3	Filer ID (Ethics Commissio	on Filers)
_		The Honorable)					00042143	, ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	
	12/14/2024	Agarwal, Arun						\$5,001.00
		6 Contributor address; City; Sta	ate; Zip Code					
_	D 1 strat and	Dallas, TX 75207	<u></u>		(O - la structiona	Ĺ		
8	Principal occu CEO	<pre>ipation / Job title (See Instructions)</pre>		9 Employ Nextt	yer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	12/14/2024	Barnett, Billy Bob						\$2,500.00
		Contributor address; City; Sta	ate; Zip Code					
		Addison, TX 75001						
		pation / Job title (See Instructions)	)		yer (See Instructions	5)		
	Consultant			Self Ei	mployed			
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	07/12/2024	Becker, Geri						\$100.00
		Contributor address; City; Sta	ate; Zip Code			1		
		Dubarda TV 70162						
	Dringing Loop	Bulverde, TX 78163			· (O - > lastructions	Ĺ		
	Principal occu	<pre>ipation / Job title (See Instructions)</pre>		Еттрюу	yer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	)		Amount of Contribution (\$)	
	08/12/2024	Becker, Geri						\$100.00
		Contributor address; City; Sta	ate; Zip Code		, 			
		Bulverde, TX 78163						
	Principal occu	ipation / Job title (See Instructions)	)	Employ	yer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	)		Amount of Contribution (\$)	
	09/12/2024	Becker, Geri						\$100.00
		Contributor address; City; Sta	ate: Zip Code					
		· · · · · · · · · · · · · · · · · · ·	(io)					
		Bulverde, TX 78163						
	Principal occu	pation / Job title (See Instructions)	)	Employ	yer (See Instructions	5)		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/20 Rpt: 5/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/12/2024 Becker, Geri \$100.00 6 Contributor address; City; State; Zip Code Bulverde, TX 78163 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/12/2024 \$100.00 Becker, Geri Contributor address; City; State; Zip Code Bulverde, TX 78163 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/14/2024 Blackridge \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/25/2024 Bray, Ken \$10.00 Contributor address; City; State; Zip Code Liberty Hill, TX 78642 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/12/2024 \$10.00 Counts, Curtis Contributor address; City; State; Zip Code Brady, TX 76825 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/20 Rpt: 6/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/12/2024 Counts, Curtis \$10.00 6 Contributor address; City; State; Zip Code Brady, TX 76825 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/12/2024 \$10.00 Counts, Curtis Contributor address; City; State; Zip Code Brady, TX 76825 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/13/2024 Counts, Curtis \$10.00 Contributor address; City; State; Zip Code Brady, TX 76825 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/12/2024 Counts, Curtis \$10.00 Contributor address; City; State; Zip Code Brady, TX 76825 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/12/2024 \$10.00 Counts, Curtis Contributor address; City; State; Zip Code Brady, TX 76825 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/20 Rpt: 7/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/02/2024 Cutrer, Rachel \$100.00 6 Contributor address; City; State; Zip Code Wharton, TX 77488 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 Deason, Doug \$2,000.00 Contributor address; City; State; Zip Code Dallas, TX 75229 Principal occupation / Job title (See Instructions) Employer (See Instructions) President **Deason Capital Services** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ 10/15/2024 **Disability RE Options LTD** \$1,000.00 Contributor address; City; State; Zip Code Stephenville, TX 76401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/09/2024 Dukes-Strey, Jackie \$10.00 Contributor address; City; State; Zip Code Morgan, TX 76671 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/09/2024 \$10.00 Dukes-Strey, Jackie Contributor address; City; State; Zip Code Morgan, TX 76671 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 5/20 Rpt: 8/71	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Miller, Sid (T	he Honorable)			00042143
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)
	09/09/2024	Dukes-Strey, Jackie			\$10.00
		6 Contributor address; City; State; Zip Code			
		Morgan, TX 76671			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	10/09/2024	Dukes-Strey, Jackie			\$10.00
		Contributor address; City; State; Zip Code			
		Morgan, TX 76671			
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Filicipal occu			<i>)</i>	
╞	Data	Full name of contributor out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (¢)
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Gates, Gary	)		Amount of Contribution (\$) \$10,000.00
	12/12/2024				\$10,000.00
		Contributor address; City; State; Zip Code			
		Rosenberg, TX 77471			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Legislator		Legislator		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	11/07/2024	Harris, Sally			\$25.00
		Contributor address; City; State; Zip Code			
	Duin air al a ann	Central Point, OR 97502-1641	England (Or a la struction		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
╞	<u> </u>			_	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	12/11/2024	Heavin, Gary			\$15,000.00
		Contributor address; City; State; Zip Code			
		Gatesville, TX 76528			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)	
	Retired	· · · · ·	Retired		
⊢					

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 9/71	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
ľ		he Honorable)			ľ	00042143	5111 11013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/14/2024	Henry, JIm					\$2,500.00
		6 Contributor address; City; S	tate; Zip Code		1		
		Dallas, TX 75252					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	President			Texas Olive Ranch			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	07/27/2024	Holloway, Karen					\$50.00
		Contributor address; City; S					
		Royse City, TX 75189					
⊢	Principal occu	pation / Job title (See Instructions	2)	Employer (See Instructions	<u> </u>		
	r nncipai occu		>)		<i>)</i>		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/27/2024	Holloway, Karen	OUI-OI-SIAIE PAC (ID#	)			\$50.00
	00/21/2024	-					<i>ф</i> 30.00
		Contributor address; City; S	tate; Zip Code				
		Royse City, TX 75189					
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#F0</b> 00
	09/27/2024	Holloway, Karen					\$50.00
		Contributor address; City; S	tate; Zip Code				
		Royse City, TX 75189					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/27/2024	Holloway, Karen					\$50.00
		Contributor address; City; S	tate; Zip Code		1		
		Royse City, TX 75189					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	;)		
⊢							
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	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 10/71	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Miller, Sid (T	he Honorable)				00042143	
4	Date	5 Full name of contributor ou	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/27/2024	Holloway, Karen					\$50.00
	I	6 Contributor address; City; State; Z	Contributor address; City; State; Zip Code				
		Royse City, TX 75189	r				
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/23/2024	Hudson, Ben (Mr.)					\$1,000.00
	I	Contributor address; City; State; Zi	Zip Code				
	Dringing Loop	Morgan Mill, TX 76465	r	Employer (Cas Instructions	ŕ		
		pation / Job title (See Instructions) publisher of Track Magazine		Employer (See Instructions Self employed	5)		
⊨			<u> </u>		—		
	Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀ10 በበ
	07/08/2024	Johnson, Tom					\$10.00
		Contributor address; City; State; Zi	ip Code				
		Ingram , TX 78025					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	上 5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/08/2024	Johnson, Tom					\$10.00
	I	Contributor address; City; State; Zi	Lip Code		1		
⊢		Ingram , TX 78025	T		Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/08/2024	Johnson, Tom					\$10.00
	1	Contributor address; City; State; Zi	Lip Code				
		Ingram , TX 78025					
<u> </u>	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> ເ)		
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/20 Rpt: 11/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2024 Johnson, Tom \$10.00 6 Contributor address; City; State; Zip Code Ingram, TX 78025 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/08/2024 \$10.00 Johnson, Tom Contributor address; City; State; Zip Code Ingram, TX 78025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/07/2024 \$1,000.00 Jones, Neal Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Hilco Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/08/2024 \$30.00 Kasmiroski, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/11/2024 \$25.00 Kuciemba, Rusty Contributor address; City; State; Zip Code Woodville, TX 75979 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/20 Rpt: 12/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/29/2024 Leidy, Kaye \$10.00 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/28/2024 \$10.00 Leidy, Kaye Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/28/2024 Leidy, Kaye \$10.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2024 Leidy, Kaye \$10.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/29/2024 \$10.00 Leidy, Kaye Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/20 Rpt: 13/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/08/2024 Longbow Consulting Partners LLC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 \$100.00 Martinez, Weston Contributor address; City; State; Zip Code San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date 09/17/2024 Mason County Republican Party \$250.00 Contributor address; City; State; Zip Code Art, TX 76820 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/15/2024 \$5.00 Noblit, Don Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/15/2024 \$5.00 Noblit, Don Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/20 Rpt: 14/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/15/2024 Noblit, Don \$5.00 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2024 Noblit, Don \$5.00 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/15/2024 Noblit, Don \$5.00 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/26/2024 \$100.00 Nowell, Matthew Contributor address; City; State; Zip Code Temple, TX 76501 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/16/2024 \$20,000.00 Perot, Jr., Ross Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Developer Self

	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/20 Rpt: 15/71	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
[		he Honorable)			ľ	00042143	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/13/2024	Phillips, Kristy					\$7,500.00
		<ul> <li>6 Contributor address; City; Sta</li> </ul>	ate: Zip Code		1		
		· · · · · · · · · · · · · · · · · · ·					
		Houston, TX 77008					
8	Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instructions	5)		
	Investor			Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/05/2024	Powers, Barry		······································			\$2,000.00
		Contributor address; City; Sta			ł		+_,000.00
			ale, Zip Coue				
		Linden , TX 75563					
⊢	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Pharmacist		)		>)		
	Phamacist			Self-employed	_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/25/2024	Raj, Vivek					\$25,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Englewood, CO 80111-11	54				
⊢	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Self Employe	ed		Genses Capital			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	07/08/2024	Ramsay, Sandra		)			\$10.00
	01100/2024	-					φ10.00
		Contributor address; City; Sta	ate; Zip Code				
		Clar Dees TV 70042					
		Glen Rose, TX 76043					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/08/2024	Ramsay, Sandra					\$10.00
		Contributor address; City; Sta	ate; Zip Code		1		
			•				
		Glen Rose, TX 76043					
$\vdash$	Principal occu	I pation / Job title (See Instructions)	)	Employer (See Instructions	1 5)		
			,	, , , , , , , , , , , , , , , , , , , ,	,		
⊢							

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/20 Rpt: 16/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/08/2024 Ramsay, Sandra \$10.00 6 Contributor address; City; State; Zip Code Glen Rose, TX 76043 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/08/2024 \$10.00 Ramsay, Sandra Contributor address; City; State; Zip Code Glen Rose, TX 76043 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/01/2024 Ransdell, James \$50.00 Contributor address; City; State; Zip Code Seguin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/08/2024 Roberts, Nancy \$10.00 Contributor address; City; State; Zip Code Diana, TX 75640 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/07/2024 \$10.00 Roberts, Nancy Contributor address; City; State; Zip Code Diana, TX 75640 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/20 Rpt: 17/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/07/2024 Roberts, Nancy \$10.00 6 Contributor address; City; State; Zip Code Diana, TX 75640 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/07/2024 \$10.00 Roberts, Nancy Contributor address; City; State; Zip Code Diana, TX 75640 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/18/2024 \$50.00 Rose, Brandy Contributor address; City; State; Zip Code Blanket, TX 76432 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/16/2024 \$100.00 Rose, Jimmy Contributor address; City; State; Zip Code Odessa, TX 79765 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/19/2024 \$15,000.00 Sheets, Nathan Contributor address; City; State; Zip Code Frisco, TX 75035 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Nature Nate's Honey Co.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/20 Rpt: 18/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 5 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/02/2024 Shelburne, La Queta \$25.00 6 Contributor address; City; State; Zip Code San Angelo, TX 76904 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/22/2024 \$100.00 Smith, Kevin Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/22/2024 Smith, Kevin \$100.00 Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/22/2024 \$100.00 Smith, Kevin Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/22/2024 \$100.00 Smith, Kevin Contributor address; City; State; Zip Code Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/20 Rpt: 19/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/22/2024 Smith, Kevin \$100.00 6 Contributor address; City; State; Zip Code Magnolia, TX 77355 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2024 \$750.00 Sorgo Pac Contributor address; City; State; Zip Code Salado , TX 76571-0905 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/07/2024 Spencer, Chris \$1,000.00 Contributor address; City; State; Zip Code Linden, TX 75563 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Crump Foods Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 \$1,500.00 Spencer, Chris Contributor address; City; State; Zip Code Linden, TX 75563 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Crump Foods Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/14/2024 \$4,000.00 **TNLA PAC** Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions)

				_		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/20 Rpt: 20/71	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		The Honorable)			00042143	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	08/24/2024	Talley, Mary				\$2,500.00
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76101				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Owner/Mobi	le entertainment	Talley Amusements, Inc	).		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Taylor II, Robert				\$7,500.00
		Contributor address; City; State; Zip Code		ł		
		Houston, TX 77018				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Investor		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	11/25/2024	Texas Agricultural Aviation Assoc. AG-PAC	/		/ wheath of occurrence. (.)	\$2,500.00
	±±, = ; = ; = ; = ;	Contributor address; City; State; Zip Code		•		Ψ_,
		Continuation address, City, State, Zip Code				
		Austin, TX 78768				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	·			,		
-	Date	Full name of contributor out-of-state PAC (ID#:	I)	Γ	Amount of Contribution (\$)	
	09/16/2024	The Texas Cotton Association- Cotton Merchan	nts Fund			\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75376				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	12/11/2024	The Texas Cotton Association- Cotton Merchan	nts Fund			\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75376				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
1						

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/20 Rpt: 21/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/10/2024 Tuck, Tracy \$10.00 6 Contributor address; City; State; Zip Code Marysville, OH 43040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2024 \$10.00 Tuck, Tracy Contributor address; City; State; Zip Code Marysville, OH 43040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/10/2024 Tuck, Tracy \$10.00 Contributor address; City; State; Zip Code Marysville, OH 43040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/14/2024 \$25.00 Vick, Larry Contributor address; City; State; Zip Code Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/14/2024 \$25.00 Vick, Larry Contributor address; City; State; Zip Code Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/20 Rpt: 22/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/14/2024 Vick, Larry \$25.00 6 Contributor address; City; State; Zip Code Houston, TX 77079 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/14/2024 Vick, Larry \$25.00 Contributor address; City; State; Zip Code Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/14/2024 Vick, Larry \$25.00 Contributor address; City; State; Zip Code Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 \$25.00 Vick, Larry Contributor address; City; State; Zip Code Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:\_ 12/14/2024 \$150.00 Von Dohlen, Patrick Contributor address; City; State; Zip Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Employer (See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/20 Rpt: 23/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Miller, Sid (The Honorable) 00042143 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 12/14/2024 Von Dohlen, Patrick \$100.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78259 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 \$100.00 Von Dohlen, Patrick Contributor address; City; State; Zip Code San Antonio, TX 78259 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/15/2024 Winborn III, Kenneth \$500.00 ..... . . . . . . . . . . Contributor address; City; State; Zip Code Houston, TX 77055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive American Food Plant

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 24/71		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
Miller, Sid (1	The Honorable)		00042143		
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 11/05/2024			<ul> <li>8 Amount of solution (\$) In-kind contribution (\$) description</li> <li>\$3,000.00 I flight</li> <li>In-kind contribution description</li> <li>\$3,000.00 I flight</li> <li>In the solution of the s</li></ul>		
10 Principal occu	Waco, TX 76712 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
Investments		Self Employed			
			(FOR JUDICIAL) (See instructions)		
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contributor's job title			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of In-kind contribution		
12/11/2024	Noun, Tony		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$2,837.821Web hosting invoice		
	Hempstead, TX 77445		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Auto dealer		self employed			
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

				EXPENDITU	RE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/12 Rpt: 25/71		Miller, Sid	(The Honorable	)				00042143	
4	Date	5	Payee name	9						
	08/09/2024		Equipment	King, LLC						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$1,523.80		204 Woodl	new Drive						
			Waco, TX	76712						
8	PURPOSE	(a)	Category (	See Categories listed at	the top of this sch	nedule)	(b) Description			
	OF		Travel In D					outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE								, officeholder living	) expense
							Fuel for airpla	ane	9	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(	Office sou	Jht		Office he	eld
	Date		Payee name	)						
	07/04/2024		LA Carson	: Fundraising &	Public Relat	tions				
⊢	Amount (\$)	-	Payee addre	ess; City;	State	; Zip Co	le			
	\$2,000.00			wood Drive	otato	, <u>_</u> ,				
	Ψ2,000.00		7555 Wern							
			Dallas, TX	75225						
	PURPOSE OF EXPENDITURE	(a)		See Categories listed at /Fundraising Ex		nedule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(	Office sou	jht		Office he	eld
	- p	_								
	Date		Payee name							
	10/30/2024		Miller, Sid	(Commissioner)						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$13,000.00		6407 S. US	6 Highway 377						
			Stephenvil	e, TX 76401						
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Loan Repa	yment/Reimbur	sement			, тх	ide of Texas. Com , officeholder living <b>Ayment</b>	
_						- ///				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	(	Office sou	Jht		Office he	eld

				EXPENDITURE	CATEGO	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/12 Rpt: 26/71		Miller, Sid	(The Honorable)					00042143	
4	Date	5	Payee name	9						
	12/03/2024		North Texa	is Freedom Rally						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$300.00		PO Box 36	0722						
			Dallas, TX	75336						
8	PURPOSE	(0)					(b) Description			
°	OF	(a)		See Categories listed at the	e top of this sch	edule)	(b) Description	outsi	de of Texas. Com	nlete Schedule T
	EXPENDITURE		Advertising	I Expense					officeholder living	
							campaign ad	ver	tising	
									-	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ght		Office he	ld
	Date		Payee name	9						
	07/03/2024		Pack and M	/lail Plus						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$34.34			ashington St.	·	· •				
	¢0 no r		2102	donington oti						
			Stephenvil	le, TX 76401						
	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Exp	ense				de of Texas. Com	
	-								officeholder living	expense
							Postage/Ship	pin	ig	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sou	ght		Office he	ld
	Date		Payee name	9				_		
	07/01/2024		Red Brand	Media						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$1,500.00		3816 Bay (	Court						
			Fort Worth	, TX 76179						
	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Consulting	Expense					de of Texas. Com	
								, TX,	officeholder living	expense
							Consulting			
	Complete ONLY if direct		Candidate/Of	ficeholder name	C	Office sou	ght	_	Office he	ld
	expenditure to benefit C/OI	1								

			E	<b>EXPENDITURE C</b>	ATEGOR	RIES FOR	BOX	( 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A nmittee Lega	t Expense /Beverage Expense wards/Memorials Expe I Services Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	rhead/F ense pense ages/C	Reimbursement Rental Expense contract Labor e this form.		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 27/71		Miller, Sid (The	Honorable)						00042143	
4	Date	5	Payee name								
	08/01/2024		Red Brand Med	lia							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
	\$1,500.00		3816 Bay Cour	:							
			Fort Worth, TX	76179							
8	PURPOSE	(a)	Category (See Ca	tegories listed at the top	o of this sche	edule)	(b) [	Description			
	OF EXPENDITURE		Consulting Exp	ense			Ę			de of Texas. Comp officeholder living	
							L		, 17,	uncentituer inving	expense
								g			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeho	older name	0	)ffice sou	ght			Office he	ld
	Date		Payee name								
	09/01/2024		Red Brand Med	lia							
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$1,500.00		3816 Bay Court	:							
			Fort Worth, TX	76179							
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Consulting Exp		o of this sche	edule)				de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	older name	0	)ffice sou	ght			Office he	ld
	Date		Payee name								
	10/01/2024		Red Brand Med	lia							
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$1,500.00		3816 Bay Cour	:							
			Fort Worth, TX	76179							
	PURPOSE OF	(a)	Category (See Ca		o of this sche	edule)	(b) [	Description		da	
	EXPENDITURE		Consulting Exp	ense						de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	older name	0	)ffice sou	ght			Office he	ld
⊢											

				EXPEND	TURE CATEGO	RIES FOF	RBC	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens (ages	e 'Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/12 Rpt: 28/71		Miller, Sid	(The Honora	ble)					00042143	
4	Date	5	Payee name	9							
	07/01/2024		Schrader,	Cori							
6	Amount (\$)	7	Payee addre	ess; City;	State	Zip Co	de				
	\$300.00		5620 Saml	ouco Street							
			Round Roo	k, TX 78665							
8	PURPOSE				ed at the top of this sch		(b)	Description			
Ũ	OF			ages/Contra		edule)	()	· ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder living	expense
								Campaign Co	ontr	act Labor	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nam	ne C	Office sou	ght			Office he	eld
	Date		Payee name	,							
	08/01/2024		Schrader,	Cori							
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de				
	\$300.00		5620 Saml	ouco Street							
			Round Roo	ck, TX 78665							
	PURPOSE OF EXPENDITURE			See Categories liste ages/Contra	ed at the top of this sch ct Labor	edule)	(b)		, TX,	de of Texas. Comp officeholder living act I abor	
								eunpuign et			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nam	ie C	Dffice sou	ght			Office he	eld
	Date		Payee name	9							
	09/01/2024		Schrader,								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$300.00		5620 Saml	ouco Street							
			Round Roo	ck, TX 78665							
	PURPOSE OF EXPENDITURE			See Categories liste ages/Contra	ed at the top of this sch ct Labor	edule)	(b)		, TX,	de of Texas. Comp officeholder living act labor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nam	ne C	Office sou	ght			Office he	łld

				EXPENDI	<b>FURE CATEGOR</b>	RIES FOR	во	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage E Gift/Awards/Memo Legal Services The Instructio		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/12 Rpt: 29/71		Miller, Sid	(The Honoral	ole)					00042143	
4	Date	5	Payee name	<u>;</u>							
	10/01/2024		Schrader,	Cori							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$1,000.00		5620 Saml	ouco Street							
			Round Roo	k, TX 78665							
8	PURPOSE	(a)			d at the top of this sch	odulo)	(b)	Description			
-	OF			ages/Contrac		equie)	()		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholder living	expense
								Campaign bo	okł	keeping serv	vices
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nam	e C	Office sou	ght			Office he	eld
	Date		Payee name	9							
	11/01/2024		Schrader,	Cori							
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de				
	\$1,000.00		5620 Saml	ouco Street							
			Round Roo	ck, TX 78665							
	PURPOSE OF EXPENDITURE	(a)		See Categories liste ages/Contrac	d at the top of this sch Ct Labor	edule)			, TX,	de of Texas. Com officeholder living act Labor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Of	ficeholder nam	e C	Dffice sou	ght			Office he	eld
	Date		Payee name	)							
	12/03/2024		Schrader, (								
	Amount (\$)	$\vdash$	Payee addre	ess; City;	State;	; Zip Co	de				
	\$1,000.00			ouco Street							
				ck, TX 78665							
	PURPOSE OF	(a)			d at the top of this sch	edule)	(b)	Description	outci	de of Texas. Com	nloto Schodulo T
	EXPENDITURE		Salaries/W	ages/Contrac	t Labor				, тх,	officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nam	e C	Office sou	ght			Office he	eld
-											

			I	EXPENDITURE (	CATEGOR	RIES FOR	BOX 8(a	a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/ nmittee Lega	nt Expense 3 J/Beverage Expense Awards/Memorials Exp al Services 2 Instruction Guide		Polling Exp Printing Ex Salaries/W	head/Renta ense oense ages/Contra	l Expense oct Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 6/12 Rpt: 30/71		Miller, Sid (The	Honorable)						00042143		
4	Date	5	Payee name									
	11/01/2024		Smith, Todd									
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Coo	le					
	\$1,500.00		12113 Coyote	Call Way								
			Austin, TX 787									
8	PURPOSE OF	(a)	Category (See Ca		op of this sch	edule)	(b) Desc					
	EXPENDITURE		Consulting Exp	ense						de of Texas. Com officeholder living		ule T.
								sulting	i, i <i>x</i> ,		expense	
								J				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Dffice soug	ht			Office he	eld	
	Date		Payee name									
	12/03/2024		Smith, Todd									
	Amount (\$)		Payee address;	City;	State;	; Zip Coo	le					
	\$1,500.00		12113 Coyote	Call Way								
			Austin, TX 787	25								
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Consulting Exp		op of this sch	edule)		heck if travel		de of Texas. Com officeholder living		ule T.
								sulting	.,,			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Dffice sou	ht			Office he	eld	
	Date		Payee name									
	07/01/2024		Thacker, Pam									
	Amount (\$)		Payee address;	City;	State;	; Zip Coo	le					
	\$2,600.00		PO Box 157									
			Bluff Dale, TX 7	76433		i						
	PURPOSE OF	(a)	Category (See Ca			edule)	(b) Desc	•		1( T		
	EXPENDITURE		Salaries/Wages	s/Contract Labo	Dr			heck if Austin	I, TX,	de of Texas. Com officeholder living Keeping serv	expense	ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office soug	ht			Office he	eld	

				EXPENDITUR	E CATEGO	RIES FOR	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Git nittee Le	ent Expense es od/Beverage Expen t/Awards/Memorials gal Services <b>ne Instruction G</b> a	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e Contract Labor		Solicitation/Func Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME						3	Filer ID	(Ethics (	Commission Filers)
	Sch: 7/12 Rpt: 31/71			e Honorable)						00042143	-	
4	Date 08/01/2024		ayee name hacker, Pam									
6	Amount (\$)	<b>7</b> P	ayee address;	City;	State	; Zip Co	de					
	\$2,600.00		O Box 157 Sluff Dale, TX	76433								
_	DUDDOCE					r	(1-)					
8	PURPOSE OF EXPENDITURE			Categories listed at t ES/Contract Li		nedule)			, TX,	de of Texas. Com officeholder living <b><eeping b="" serv<=""></eeping></b>	expense	ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	(	Office sou	ght			Office he	eld	
	Date	Р	ayee name									
	09/01/2024	Т	hacker, Pam									
	Amount (\$)	P	ayee address;	City;	State	; Zip Co	de					
	\$2,600.00		O Box 157	70400								
			lluff Dale, TX									
	PURPOSE OF EXPENDITURE			Categories listed at t Des/Contract La		nedule)			, TX,	de of Texas. Com officeholder living <b>(eeping sen</b>	expense	ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	(	Dffice sou	ght			Office he	eld	
	Date	P	ayee name									
	10/01/2024		hacker, Pam									
	Amount (\$) \$2,600.00		ayee address; O Box 157	City;	State	; Zip Co	de					
		E	lluff Dale, TX	76433								
	PURPOSE OF EXPENDITURE			Categories listed at t es/Contract La	•	nedule)			, TX,	de of Texas. Com officeholder living <b>(eeping ser</b> )	expense	ule T.
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Office	holder name	(	Dffice sou	ght			Office he	eld	

			EXPENDITU	RE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gitt/Awards/Memorial nittee Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 1		• • • •			2	Filer ID	(Ethics Commission Filers)
-	Sch: 8/12 Rpt: 32/71		Ailler, Sid (The Honorable)	I			5	00042143	
4	Date 07/19/2024		Payee name Trinity Tek, Inc.						
6	Amount (\$) \$102.84	2	Payee address; City; 276 S. Dale Stephenville, TX 76401	State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at Dffice Overhead/Rental Ex		edule)		avel outs ustin, TX	ide of Texas. Com , officeholder living S <b>ErVICE</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	yht		Office he	eld
	Date	F	Payee name						
	09/11/2024	1	Frinity Tek, Inc.						
	Amount (\$) \$102.84		Payee address; City; 276 S. Dale	State;	; Zip Co	de			
	PURPOSE		Stephenville, TX 76401			(b) Description			
	OF		Category (See Categories listed at Office Overhead/Rental Ex		edule)		avel outs ustin, TX	ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ght		Office he	eld
	Date	F	Payee name						
	07/03/2024	\	/ici Media						
	Amount (\$) \$6,666.45		Payee address; City; 5101 Bonneville Bend	State;	; Zip Co	de			
			Austin, TX 78744						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Advertising Expense	the top of this sch	edule)	Check if A	avel outs ustin, TX	ide of Texas. Com , officeholder living tal marketing	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office he	əld

			EXPENDITURE	CATEGO	RIES FOF	BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rhead/ ense pense ages/C	Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/12 Rpt: 33/71		Miller, Sid (The Honorable)						00042143	
4	Date 07/15/2024	5	Payee name Vici Media							
6	Amount (\$) \$2,784.49	7	Payee address; City; 5101 Bonneville Bend Austin, TX 78744	State;	; Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Advertising Expense	top of this sch	edule)	[	Check if Austin,	TX,	de of Texas. Comp officeholder living al marketing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld
	Date		Payee name							
	09/02/2024		Vici Media							
	Amount (\$) \$3,898.42		Payee address; City; 5101 Bonneville Bend	State;	; Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78744 Category (See Categories listed at the Advertising Expense	top of this sch	edule)	[	Check if Austin,	TX,	de of Texas. Comp officeholder living al marketing	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght			Office he	ld
-	Date		Payee name							
	09/09/2024		Vici Media							
	Amount (\$) \$3,996.63		Payee address; City; 5101 Bonneville Bend	State;	; Zip Co	de				
			Austin, TX 78744							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Advertising Expense	top of this sch	edule)	[	Check if Austin,	TX,	de of Texas. Comp officeholder living al marketing	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld

				EXPENDITU	RE CATEGO	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	mmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense bense pense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID (	(Ethics Commission Filers)
	Sch: 10/12 Rpt: 34/71		Miller, Sid	(The Honorable)	)				00042143	
4	Date	5	Payee name	9				1		
	07/03/2024		Visa Marrie	ott Credit Card						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$4,652.52		PO Box 94	.014						
			Palatine, II	_ 60094						
8	PURPOSE	(a)		See Categories listed at	the ten of this coh	odulo)	(b) Description			
-	OF		Credit Car		the top of this sch	leuule)		outsi	ide of Texas. Comple	ete Schedule T.
	EXPENDITURE								, officeholder living ex	xpense
							Credit card p	ayr	nent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(	Office sou	ght		Office held	1
	Date		Payee name	9						
	07/15/2024		Visa Marrie	ott Credit Card						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$3,000.00		PO Box 94	014						
			Palatine, II	- 60094						
	PURPOSE OF EXPENDITURE	(a)	Category ( Credit Care	See Categories listed at d Payment	the top of this sch	nedule)		n, TX,	ide of Texas. Comple , officeholder living e: <b>nent</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(	Dffice sou	ght		Office held	1
	Date		Payee name	9						
	08/14/2024		-	ott Credit Card						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$4,421.38		PO Box 94							
			Palatine, II							
	PURPOSE OF EXPENDITURE	(a)	Category (s Credit Care	See Categories listed at d Payment	the top of this sch	nedule)			ide of Texas. Comple	
							Credit card p		, officeholder living e: nent	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(	Office sou	ght		Office held	1

				EXPENDITU	RE CATEGO	RIES FOR	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	ense als Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymen rhead bense pense /ages/	t/Reimbursement /Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Exp	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 11/12 Rpt: 35/71			The Honorable	e)					00042143		
4	Date	5	Payee name									
	09/16/2024		Visa Marrio	tt Credit Card								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$7,564.38		PO Box 940	)14								
			Palatine, IL	60094								
_	DUDDOCE					r	(-)					
8	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	nedule)	(a) 	Description	outei	de of Texas. Com	alata Schadula T	
	EXPENDITURE		Credit Card	Payment			ļ			officeholder living		
								Credit card pa		-		
									,			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	aht			Office he	ud	
5	expenditure to benefit C/OF		candidate/Offi				gn			Office fie		
	Date		Payee name									
	09/17/2024		Visa Marrio	tt Credit Card								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$4,996.08		PO Box 940		Otato	, <u></u> p ee.						
	φ-,350.00		10 007 040	714								
			Palatine, IL	60094								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Credit Card							de of Texas. Com		
										officeholder living	expense	
								Credit card pa	ayn	nent		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI											
	Date		Payee name									
	11/18/2024		Visa Marrio	tt Credit Card								
-	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de					
	\$3,000.00		PO Box 940									
	+-,											
			Palatine, IL	60094								
	PURPOSE	(a)	Category /	ee Categories listed a	t the top of this sob	edule)	(b)	Description				
	OF	Ľ	Credit Card			iculic)	Ú	·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		orean oura	1 dynnenn				Check if Austin	, тх,	officeholder living	expense	
								Credit card pa	ayn	nent		
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н					-					
-												

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Off       Food/Beverage Expense     Pol       y -     Gift/Awards/Memorials Expense     Prin       al Committee     Legal Services     Sal	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense nting Expense laries/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: Sch: 12/12 Rpt: 36/71	2 FILER NAME Miller, Sid (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042143
4 Date 11/25/2024	5 Payee name Visa Marriott Credit Card	I	
6 Amount (\$) \$7,000.00	7 Payee address; City; State; Zi PO Box 94014 Palatine, IL 60094	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Credit Card Payment	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense ayment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought	Office held
Date 12/23/2024	Payee name Visa Marriott Credit Card	n Code	
Amount (\$) \$10,000.00	Payee address; City; State; Zi PO Box 94014 Palatine, IL 60094	μ Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Credit Card Payment	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense ayment
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office H	e sought	Office held

	EXPE	ENDITURE CATEGOR	IES FOR BOX 1	D(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reir Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr	al Expense Tra Tra Tra	licitation/Fundraising E ansportation Equipmen avel in District avel Out of District FHER (enter a category	t & Related E				
	The Inst	ruction Guide explains h	now to complete th	is form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)			
Sch: 1/33 Rpt: 37/71	Miller, Sid (The Hor	norable)			00042143					
4 CREDIT CARD	Name of finar	ncial institution								
ISSUER	Chase	e Bank	EXPEND CHARGE CARD	D TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	., .,	Credit Card Issue	r Paid					
	\$21.78	07/09/2024	07/11/2024	4						
7 PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code			
	Ciacas Dalvary & D	a a ta u va a t	1511 E. 6t	h Street						
	Ciscos Bakery & Re	estaurant								
			Austin, TX							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
	Food/Beverage Expe	,	Meeting wi	ith Campaign st	an					
X Political				_						
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	Paid					
	\$637.67	07/09/2024	07/11/2024							
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
			405 N. Ang	gier Avenue NE						
	MailChimp									
			Atlanta, GA							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti							
	Fees		Email blas	is service						
X Political				_						
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid					
	\$1,157.04	07/08/2024	07/11/2024							
	ΦI,IJ7.04	01100/2024								
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
			900 N. Wo	lfe Nursery Roa	ad					
	Discount Wheel & 1	Fire								
			-	le, TX 76401						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti							
	Transportation Equipr		Repair and	1 maintenance o	on Campaign ve	enicle				
X Political	Expense									
Non-Political	on-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held					

	EXPI	ENDITURE CATEGORI	ES FOR BOX 10	(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	Expense Tra Tra Tra	licitation/Fundraising E ansportation Equipmer avel in District avel Out of District THER (enter a category	t & Related E			
	The Inst	ruction Guide explains he	ow to complete this	s form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)		
Sch: 2/33 Rpt: 38/71	Miller, Sid (The Ho	norable)			00042143				
4 CREDIT CARD	Name of fina	ncial institution		UNITEMIZED					
ISSUER	see p	revious	EXPENDI CHARGED CARD	TURES D TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	., .,	redit Card Issuer	Paid				
	\$46.90	07/11/2024	07/15/2024						
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Co						
			I-20, Exit 40	)9					
	BB of Weatherford								
			Weatherford						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descriptio						
	Transportation Equip	,	Campaign v	vehicle wash					
X Political	Expense								
Non-Political		of Texas. Complete Schedule 1		Check if Austin, TX,	officeholder living expe	ense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	fice sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	<sup>r</sup> Paid				
	\$19.36	07/16/2024							
PAYEE	(a) Payee name	-	(b) Payee add	dress;	City,	State,	Zip Code		
	US Post Office Gra	nhun	5561 N. Ga	te Road					
	03 FOST Office Gra	undury							
			Granbury, TX 76049						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio	n					
	Office Overhead/Ren	,	Postage						
X Political									
Non-Political	I	of Texas. Complete Schedule 1		Check if Austin, TX,	officeholder living expe	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	fice sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid				
			(0) Duic(3) O		T did				
	\$238.85	07/21/2024							
PAYEE	(a) Payee name		(b) Payee add	dress.	City,	State,	Zip Code		
	(d) r dyce name		2537 N. Ma		Oity,	Oldio,			
	Courtyard by Marrie	ott Fort Worth							
			Fort Worth,	TX 76164					
PURPOSE OF (a) Category			(b) Descriptio						
EXPENDITURE (See Categories listed at the top of this schedule)		Film TV sho	)WS						
X Political Travel In District									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			т. Г	Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	fice sought		Office held				
expenditure to benefit C/OH									

	EXPI	ENDITURE CATEGORI	ES FOR BOX 10(	a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	Expense Tra Tra Tra	licitation/Fundraising E ansportation Equipmer avel in District avel Out of District THER (enter a category	t & Related I	
	The Inst	ruction Guide explains ho	ow to complete this	form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 3/33 Rpt: 39/71	Miller, Sid (The Hor	norable)			00042143		
4 CREDIT CARD	Name of fina	ncial institution		UNITEMIZED			
ISSUER	see p	revious	EXPENDIT CHARGED CARD	URES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$17.32	07/22/2024					
7 PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code
	Parking Manageme	ont Co	PO Box 913	6			
		filt CO.					
			Nashville, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Parking	n			
X Political	Travel In District		T arking				
Non-Political							
	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	fice sought	Check if Austin, TX, i	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenoider	name On	ice sought		Onice field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$175.00	07/25/2024	(0) =(0) = .				
	φ175.00	01125/2024					
PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code
			3002 Knicke	erbocker Road			
	Stripes San Angelo	)					
			San Angelo				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n			
	Travel In District	of this scheduley	Fuel				
X Political							
Non-Political		of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought		Office held		
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
			(0) Date(3) Cl		1 ald		
	\$142.51	08/10/2024					
PAYEE	(a) Payee name		(b) Payee add	tress:	City,	State,	Zip Code
			PO Box 129		,	,	
	Pathway						
			Joshua, TX	76058			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE     (See Categories listed at the top of this schedule)       Office Overhead/Rental Expense			Internet serv	vice provider w	ith phone line		
X Political							
Non-Political		of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
expenditure to benefit C/OH							

	EXP	ENDITURE CATEGOR	RIES FOR BOX	10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor	ntal Expense T T T	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District DTHER (enter a categor	nt & Related E				
	The Inst	truction Guide explains l	how to complete t	this form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)			
Sch: 4/33 Rpt: 40/71	Miller, Sid (The Ho	norable)			00042143					
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED						
ISSUER	see p	revious		DITURES ED TO A CREDIT	г <b> \$</b>					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
	\$62.63	07/31/2024								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	ALC Steaks		1205 N L	amar Blvd						
	ALC SICURS									
	(a) Catagon		Austin, T							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descrip Meeting y	with constituents						
X Political	Food/Beverage Expe	nse	Weeting		,					
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	c, officeholder living exp	ense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/14/20	Credit Card Issue	er Paid					
	\$34.65	08/01/2024	00/14/20	24						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
	Parking Manageme	ent Co	PO Box 9	9136						
	r anning manageme		Nashville, TN 37209							
	(a) Catagony									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descrip Parking fo							
X Political	Travel In District									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/14/20	Credit Card Issue	er Paid					
	\$113.85	08/01/2024	00/14/20	24						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
			1617 IH 3	35 N.						
	Doubletree Austin	University								
			Austin, T							
PURPOSE OF	(a) Category	of this schedule)	(b) Descrip							
EXPENDITURE         (See Categories listed at the top of this schedule)           Travel In District         Travel In District			Lodging f	or meeting with	donors and Tru	mp rally				
X Political										
Non-Political						ense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name C	Office sought		Office held					

	EXF	PENDITURE CATEGOR	IES FOR BOX	10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Awar	verage Expense rds/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related I			
	The Ins	struction Guide explains h	low to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 5/33 Rpt: 41/71	Miller, Sid (The Ho	onorable)			00042143				
4 CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZE					
ISSUER	see	previous		IDITURES GED TO A CRED	IT <b>\$</b>				
6 PAYMENT	(a) Amount Charged \$175.00	(b) Date of Charge 08/04/2024	(c) Date(s) 08/14/20	) Credit Card Issu 124	uer Paid				
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Maverick Travel C	enter	14100 S	outh Highway 2	281				
			Santo, T						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	n of this schodulo)	(b) Descri	ption					
	Travel In District		Fuel						
X Political									
Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule		Check if Austin, 1	rX, officeholder living exp	ense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholde	er name O	ffice sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/14/20	) Credit Card Issu	uer Paid				
	\$142.51	08/13/2024	00/14/20	/24					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Dathway		PO Box 2	1298					
	Pathway								
				TX 76058					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Descri		r and phana line				
	Office Overhead/Rei		memers	service provide	r and phone line				
X Political									
Non-Political		e of Texas. Complete Schedule		Check if Austin, 1	TX, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholde	er name O	ffice sought		Office held				
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(c)	) Credit Card Issu	uor Daid				
PATMENT			08/14/20						
	\$25.58	07/31/2024							
PAYEE	(a) Payee name		(b) Payee	address.	City,	State,	Zip Code		
	(u) r uyee name		., .	MoPac Express		Olule,			
	Google		Suite 700	•	Stray				
			Austin, T						
PURPOSE OF	(a) Category		(b) Descri						
EXPENDITURE	(See Categories listed at the to		Internet s	storage					
X Political Office Overhead/Rental Expense									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, c				rX, officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholde		ffice sought		Office held				
expenditure to benefit C/OH									

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 10(a)         EXPENDITURE CATEGORIES FOR BOX 10(a)         Statistication functions of the second											
Accountry teaking       Picta       Picta <th></th> <th></th> <th>EXPE</th> <th>ENDITURE CATEGOR</th> <th>IES FOR BOX 10(a)</th> <th></th> <th></th> <th></th> <th></th>			EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)						
Constraint         Control         Provide Straint         Provide Straint         The distance of the straint           1         Total pages Schedulg F4.         2         FLER NAME         3         Flor ID (Straint Commission Files)         00042143           2         FALER NAME         See previous         5         TotAL OF UNITREE         00042143         00042143           3         Flor ID (Straint Commission Files)         00042143         00042143         00042143           4         CREDIT CARD         Name of Imancial institution is see previous         5         TotAL OF UNITREE Control Loss of Residence Commission Files)         00042143           6         PAYMENT         (a) Amount Charged Straint Commission Files)         00042143         S           7         PAYEE         (a) Payee name         (b) Date of Charge OR Control Cord I sour P and OR Straint Commission Files)         S           8         PURPOSE OF Mellicital         (a) Category         (b) Description email blasts services         City State, Zip Code OR Straint Cord I sour P and OR Straint Commission Files OR Straint Cord I sour P and OR Straint Cord I sour				ense							
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1       Total pages Schedule F4:       2       FILER NAME       3       Filer (D (Ethics Commission Filers) 00042143         4       GREDIT CARD       Name of financial institution see previous       5       TOTAL OF UNITENES CHARGED TO A CREDIT       5         6       PAYMENT       (a) Amount Charged (b) Date of Charge 08/09/2024       (b) Date of Charge 08/09/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024       5         7       PAYEE       (a) Payee name (b) Payee name (c) Category       (b) Date of Charge 08/09/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024       State, Zip Code         8       PURPOSE OF EXPENDITURE       (c) Category       (d) Payee name       (d) Category       (d) Category       (d) Category       (d) Category       (d) Payee name       (d) Category       (d) Category       (d) Category       (d) Category       (d) Payee name       (d) Payee Nat								ry not listed at	oove)		
Sch: 6/33 Rp: 42/71     Miller, Sid (The Honorable)     00042143       4 CREDIT CARD ISUER     Name of finan-cial institution see previous     5 TOTAL OF UNITENIZED CHARDED TO A CREDIT     \$       6 PAYMENT     (a) Amount Charged S637.67     (b) Date of Charge 08/09/2024     (c) Date(S) Credit Card Issuer Paid 08/14/2024     \$       7 PAYEE     (a) Payee name MailChimp     (b) Date of Charge 08/09/2024     (c) Date(S) Credit Card Issuer Paid 08/14/2024     State, Zip Code 08/14/2024       8 PURPOSE OF EXPENDITURE     (a) Category (a) Categorie instate acade at Tess. Conglete Statedate Advertising Expense     (b) Description email blasts services candidate of Tess. Conglete Statedate Advertising Expense     (b) Description email blasts services candidate of Tess. Conglete Statedate (c) Date(S) Credit Card Issuer Paid 08/14/2024     Office held       9 Complete QMLY If direct State Query Instant acade at Tess. Conglete Statedate State Query Instant acade at Tess. Conglete Statedate State Query Instant acade at Tess. Conglete Statedate State Query Instant acade at Tess. Conglete Statedate (b) Payee address; State, Zip Code 1290 US Hwy 84 W.       PAYEE     (a) Amount Charged State Query Instant acade of Tess. Conglete Statedate State Query Instant Conglete CMLY If direct Query Instant Instant acade of Tess. Conglete Statedate Tess. Conglete Statedate Tess. Conglete Statedate (c) Description Fuel     City, State, Zip Code 1290 US Hwy 84 W.       PAYEE     (a) Amount Charged Query In District     (b) Description Fuel     City, State, Zip Code 3030 Northwest Loop State (A Austin, TX offictabriet insue or the storedate Tess. Conglete State (A Tess Tess. C			The Inst	ruction Guide explains h	ow to complete this form.						
4 CREDIT CARD ISSUER       Name of financial institution see previous       5 TOTAL OF UNITEMIZED CHARGED TO A CREDIT CHARGED TO A CREDIT         5 PAYMENT       (a) Amount Charged \$637.67       (b) Date of Charge DR/09/2024       (c) Date(s) Credit Card Issuer Paid OB/14/2024         7 PAYEE       (a) Payee name MailChimp       (b) Date of Charge DR/09/2024       (c) Date(s) Credit Card Issuer Paid OB/14/2024         8 PURPOSE OF EXPENDITURE       (a) Category (con-Cresports land at the two of this scheade) Advertising Expense       (b) Payee address; OB conjule       City, OB conjule       State, Dissipation         9 Complete DNLV if direct expenditure to benefit C/OH       (c) Crest if zowic acade of Taxee State of Taxee I acade of Taxee State I acade of Taxee I acade of Taxee I acade of Taxee I acade of Taxee Complete DNLV if direct       City, State, Zip Code I address; City, State, Zip Code I address; City, State, Zip Code I address; City Carditate/Office hold         PAYEE       (a) Amount Charged State I acade of Taxee I acade of Taxee I acade I acade of Taxee I acade I acade of Taxee I acade	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)		
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See previous       CHARGE TO A CREDIT         6       PAYMENT       (a) Amount Charged \$637.67       (b) Date of Charge 08/09/2024       (c) Date(c) Credit Card Issuer Paid 08/14/2024         7       PAYEE       (a) Payee name MailChimp       (b) Payee address; 08/09/2024       City, State, Zip Code 405 N. Angler Avenue NE Atlanta, GA 30312         8       PURPOSE OF EXPENDITURE       (a) Category (se Categore listed at the up of this schedule) Advertising Expense       (b) Description         9       Complete DNLY if direct       Candidate/Officeholder name       Office Sought       Office held         9       Complete DNLY if direct       (a) Amount Charged \$150.00       (b) Date of Charge 08/13/2024       (c) Date(c) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name       (b) Date of Charge 08/13/2024       (c) Date(c) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name       (b) Date of Charge 08/13/2024       (c) Date(c) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name       (b) Date of Charge 08/13/2024       (c) Date(c) Credit Card Issuer Paid 08/14/2024         PURPOSE OF EXPENDITURE       (a) Category (c) Cardit Mart       (b) Description Fuel       (c) Cardit Card Issuer Paid 08/14/2024         PURPOSE OF EXPENDITURE       (a) Category (c) Cardit Card Issuer Cardit Card Issuer Paid 08/14/2024       (c) Date(c) Credit Card Issuer Paid 08/14/2024 <th>4</th> <td>CREDIT CARD</td> <td>Name of fina</td> <td>ncial institution</td> <td></td> <td>ZED</td> <td></td> <td></td> <td></td>	4	CREDIT CARD	Name of fina	ncial institution		ZED					
6     PAYMENT     (a) Amount Charged \$637.67     (b) Date of Charge 08/09/2024     (c) Date(s) Credit Card Issuer Paid 08/14/2024       7     PAYEE     (a) Payee name MailChimp     (b) Payee address: 08/09/2024     City, 08/09/2024     State, 09     Zip Code       8     PURPOSE OF EXPENDITURE     (a) Category Cite: Caedot is used at the top of this schedule Atlanta, GA 30312     City, 09     State, 00) Description email blasts services     City, 00     State, 00     Zip Code       9     Complete QMLX if direct expenditure to benefit C/OH     (a) Amount Charged S150.00     (b) Date of Charge 08/13/2024     (c) Cated if austin, TX, officeholder Iwing expense     City, 08/13/2024     State, 08/14/2024     Zip Code       PAYEE     (a) Payee name Star Mart     (b) Date of Charge 08/13/2024     (c) Date(s) Credit Card Issuer Paid 08/14/2024     State, 2/20 US Hwy 84 W.       PAYEE     (a) Payee name Star Mart     (b) Payee address; Cardidate/Officeholder name     City, State, 2/20 US Hwy 84 W.     State, 2/20 US Hwy 84 W.       Complete QMLX if direct expenditure to benefit C/OH     (a) Category Travel In District     Condidate/Officeholder name     Office sought     Office held       PAYEE     (a) Category Travel In District     (b) Description Fuel     Condidate/Officeholder name     Office sought     Office held       PAYMENT     (a) Amount Charged S150.00     (b) Date of Charge 08/12/2024     (c) Date(s) Credit Card Issuer Paid 08/14/2		ISSUER	see p	revious			\$				
7     PAYEE     (a) Payee name     (b) Payee address;     City,     State,     Zip Code       8     PURPOSE OF EXPENDITURE     (a) Category     (b) Category     (b) Description     (c) Description     (c) Description       9     Complete ONLY if direct     (c) Category     (c) Category     (c) Category     (c) Category     (c) Category     (c) Category     (c) Description     (c) Category     (c) Category<						וועב					
7 PAYEE     (a) Payee name MailChimp     (b) Payee address; Altanta, GA 30312     City, AdS N. Angler Avenue NE Altanta, GA 30312       8 PURPOSE OF EXPENDITURE     (a) Category (cac categories) Candidate/Office/holder name     (b) Description     (b) Description       9 Omplete DAUX I direct expenditure to benefit C/OH     (c) Citesk # nume tasted of Texas. Complete Schedule T. Advertising Expense     Chick # Auster, TX, office-holder foing expense       9 Complete DAUX I direct expenditure to benefit C/OH     (a) Amount Charged \$150.00     (b) Date of Charge 08/13/2024     (c) Date(s) Credit Card Issuer Paid 08/14/2024       PAYEE     (a) Payee name Star Mart     (b) Dayee address; City, State, Zip Code 1290 US Hwy 84 W. Coldthwaite, TX 76844     City, State, Zip Code 1290 US Hwy 84 W. Coldthwaite, TX 76844       PURPOSE OF EXPENDITURE     (a) Category (soc categories) listed at the top of this schedule) Travel In District     City Category (soc categories) listed at the top of this schedule) Travel In District     Clobel Schedule T. Condidate/Officeholder name     Cites ought       PAYEE     (a) Amount Charged (b) Category (soc categories) listed at the top of this schedule) Travel In District     Cites ought     Office sought       PAYEE     (a) Amount Charged (b) Category (soc categories) listed at the top of this schedule) Travel In District     Cites if Austin, TX, officeholder foing expense       PAYEE     (a) Amount Charged (b) Payee address; S150.00     (b) Date of Charge 08/12/2024     (c) Date(S) Credit Card Issuer Paid 08/14/2024       PAYEE     (a)	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid				
7       PAYEE       (a) Payee name MailChimp       (b) Payee address: 405 N. Angier Avenue NE       City, State, Zip Code 405 N. Angier Avenue NE         8       PURPOSE OF EXPENDITURE       (a) Category (b) Categoriginin Go Description email blasts services       (b) Description email blasts services         9       Complete DQLLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         9       Complete DQLLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYEE       (a) Payee name S150.00       (b) Date of Charge 08/13/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024       City, State, Zip Code 1290 US Hwy 84 W.         PAYEE       (a) Category (See Category EXPENDITURE       (a) Category (See Category (See Category EXPENDITURE       (b) Description Fuel       City, State, Zip Code 1290 US Hwy 84 W.         PURPOSE OF EXPENDITURE       (a) Category (See Category EXPENDITURE       (b) Description Fuel       City, State, Zip Code 1290 US Hwy 84 W.         Complete DQLY if direct expenditure to benefit C/OH       (b) Description Fuel       City, State, Zip Code 1290 US Hwy 84 W.         PAYEE       (a) Amount Charged (b) Description Candidate/Officeholder name Jackson's Detailing and Truck       (b) Description Candidate/Officeholder name Jackson's Detailing and Truck       (c) Date of Charge 08/14/2024       City, State, Zip Code 3030 Northwest Loop Jacks			\$637.67	08/09/2024	08/14/2024						
Icy, Maile Number       Experimentation       Experimentation       Experimentation         8       PURPOSE OF EXPENDITURE       (a) Category (site Categories listed at the top of this schedule)       Atlanta, GA 30312         8       PURPOSE OF EXPENDITURE       (a) Category (site Categories listed at the top of this schedule)       (b) Description email blasts services       Image: State Stat			\$037.07	00/09/2024							
Ad5 N. Angier Avenue NE       MailChimp       405 N. Angier Avenue NE       Atlanta, GA 30312       8 PURPOSE OF EXPENDITURE     (a) Category (b) Description email blasts services       > Oon-Political       (c)	7	PAYEE	(a) Payee name		(b) Payee address; Citv. State. Zin Code						
AdilChimp     Atlanta, GA 30312       8     PURPOSE OF EXPENDITURE     (a) Category (see Categories lised at the top of this schedule) Advertising Expense     (b) Description email blasts services       9     Complete QNLY if direct     Candidate/Officeholder name     Office sought     Office held       9     Complete QNLY if direct     (a) Amount Charged \$150.00     (b) Date of Charge Q8/13/2024     (c) Date(s) Credit Card Issuer Paid Q8/13/2024       PAYEE     (a) Payee name     (b) Date of this schedule) Star Mart     (b) Payee address; City, State, Zip Code       PURPOSE OF EXPENDITURE     (a) Category (see Categories lised at the top of this schedule) Travel In District     (b) Date of Charge Q8/13/2024     (b) Date of Charge       PURPOSE OF EXPENDITURE     (a) Category (see Categories lised at the top of this schedule) Travel In District     (b) Date of Charge Q8/12/2024     (b) Description Fuel       PURPOSE OF EXPENDITURE     (c) Deck if muel cuaside of Toxas. Complete Schedule) Travel In District     (b) Description       PAYEE     (a) Category (see Categories lised at the top of this schedule) Travel In District     (c) Deck if Austin. TX, efficiented riving expense       PAYMENT     (a) Category (see Categories lised at the top of this schedule) Travel In District     (b) Date of Charge Q8/12/2024     (c) Date(s) Credit Card Issuer Paid Q8/12/2024       PAYMENT     (a) Amount Charged \$150.00     (b) Date of Charge Q8/12/2024     (c) Date(s) Credit Card Issuer Paid Q8/12/2024 <tr< th=""><th></th><td></td><td></td><td></td><td>405 N. Angier Avenue</td><td>e NE</td><td></td><td></td><td></td></tr<>					405 N. Angier Avenue	e NE					
9       PURPOSE OF       (a) Category       (b) Description         Y Political       Advertising Expense       (b) Description         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(S) Credit Card Issuer Paid       08/13/2024         PAYEE       (a) Payee name       (b) Payee address;       City, State, Zip Code         Star Mart       Coldthwaite, TX 76844       (b) Description         PURPOSE OF       (c) Category       (b) Category       (b) Description         (c) Category       (b) Category       (c) Description       Fuel         Variet In District       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Description         (b) Payee address;       City, State, Zip Code       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge			MailChimp								
EXPENDITURE       Cise Categories isted at the top of this schedule i       email blasts services         Mon-Political       (c)       Check if travel outside or Texas. Complete Soledule T.       Check if Austin, TX, officeholder living expense         9       Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/13/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code 1290 US Hwy 84 W.         PURPOSE OF EXPENDITURE       (a) Category (be Categories listed at the top of this schedule T.       Check if Austin, TX, officeholder living expense         Office hold       Travel In District       (b) Date of Charge 08/13/2024       (b) Description Fuel         PURPOSE OF EXPENDITURE       (a) Category (be Categories listed at the top of this schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       (c)       Check if travel auside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYMENT       (a) Payee name Jackson's Detailing and Truck       (b) Payee address; 03/30 Northwest Loop       State,					Atlanta, GA 30312						
X       Political       Advertising Expense       Price	8	PURPOSE OF	(a) Category		(b) Description						
X       Political       (c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder Ining expense         9       Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid       08/13/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         I290 US Hwy 84 W.       Coldthwaite, TX 76844       Use Candidate/Officeholder name       Office sought       (b) Description         FXPENDITURE       (a) Category       (be Categories listed at the top of this schedule)       Fuel       Condidate/Officeholder name       Office sought       Office held         PURPOSE OF       (a) Category       (be Categories listed at the top of this schedule)       Fuel       Fuel       Fuel       Fuel         Complete ONLY if direct       (c) Chack if avait outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder hing expense       Condidate/Officeholder name       Office sought       Office held       Fuel         PAYEE       (a) Amount Charged       (b) Date of Charge       Office sought       Office held       State, Zip Code         S150.00       08/12/2024       (b) Date of Charge       (b) Pa		EXPENDITURE		of this schedule)	email blasts services						
9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/13/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name       (b) Date of Charge 08/13/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel         POINTURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel         PAYEE       (a) Amount Charged Non-Political       (c)		X Political	Advertising Expense								
9       Complete DNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/13/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name       (b) Payee address; City, State, Zip Code         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel         Political       (c)		Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, d	officeholder living exp	oense			
expenditure to benefit C/OH       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYMENT       (a) Amount Charged       08/13/2024       08/14/2024         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Star Mart       Goldthwaite, TX 76844       1290 US Hwy 84 W.       Goldthwaite, TX 76844       Full         PURPOSE OF       (c) Category       (b) Description       Fuel       Fuel <t< th=""><th>9</th><td>Complete ONLY if direct</td><td></td><td>name Of</td><td>ffice sought</td><td></td><td>Office held</td><td></td><td></td></t<>	9	Complete ONLY if direct		name Of	ffice sought		Office held				
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       Star Mart       Goldthwaite, TX 76844											
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF       Star Mart       Coldthwaite, TX 76844       1290 US Hwy 84 W.           PURPOSE OF       (a) Category       (b) Description                               Star Mart       Coldthwaite, TX 76844 <th></th> <td>PAYMENT</td> <td>(a) Amount Charged</td> <td>(b) Date of Charge</td> <td>(c) Date(s) Credit Card Is</td> <td>ssuer</td> <td>Paid</td> <td></td> <td></td>		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid				
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Star Mart       Goldthwaite, TX 76844       1290 US Hwy 84 W.       State,       Zip Code         PURPOSE OF       (a) Category       (b) Description       Fuel       Star Mart       Fuel         PURPOSE OF       (a) Category       (b) Category       (b) Description       Fuel       Star Mart       Star M			08/13/2024	08/14/2024							
Image: Star Mart       1290 US Hwy 84 W.         Star Mart       Goldthwaite, TX 76844         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel         Mon-Political       (c)											
Star Mart       Goldthwaite, TX 76844         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel         Non-Political       (c)		PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel			- · · ·		1290 US Hwy 84 W.						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Fuel         Image: Non-Political       (c) Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name Jackson's Detailing and Truck       (b) Payee address; Stephenville, TX 76401       City, State,       State, Zip Code Zip Code         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash         Image: Purpose of F EXPENDITURE       (c) Image: Check if Austin, TX, officeholder living expense         Image: Purpose of F EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash         Image: Purpose of F EXPENDITURE       (c) Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Purpose of Non-Political       (c) Image: Check if travel out			Star Mart								
EXPENDITURE       (See Categories listed at the top of this schedule)       Fuel         Image: Travel In District       Travel In District       Fuel         Image: Travel In District       Image: Travel In District       Image: Travel In District       Image: Travel In District         Image: Travel In District       Image: Travel In District       Image: Travel In District       Image: Travel In District       Image: Travel In District         Image: Travel In District       Image: T					Goldthwaite, TX 7684	4					
Image: Political in District       Precinitation in the political intervention in the political intervention interventione interventention intervention intervention intervention interven					(b) Description						
Image: Image		EXPENDITURE		of this schedule)	Fuel						
Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name Jackson's Detailing and Truck       (b) Payee address; Stephenville, TX 76401       City,       State,       Zip Code Zip Code         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash       Campaign Vehicle wash         [V] Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         [Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held		X Political									
expenditure to benefit C/OH       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYMENT       (a) Amount Charged       (b) Date of Charge       (c) Date(s) Credit Card Issuer Paid         PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Jackson's Detailing and Truck       (b) Payee address;       City,       State,       Zip Code         Jackson's Detailing and Truck       Stephenville, TX 76401       Stephenville, TX 76401       Vertex         PURPOSE OF       (a) Category       (see Categories listed at the top of this schedule)       Transportation Equipment And Related       (b) Description         Campaign Vehicle wash       Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held		Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, c	officeholder living exp	oense			
PAYMENT       (a) Amount Charged \$150.00       (b) Date of Charge 08/12/2024       (c) Date(s) Credit Card Issuer Paid 08/14/2024         PAYEE       (a) Payee name Jackson's Detailing and Truck       (b) Payee address;       City,       State,       Zip Code         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash       (b) Description Campaign Vehicle wash         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held		Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought		Office held				
PAYEE       (a) Payee name Jackson's Detailing and Truck       (b) Payee address; City, State, Zip Code 3030 Northwest Loop         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash         Image: Non-Political       (c) _ Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held	e	xpenditure to benefit C/OH									
PAYEE       (a) Payee name       (b) Payee address;       City,       State,       Zip Code         Jackson's Detailing and Truck       (b) Payee address;       City,       State,       Zip Code         Jackson's Detailing and Truck       Stephenville, TX 76401       Stephenville, TX 76401       Vertice       Vertice         PURPOSE OF       (a) Category       (b) Description       Campaign Vehicle wash       Vehicle wash       Vehicle wash         X Political       (c) Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense       Vehicle hold         Complete QNLY if direct       Candidate/Officeholder name       Office sought       Office held		PAYMENT	(a) Amount Charged	(b) Date of Charge		ssuer	Paid				
Image: Construction of the second state of the second s			\$150.00	08/12/2024	08/14/2024						
Image: Construction of the second state of the second s											
Jackson's Detailing and Truck     Stephenville, TX 76401       PURPOSE OF EXPENDITURE     (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense     (b) Description Campaign Vehicle wash       Non-Political     (c) Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held		PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE     (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense     (b) Description Campaign Vehicle wash       Non-Political     (c) Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held			la dua anta Datailia a	and Truck	3030 Northwest Loop						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash         Non-Political       Transportation Equipment And Related Expense       (b) Description Campaign Vehicle wash         Complete ONLY if direct       Candidate/Officeholder name       Office sought			Jackson's Detailing								
EXPENDITURE     (See Categories listed at the top of this schedule)     Campaign Vehicle wash       X Political     Transportation Equipment And Related Expense     Campaign Vehicle wash       Non-Political     (c) Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held					-	01					
Image: Non-Political     Transportation Equipment And Related Expense     Campaign Venicle Wash       Image: Only of the constraint of											
X     Political     Expense       Non-Political     (c) Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held				Campaign Vehicle wa	ash						
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held											
		Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, d	officeholder living exp	oense			
expenditure to benefit C/OH		Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought		Office held				
	e	xpenditure to benefit C/OH									

		EXPI	ENDITURE CATEGOR	IES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related I				
		The Inst	ruction Guide explains h	ow to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	ion Filers)			
	Sch: 7/33 Rpt: 43/71	Miller, Sid (The Ho	norable)		00042143					
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ						
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD	DIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge							
		\$26.09	08/18/2024	08/30/2024						
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		Mi Comilio Movinor	Destaurant	2029 W, Washington						
		Mi Familia Mexican	Restaurant							
_				Stephenville, TX 7640	1					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Meeting with Campaig	in Staff					
	X Political	Food/Beverage Expe	nse		in Stan					
	Non-Political									
0	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	n, TX, officeholder living ex Office held	kpense				
	xpenditure to benefit C/OH	Canalatic, Chiecholder	indifie Of	ince sought	Office field					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
		\$122.98	08/16/2024	08/30/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				18010 Park Row Drive	e					
		Courtyard by Marrie	ott Houston							
				Houston, TX 77084						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	+					
		Travel In District		Speaking engagemen	L					
	X Political									
		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin ffice sought	n, TX, officeholder living ex Office held	kpense				
e	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Oniceriolder	nume of	nice sought	Office field					
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
		\$33.61	08/15/2024	08/30/2024						
		<b>400.01</b>	00/10/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		01/ 1550		181 EE Ohnmeiss Blv	d					
		CK 1553								
				Lampasas, TX 76550						
PURPOSE OF     (a) Category       EXPENDITURE     (See Categories listed at the top of this schedule)				(b) Description						
Travel In District				Fuel						
					n, TX, officeholder living ex Office held	kpense				
	Complete <u>ONLY</u> if direct spenditure to benefit C/OH		name U	nice sought	Onice field					
6										

		ENDITURE CATEGOR		.,			
Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees		Loan Repayment/Re Office Overhead/Rer	ntal Expense Tra	licitation/Fundraising ansportation Equipme		Expense
Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	s/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Con	Tra	avel in District avel Out of District ГHER (enter a categoi	w not listed at	2010
		ruction Guide explains h	-			y not iisted ai	5000)
<b>1</b> Total pages Schedule F4:	2 FILER NAME	-	-		3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 8/33 Rpt: 44/71	Miller, Sid (The Ho	norable)			00042143		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED			
ISSUER	see p	revious		DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$47.50	08/21/2024	08/30/202	24			
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	7 Eleven Lampasa	S	801 N Ke	y Av			
			Lampasas	s, TX 76550			
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel				
X Political	Traver in District						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. [	Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Of	ffice sought		Office held		
expenditure to benefit C/OH					<u> </u>		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 08/30/202	Credit Card Issuer 24	r Paid		
	\$74.01	08/19/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			9700 FM				·
	Tiger Mart #22						
			Forney, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion			
	Travel In District	,	Fuel				
X Political				-			
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	Check if Austin, TX,	officeholder living exp Office held	ense	
expenditure to benefit C/OH			noo oougin				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$20.96	08/19/2024	08/30/202	24			
PAYEE	(a) Payee name	•	(b) Payee a		City,	State,	Zip Code
	Golden Chick Talty		9700 FM	1641			
			Talky TV	75160			
PURPOSE OF	(a) Category		Talty, TX (b) Descrip				
EXPENDITURE	(See Categories listed at the top	,		vith campaign sta	aff		
X Political	Food/Beverage Expe	nse					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. Г	Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held						
expenditure to benefit C/OH							

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trar Trav Trav	citation/Fundraising B nsportation Equipmer vel in District vel Out of District HER (enter a categor	nt & Related E				
			ruction Guide explains h	now to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (Ethic	s Commiss	ion Filers)			
	Sch: 9/33 Rpt: 45/71	Miller, Sid (The Ho	norable)			00042143					
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ		۴					
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRI CARD	I	\$					
6	PAYMENT	(a) Amount Charged \$227.63	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Is 08/30/2024	ssuer	Paid					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				5660 N Interstate Hw	v 35	- 3,	,				
		Courtyard Austin-U	niversity		,						
				Austin, TX 78751							
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Met with donors and o	consu	ıltant					
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, o	fficeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 09/01/2024	ssuer	Paid					
		\$143.27	08/27/2024	09/01/2024							
	PAYEE	(a) Payee name	(b) Payee address;		City,	State,	Zip Code				
		Pathway		PO Box 1298							
		1 alliway		Joshua, TX 76058							
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	Internet service provider and phone line							
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, o	fficeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 09/01/2024	ssuer	Paid					
		\$42.06	09/01/2024	09/01/2024							
	54//25										
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Greer's Ranch Cafe	190 West College Str	eet							
Stenhenville					11						
-	PURPOSE OF	(a) Category		Stephenville, TX 7640 (b) Description	1						
<b>EXPENDITURE</b> (See Categories listed at the top of this schedule)				Meeting with constitue	ents						
X Political Food/Beverage Expense											
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX. o	fficeholder living exp	ense				
-	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held					
e	xpenditure to benefit C/OH										

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	icitation/Fundrais insportation Equip ivel in District ivel Out of District HER (enter a cate	ment & Related E		
		The Inst	ruction Guide explains l	how to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)	
	Sch: 10/33 Rpt: 46/71	Miller, Sid (The Hor	norable)			00042143			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEN	/IZED				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A C CARD	REDIT	\$			
6	PAYMENT	(a) Amount Charged \$25.58	(b) Date of Charge 08/31/2024	(c) Date(s) Credit Carc 09/01/2024	l Issuer	Paid			
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		Caasia		9606 N. MoPac Exp	oresswa	ay			
		Google		Suite 700					
				Austin, TX 78759					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Office Overhead/Ren	•	Internet storage					
	X Political								
	Non-Political		of Texas. Complete Schedule		ustin, TX, c	officeholder living	expense		
9	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held			
С.	•	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	lecuor	Paid			
	PAYMENT     (a) Amount Charged     (b) Date of Charge       \$83.35     09/03/2024			09/01/2024	133001				
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		Quines		1701 River Run					
		Quince		Ste 181					
				Fort Worth, TX 7610	07				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	huonto				
		Food/Beverage Expe		Meeting with constit	luents				
	X Political								
	Non-Political	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		ustin, TX, c	officeholder living	expense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Onicendider	name C	Office sought		Office held			
U.		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	lssuer	Paid			
				09/18/2024	100001				
		\$38.15	09/08/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				3024 W Washingtor	า			·	
		Azteca Mexican Gr	ill						
				Stephenville, TX 76	401				
				(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Meeting with campa	aign sta	aff				
X Political									
	Non-Political		of Texas. Complete Schedule		ustin, TX, c	officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held			
e	xpenditure to benefit C/OH								

			EXP	ENDITURE CATEGOR	RIES FOR BO	X 10(	a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - () I Committee I	Gift/Award Legal Serv	erage Expense is/Memorials Expense rices	Loan Repayment Office Overhead/I Polling Expense Printing Expense Salaries/Wages/O	Rental Contrac	Expense Tra Tra Tra t Labor OT	licitation/Fundraisin Insportation Equipn Ivel in District Ivel Out of District HER (enter a categ	nent & Related I		
			The Inst	ruction Guide explains l	how to complete	e this	form.	i			
1	Total pages Schedule F4:	2 FILER NAME						3 Filer ID (Et	hics Commiss	sion Filers)	
	Sch: 11/33 Rpt: 47/71	Miller, Sid (T	he Ho	norable)				00042143			
4	CREDIT CARD	Name	e of fina	ncial institution			UNITEMIZED	<b>•</b>			
	ISSUER		see p	revious		RGED	URES TO A CREDIT	\$			
6	PAYMENT	(a) Amount Char	ged	(b) Date of Charge	(c) Date(	(s) Cr	edit Card Issuer	Paid			
		\$637.67		09/09/2024	09/30/2	2024					
7	PAYEE	(a) Payee name			(b) Paye	e add	Iress;	City,	State,	Zip Code	
					405 N.	Angi	er Avenue NE				
		MailChimp									
					Atlanta,	, GA	30312				
8	PURPOSE OF	(a) Category			(b) Desci	riptior	า				
	EXPENDITURE	(See Categories listed Advertising Ex	•	of this schedule)	Email b	last s	service				
	X Political		001130								
	Non-Political	(C) Check if trav	el outside	of Texas. Complete Schedule	т.	Π	Check if Austin, TX,	officeholder living e	xpense		
9	Complete ONLY if direct	Candidate/Offic	eholder	r name C	Office sought			Office held			
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Char	ged	(b) Date of Charge			edit Card Issuer	Paid			
		\$55.44		09/10/2024	09/30/2	2024					
	PAYEE	(a) Payee name			(b) Paye	e add	lress;	City,	State,	Zip Code	
					12700 L	_exin	igton St.				
		Casa Garcia	S		Ste 100	)					
					Manor,						
	PURPOSE OF	(a) Category (See Categories listed	at the ten	of this schodulo)	(b) Desci	•					
		Food/Beverage	•	,	Meeting with constituents						
	X Political										
	Non-Political	I		of Texas. Complete Schedule			Check if Austin, TX,	-	xpense		
	Complete ONLY if direct	Candidate/Offic	eholder	r name C	Office sought			Office held			
e	xpenditure to benefit C/OH	() .									
	PAYMENT	(a) Amount Char	ged	(b) Date of Charge	(c) Date( 09/30/2		edit Card Issuer	Paid			
		\$170.10		09/10/2024	00/00/2	.024					
	DAVEE	() <b>-</b>			<i>"</i> ) <b>–</b>			0.11			
	PAYEE	(a) Payee name			(b) Paye		Iress;	City,	State,	Zip Code	
		Buc-ee's En	nis		1402 I-4	45					
					Ennie 7	יד עד	5110				
				Ennis, 1 (b) Desci							
	EXPENDITURE	(See Categories listed	at the top	of this schedule)	Fuel	inpuor					
	X Political	Travel In Distri	ct								
	Non-Political			of Texas. Complete Schedule			Check if Austin, TX,	-	xpense		
	Complete <u>ONLY</u> if direct	Candidate/Offic	eholder	r name C	office sought			Office held			
e	xpenditure to benefit C/OH										

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I			
		The Inst	ruction Guide explains h	ow to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)		
	Sch: 12/33 Rpt: 48/71	Miller, Sid (The Hor	norable)		00042143				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES					
	ISSUER	see pi	revious	CHARGED TO A CREE CARD	<b>\$</b>				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
		\$21.02	09/13/2024	09/30/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		IONOS Inc.		100 North 18th Street					
				Suite 400					
_				Philadelphia, PA 19103	}				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Website					
	X Political	Office Overhead/Rent	tal Expense	Website					
	Non-Political								
0	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, ffice sought	TX, officeholder living exp Office held	oense			
	xpenditure to benefit C/OH	Culturale, Chiecholder	ilane o	nice sought	Onice field				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
		\$190.69	09/13/2024	09/30/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				40900 US Highway 290	)				
		Buc-ee's Waller TX							
				Waller, TX 77484					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Fuel					
		Travel In District	,						
	X Political								
		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, ffice sought	TX, officeholder living exp Office held	oense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Oniceriolder	liane 0	nice sought	Office field				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
		\$47.49	09/13/2024	09/30/2024					
		<b>•</b> •••••							
	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
		DE Change Austin		10114 Jollyville Road					
		PF Changs Austin							
				Austin, TX 78759					
PURPOSE OF     (a) Category       EXPENDITURE     (See Categories listed at the top of this schedule)				(b) Description	nte				
Food/Beverage Expense				Meeting with constituer	113				
	Non-Political	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, ffice sought	TX, officeholder living exp Office held	oense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH		name U	nice sought					
6									

	EXPE	ENDITURE CATEGORIE	S FOR BOX 1	0(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense P s/Memorials Expense P	oan Repayment/Rei office Overhead/Ren olling Expense rinting Expense alaries/Wages/Cont	tal Expense Tra Tra Tra	licitation/Fundraising E ansportation Equipmen avel in District avel Out of District THER (enter a category	t & Related E				
	5	ruction Guide explains ho	-				,			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
Sch: 13/33 Rpt: 49/71	Miller, Sid (The Hor	norable)			00042143					
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED						
ISSUER	see pi	revious	EXPEND CHARGE CARD	DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid					
	\$18.45	09/21/2024	09/30/202	4						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	lasti it		2632 Marine Way							
	Intuit									
				View, CA 94043	3					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript							
X Political	Office Overhead/Rent	,	вооккеер	ing software						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			officeholder living expe					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ce sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$36.86	09/22/2024	09/30/202	4						
PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code			
			1000 E Hv	vy 377						
	Chili's Grill & Bar G	ranbury								
				TX 76048						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript							
	Food/Beverage Exper	,	Campaign	staff meeting						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			officeholder living expe	nse				
Complete ONLY if direct	Candidate/Officeholder	•	ce sought		Office held					
expenditure to benefit C/OH			-							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$175.00	09/19/2024	09/30/202	24						
PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code			
			1408 S Ke	ey Ave						
	Valero Lampasas									
				s, TX 76550						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion						
Travel In District			fuel							
X Political										
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held					
expenditure to benefit C/OH										

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense ds/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trar Trav Trav	icitation/Fundraising nsportation Equipme vel in District vel Out of District HER (enter a categor	nt & Related E				
		The Ins	truction Guide explains h	now to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (Ethi	cs Commiss	ion Filers)			
	Sch: 14/33 Rpt: 50/71	Miller, Sid (The Ho	norable)			00042143					
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMI		±					
	ISSUER	see p	previous	EXPENDITURES CHARGED TO A CR CARD		\$					
6	PAYMENT	(a) Amount Charged \$25.49	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card I 09/30/2024	Issuer	Paid					
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
		The Junction on R	oute 36	1216 Highway 36 N.							
				Gatesville, TX 76528							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description							
	X Political	Food/Beverage Expe	ense	campaign staff meeting							
	Non-Political	(c) Check if travel outside	e of Texas. Complete Schedule	T. Check if Aust	tin, TX, o	officeholder living exp	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name O	ffice sought		Office held					
_	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid					
		\$32.19	10/01/2024								
	PAYEE	(a) Payee name Cotton Patch Cafe		(b) Payee address; 2869 W Washington Stephenville, TX 760		City,	State,	Zip Code			
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	Meeting with campai	gn sta	ſf					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, o	officeholder living exp	ense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name O	ffice sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid					
		\$150.00	09/30/2024								
	PAYEE	(a) Payee name	<u>.</u>	(b) Payee address;		City,	State,	Zip Code			
		HEB Stephenville		2150 W. Washington	Stree	et					
				Stephenville, TX 764	01						
	PURPOSE OF	(b) Description									
EXPENDITURE     (See Categories listed at the top of this schedule)       Travel In District			fuel for campaign ver	nicle							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin. TX o	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholde		ffice sought	,, 0	Office held					
е	xpenditure to benefit C/OH			-							

Forms provided by Texas Ethics Commission

	Advertising Expense		EXPI Event Exp		IES FOR BOX 10(a) Loan Repayment/Reimbursement	Sol	licitation/Fundraising E	Typense			
	Accounting/Banking Consulting Expense		Fees	erage Expense	Office Overhead/Rental Expense Polling Expense	Tra	ansportation Equipmer		Expense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Award Legal Serv	s/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor		avel Out of District HER (enter a category	/ not listed al	oove)		
			The Inst	ruction Guide explains h	ow to complete this form.						
1	Total pages Schedule F4:	2 FILER NAM	Ξ				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 15/33 Rpt: 51/71	Miller, Sid (	The Ho	norable)			00042143				
4	CREDIT CARD	Nan	ne of fina	ncial institution	5 TOTAL OF UNITEMIZ		<b>^</b>				
	ISSUER		see p	revious	EXPENDITURES CHARGED TO A CRE CARD		\$				
6	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer	Paid				
		\$21.02		10/05/2024	11/12/2024						
7	PAYEE						O:t.	01-1-1	7.0.1.		
ľ	PATEE	(a) Payee name	9		(b) Payee address;		City,	State,	Zip Code		
		IONOS Inc			100 North 18th Street Suite 400						
					Philadelphia, PA 1910	13					
8	PURPOSE OF	(a) Category			(b) Description	.5					
-	EXPENDITURE	(See Categories liste		,	Website hosting						
	X Political	Office Overhe	ead/Ren	tal Expense							
	Non-Political	(C) Check if tra	avel outside	of Texas. Complete Schedule	T. Check if Austir	n, TX, d	officeholder living expe	ense			
9	Complete ONLY if direct	Candidate/Off	iceholder	r name O	ffice sought		Office held				
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer	Paid				
		\$111.44	1	10/08/2024	11/12/2024						
					(1) <b>-</b>		0.11				
	PAYEE	(a) Payee name	9		(b) Payee address; 1205 N Lamar blvd		City,	State,	Zip Code		
		ALC Steak	5		1205 N Lamar Divu						
					Austin, TX 78703						
	PURPOSE OF	(a) Category			(b) Description						
	EXPENDITURE	(See Categories liste Food/Bevera	•	,	Meeting with constitue	ents					
	Political	1 000/Devela	је Елре								
	X Non-Political	Í		of Texas. Complete Schedule		n, TX, d	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Off	iceholder	name O	ffice sought		Office held				
e	xpenditure to benefit C/OH PAYMENT	(a) Amount Cha	rand	(b) Date of Charge	(c) Date(s) Credit Card Is	cuor	Daid				
	PATMENT				11/12/2024	suer	Palu				
		\$28.12		10/08/2024							
	PAYEE	(a) Payee name	9		(b) Payee address;		City,	State,	Zip Code		
					301 East Highway 377	7					
		Staples Gra	anbury		Suite 112						
					Granbury, TX 76048						
	PURPOSE OF	(a) Category	d at the ten	of this school (10)	(b) Description						
Office Overhead/Rental Expense				Office Supplies							
	X Political										
	Non-Political			of Texas. Complete Schedule		n, TX, d	officeholder living expe	ense			
_	Complete <u>ONLY</u> if direct	Candidate/Off	iceholder	name O	ffice sought		Office held				
e	xpenditure to benefit C/OH										

			EXP	ENDITURE CATEGOR	IES FOR BOX	( 10	)(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fe Fo - Gi		erage Expense Is/Memorials Expense	Loan Repayment/ Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Renta	al Expense Tr Tr Tr	Dicitation/Fundraising ansportation Equipm avel in District avel Out of District THER (enter a catego	ent & Related I			
		т	he Inst	truction Guide explains h	ow to complete	e thi	is form.					
1	Total pages Schedule F4:	2 FILER NAME						3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 16/33 Rpt: 52/71	Miller, Sid (Th	ne Ho	norable)				00042143				
4	CREDIT CARD	Name	of fina	ncial institution			F UNITEMIZED					
	ISSUER		see p	revious		GE	ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charg \$605.00	ed	(b) Date of Charge 10/09/2024	(c) Date(: 11/12/2		Credit Card Issue 4	r Paid				
7	PAYEE	(a) Payee name			(b) Payee	- ar	ldress.	City,	State,	Zip Code		
		(u) r uyee name			( ) )				State,			
		MailChimp			405 N. Angier Avenue NE							
					Atlanta,	GA	A 30312					
8	PURPOSE OF	(a) Category			(b) Descr							
	EXPENDITURE	(See Categories listed a Advertising Exp		o of this schedule)	Email bl	last	ts service					
	X Political		CHSC									
	Non-Political	(C) Check if travel	outside	of Texas. Complete Schedule	T.	Г	Check if Austin, TX,	officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Office	holde	r name Of	ffice sought			Office held				
е	xpenditure to benefit C/OH											
	PAYMENT	(a) Amount Charg	ed	(b) Date of Charge			Credit Card Issue	r Paid				
		\$175.00		10/08/2024	11/12/2	024	4					
	PAYEE	(a) Payee name			(b) Payee	e ac	ldress;	City,	State,	Zip Code		
		Buc-ee's Wal		,	40900 L	JS	Highway 290					
					Waller,	тх	77484					
	PURPOSE OF	(a) Category (See Categories listed a	t the ten	of this school (10)	(b) Descr	•						
		Travel In Distric	•	of this schedule)	fuel for	car	npaign vehicle					
	X Political											
	Non-Political			of Texas. Complete Schedule			Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Office	holde	r name Of	ffice sought			Office held				
e	xpenditure to benefit C/OH	(a) Arraquist Charge		(h) Data of Charge			Predit Cand Jacua	* Daid				
	PAYMENT	(a) Amount Charg	ea	(b) Date of Charge	(c) Date(s 11/12/2		Credit Card Issue 4	r Pald				
		\$53.38		10/08/2024		-						
	PAYEE	(a) Payee name			(b) Payee	2 20	Idross.	City,	State,	Zip Code		
		(u) r uyee name					Woodlands Dr		State,			
		PF Changs W	/oodla	ands	1201 20							
					Woodla	nds	s, TX 77380					
	PURPOSE OF	(a) Category			(b) Descr	ripti	on					
	EXPENDITURE	(See Categories listed a Food/Beverage			Campai	gn	staff meeting					
	X Political	1 oourbeverage	пурс									
	Non-Political	(C) Check if travel	outside	of Texas. Complete Schedule	т	Γ	Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Office	holde	r name Of	ffice sought			Office held				
e	xpenditure to benefit C/OH											

Forms provided by Texas Ethics Commission

	Adverticing Evenence				• •	Colisitation/Eugersiains					
	Advertising Expense Accounting/Banking Consulting Expense	Event Ex Fees Food/Bey	verage Expense	Loan Repayment/Re Office Overhead/Re Polling Expense	ntal Expense 1	Solicitation/Fundraising E Transportation Equipmer Travel in District		Expense			
	Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Awar	ds/Memorials Expense	Printing Expense Salaries/Wages/Col	1	Travel Out of District OTHER (enter a categor	y not listed at	oove)			
		The Ins	truction Guide explains I	-				,			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
	Sch: 17/33 Rpt: 53/71	Miller, Sid (The Ho	onorable)			00042143					
4	CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED DITURES						
	ISSUER	see p	previous		ED TO A CREDI	T					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
		\$143.27	10/25/2024	11/12/20	24						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Dethursu		PO Box 1298							
		Pathway									
_				Joshua,							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Descrip		with a phone line	e				
	X Political	Office Overhead/Rer	ntal Expense	internet service provider with a phone line							
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	 е Т.	Check if Austin. TX	X, officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholde		Office sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid					
		\$203.81	10/25/2024	11/12/20	24						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Courtward Austin I	Inivorcity	5660 N Ir	nterstate Hwy 3	5					
		Courtyard Austin-U	Jillversity								
		(a) Catagony		Austin, T							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)			press conference	ce				
	X Political	Travel In District									
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	e T.	Check if Austin, T>	X, officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholde	er name C	Office sought		Office held					
e	xpenditure to benefit C/OH				Credit Card Jacu	ar Daid					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 11/12/20	Credit Card Issue	er Palu					
		\$245.06	10/24/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		01/ 1550		181 EE C	hnmeiss Blvd						
		CK 1553									
					s, TX 76550						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Descrip Fuel for c	ampaign car						
	X Political	Travel In District			anpaign our						
	Non-Political	(c) Check if travel outside	e of Texas. Complete Schedule	<u> </u>		X, officeholder living exp	ense				
	Complete <u>ONLY</u> if direct	Candidate/Officeholde		Office sought		Office held					
e	xpenditure to benefit C/OH										

	EXPENDITURE	5 WADE D			)		SCHEDULE F4			
	Advertising Expense		XPENDITUR		ES FOR BOX 10 .oan Repayment/Rein		plicitation/Fundraising Expense			
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Fees Food - Gift/A	/Beverage Expen wards/Memorials Services	se P Expense P	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	al Expense Tr Tr Tr	ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)			
		The	Instruction G	uide explains ho	w to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME					<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 18/33 Rpt: 54/71	Miller, Sid (The	Honorable)				00042143			
4	CREDIT CARD	Name of	financial insti	itution		FUNITEMIZED				
	ISSUER	se	e previous		EXPENDI CHARGE CARD	D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Chargeo	(b) Date	e of Charge		Credit Card Issue	r Paid			
		\$25.58	0	9/30/2024	11/12/2024	4				
7	PAYEE	(a) Payee name	I		(b) Payee ac	ldress;	City, State, Zip Code			
		Casala			1600 Ampł	nitheatre Pkwy				
		Google								
						/iew, CA 94043	3			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th	e ton of this sche	dule)	(b) Description					
		Office Overhead/			Internet storage					
	X Political									
	Non-Political			omplete Schedule T.		Check if Austin, TX,	officeholder living expense			
	Complete ONLY if direct	Candidate/Officeho	older name	Offi	ce sought		Office held			
e.	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Dat	e of Charge	(a) Data(c) (	Prodit Cord Iccuo	r Doid			
	PATMENT	(a) Amount Charget \$18.45		0/21/2024	11/12/2024	Credit Card Issue 4	i Palu			
	PAYEE	(a) Payee name			(b) Payee ac	ldress;	City, State, Zip Code			
		last vit			2632 Marir	ne Way				
		Intuit								
						/iew, CA 94043	3			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th	e top of this sche	dule)	(b) Descriptio		thuoro			
		Office Overhead/		,	Campaign	bookkeeping so	Jiware			
	X Political									
	Non-Political			omplete Schedule T.		Check if Austin, TX,	officeholder living expense Office held			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeho	nder name	Ulli	ce sought		Onice held			
	PAYMENT	(a) Amount Chargeo	(b) Date	e of Charge		Credit Card Issue	r Paid			
		\$28.94	10	0/21/2024	11/12/2024	4				
	PAYEE	(a) Payee name			(b) Payee ac	ldress;	City, State, Zip Code			
		T T40			12719 Burr	net Road				
		TxTAG								
					Austin, TX					
PURPOSE OF     (a) Category       EXPENDITURE     (See Categories listed at the top of this schedule)				(b) Descriptio		_				
Travel In District				I OII fees fo	or campaign ca	ſ				
	X Political					_				
	Non-Political			omplete Schedule T.		Check if Austin, TX,	officeholder living expense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeho	older name	Offi	ce sought		Office held			
-										

EXPENDITURES MADE BY CREDIT CARD	

		EXPI	ENDITURE CATEGOR	RIES	FOR BOX	10(a)	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense	Event Exp	ense		Repayment/R			icitation/Fundraising E		Evenee						
	Accounting/Banking Consulting Expense		erage Expense	Pollir	e Overhead/Re ng Expense	ental Expense	Tra	nsportation Equipment	& Related	Expense						
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense rices		ing Expense ries/Wages/Co	ntract Labor		vel Out of District HER (enter a category	not listed a	bove)						
		The Inst	ruction Guide explains	how t	o complete t	this form.										
1	Total pages Schedule F4:	2 FILER NAME						3 Filer ID (Ethics	s Commis	sion Filers)						
	Sch: 19/33 Rpt: 55/71	Miller, Sid (The Ho	norable)					00042143								
4	CREDIT CARD	-	ncial institution		5 TOTAL	OF UNITEMIZE	D									
	ISSUER					DITURES		\$								
		see p	revious			ED TO A CRED	NT									
L					CARD											
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) 11/12/20	Credit Card Iss	uer	Paid								
		\$100.00	10/29/2024													
7	PAYEE	(a) Payee name	•		(b) Payee address; City, State, Zip Code											
					3030 Northwest Loop											
		Jackson's Detailing	and Truck													
					Stepheny	/ille, TX 76401										
8	PURPOSE OF	(a) Category			(b) Descrip											
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Detail for campaign car												
	X Political	Transportation Equip	ment And Related													
		Expense				_										
	Non-Political		of Texas. Complete Schedule			Check if Austin,	TX, d	officeholder living expe	nse							
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office	sought			Office held								
e	expenditure to benefit C/OH															
	PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Iss	uer	Paid								
		\$111.58	10/25/2024		11/12/20	24										
	PAYEE	(a) Payee name	I		(b) Payee	address;		City,	State,	Zip Code						
					1511 E. 6	Sth Street										
		Ciscos Bakery & R	estaurant													
					Austin, T	X 78702										
	PURPOSE OF	(a) Category			(b) Descrip											
	EXPENDITURE	(See Categories listed at the top	,		• •	with constituen	ts									
	X Political	Food/Beverage Expe	nse													
	Non-Political					<u> </u>										
			of Texas. Complete Schedule		a a u subst	Check if Austin,	ΤΧ, (	officeholder living expe	nse							
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	JTICE	sought			Office held								
e	expenditure to benefit C/OH															
	PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) 11/12/20	Credit Card Iss	uer	Paid								
		\$751.98	10/28/2024		11/12/20	24										
	PAYEE	(a) Payee name			(b) Payee	address;		City,	State,	Zip Code						
		Andy's Tire Service			1380 N. (	Graham St.										
					Stephenv	/ille, TX 76401										
F	PURPOSE OF (a) Category					otion										
	EXPENDITURE (See Categories listed at the top of this schedule)				tires for c	ampaign vehic	le									
1	X Political Transportation Equipment And Related															
I	Non-Political	Expense					TV	- <b>66 1</b> - <b>1</b> - <b>1</b> - <b>1</b> - <b>1</b>								
⊢			of Texas. Complete Schedule		cought		ı X, (	Officeholder living expe	nse							
Ι.	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Juice	sought			Office held								
Ге	expenditure to benefit C/OH	1														

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	icitation/Fundraising Insportation Equipme Ivel in District Ivel Out of District HER (enter a catego	nt & Related E				
		The Inst	ruction Guide explains h	now to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	ion Filers)			
	Sch: 20/33 Rpt: 56/71	Miller, Sid (The Hor	norable)			00042143					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A		\$					
				CARD							
6	PAYMENT	(a) Amount Charged \$199.00	(b) Date of Charge 10/14/2024	(c) Date(s) Credit Ca 11/12/2024	rd Issuer	Paid					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				807 Brazos Street							
		ATX Pulse		Suite 304							
				Austin, TX 78701							
8	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign subscri	ption						
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if a	Austin, TX, d	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held					
e	xpenditure to benefit C/OH	(a) Amount Charged									
	PAYMENT	(b) Date of Charge	(c) Date(s) Credit Ca 11/12/2024	rd Issuer	Paid						
		\$174.25	10/31/2024	11/12/2024							
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
		Murphy LICA Stoph	onvillo	151 N Wolfe Nurse	ery Rd						
		Murphy USA Steph	lenville								
				Stephenville, TX 7	6401						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	<i>i</i> abiala						
	X Political	Transportation Equipr Expense		fuel for campaign	venicie						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if a	Austin, TX, d	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held					
e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca 11/12/2024	rd Issuer	Paid					
		\$280.00	11/04/2024	11/12/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
				2150 W. Washingt	on Stree	et					
		HEB Stephenville									
				Stephenville, TX 7	6401						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
		Transportation Equipr		Fuel for campaign	venicle						
	X Political	Expense									
	Non-Political		of Texas. Complete Schedule		Austin, TX, d	officeholder living exp	ense				
	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held					
е.	Apenditure to beliefit C/OH										

		EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awar	erage Expense ds/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	e Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District ГHER (enter a catego	nt & Related I			
		The Ins	truction Guide explains h	ow to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 21/33 Rpt: 57/71	Miller, Sid (The Ho	norable)			00042143				
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNIT						
	ISSUER	see p	previous	EXPENDITURES CHARGED TO A CARD		\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
		\$338.43	11/07/2024	11/12/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		IONOS Inc.		100 North 18th St	reet					
		IONOS IIIC.		Suite 400						
_				Philadelphia, PA	19103					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description website hosting						
	X Political	Office Overhead/Rer	ntal Expense	website nosting						
	Non-Political		(7			<i>2</i> 2 1 1 1 1 1 1				
0	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholde	e of Texas. Complete Schedule	ffice sought	Austin, TX,	officeholder living exp Office held	bense			
	xpenditure to benefit C/OH	Canalaato, Chiconolae		inco oougin						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	r Paid				
		\$157.18	11/10/2024	11/12/2024						
	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code		
		Cotton Patch Cafe		2869 W Washingt	on St					
				Stephenville, TX 7	760/1					
	PURPOSE OF	(a) Category		(b) Description	10041					
	EXPENDITURE	(See Categories listed at the top	,	Meeting with cons	stituents					
	X Political	Food/Beverage Expe	ense							
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	T. Check if	Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholde	r name O	ffice sought		Office held				
e	xpenditure to benefit C/OH					<u> </u>				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca 11/12/2024	ard Issuer	r Paid				
		\$230.00	11/10/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
				1550 S. Meadows	s Drive			·		
		Racetrack Granbu	ry							
				Granbury, TX 760	48					
PURPOSE OF         (a) Category           EXPENDITURE         (See Categories listed at the top of this schedule)				(b) Description						
Travel In District				fuel for campaign	vehicle					
	X Political									
	Non-Political		e of Texas. Complete Schedule		Austin, TX,	officeholder living exp	oense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name O	ffice sought		Office held				

				ENDITURE CATEGOR		•				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	F F - G	Sift/Awards	rage Expense s/Memorials Expense	Loan Repaymen Office Overhead Polling Expense Printing Expense	Rental	Expense Tra Tra Tra	blicitation/Fundraising B ansportation Equipmer avel in District avel Out of District	nt & Related I	
	Candidate/Officeholder/Politica		egal Serv T <b>he Inst</b> i	<sup>ices</sup> ruction Guide explains h	Salaries/Wages/			THER (enter a categor	y not listed al	oove)
1	Total pages Schedule F4:							3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 22/33 Rpt: 58/71	Miller, Sid (T	he Hor	norable)				00042143		
4	CREDIT CARD	Name	of final	ncial institution			UNITEMIZED			
	ISSUER		see pi	revious		RGED	URES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charç	ged	(b) Date of Charge	(c) Date	(s) Cr	edit Card Issue	r Paid		
		\$35.55		11/13/2024						
7	PAYEE	(a) Payee name			(b) Paye			City,	State,	Zip Code
		the Green Fr	og		420 N I	Main	Street			
							TX 76450			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	at the top	of this schedule)	(b) Desc	•	n 1 campaign st	əff		
	X Political	Food/Beverage	e Expe	nse	meeting	y witi	r campaign st	an		
	Non-Political	(C) Check if trave	el outside	of Texas. Complete Schedule	т.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Office	eholder	name O	ffice sought			Office held		
е	xpenditure to benefit C/OH		<u>.</u>							
	PAYMENT	(a) Amount Charg	ged	(b) Date of Charge	(c) Date 11/20/2		edit Card Issue	r Paid		
		\$22.73		11/15/2024						
	PAYEE	(a) Payee name			(b) Paye			City,	State,	Zip Code
		PMC			133 E E	Excha	ange Ave			
							TX 76164			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a	at the top	of this schedule)	(b) Desc	•	า			
	X Political	Travel In Distric		· · · · · · · · · <b>,</b>	Parking	J				
	Non-Political	(C) Check if trave	el outside	of Texas. Complete Schedule	т.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Office	eholder	name O	ffice sought			Office held		
	PAYMENT	(a) Amount Charg	ged	(b) Date of Charge			edit Card Issue	r Paid		
		\$63.11		11/19/2024	11/20/2	2024				
	PAYEE	(a) Payee name		1	(b) Paye	e ado	lress;	City,	State,	Zip Code
		Casa Rio Sa	n Anto	nio	430 E.	Com	merce Street			
		Cusa 110 3d			San An	itonio	, TX 78205			
	PURPOSE OF	(a) Category (See Categories listed a	ot the to-	of this schodule)	(b) Desc	•				
		Food/Beverage			Meeting	g with	n constituents			
	X Political									
	Non-Political			of Texas. Complete Schedule			Check if Austin, TX,	officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Office	enolder	name O	ffice sought			Office held		

		EXPE	ENDITURE CATEGORIE	S FOR BOX 10(a)	
	Advertising Expense Accounting/Banking	Event Expe Fees	0	ffice Overhead/Rental Expense	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense
	Consulting Expense Contributions/ Donations Made By		s/Memorials Expense Pi	rinting Expense	Fravel in District Fravel Out of District
	Candidate/Officeholder/Politica	5		-	OTHER (enter a category not listed above)
			ruction Guide explains how	v to complete this form.	I
1	Total pages Schedule F4:				<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 23/33 Rpt: 59/71	Miller, Sid (The Hor	norable)	-	00042143
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	
	ISSUER	see p	revious	CHARGED TO A CREDI	T
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
		\$87.55	11/17/2024	11/20/2024	
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
				1314 Texas Ave	
		The Rig			
				Houston, TX 77002	
8	PURPOSE OF	(a) Category		(b) Description	
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting with constituents	S
	X Political				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held
e	xpenditure to benefit C/OH				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
		\$88.61	11/21/2024	11/28/2024	
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
		07.14/2 - +		200 Mule Alley	
		97 West			
				Fort Worth, TX 76164	
	PURPOSE OF	(a) Category		(b) Description	
		(See Categories listed at the top Food/Beverage Expe		Meeting with constituents	S
	X Political				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held
e	xpenditure to benefit C/OH				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
		\$1,741.58	11/27/2024		
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		Triple Crown Ford		2975 W. Washington Str	eet
L		( ) -		Stephenville, TX 76401	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
Transportation Equipment And Related		campaign vehicle mainte	enance		
	X Political	Expense			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		K, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held
e	xpenditure to benefit C/OH				

Forms provided by Texas Ethics Commission

	EXPE	ENDITURE CATEGORIE	S FOR BOX 10	D(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Awards	erage Expense Pr s/Memorials Expense Pr	an Repayment/Rein fice Overhead/Renta olling Expense inting Expense alaries/Wages/Contr	al Expense Tra Tra Tra	licitation/Fundraising E ansportation Equipmer avel in District avel Out of District THER (enter a categor	t & Related I	
	-	ruction Guide explains hov	-				
<b>1</b> Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 24/33 Rpt: 60/71	Miller, Sid (The Hor	norable)			00042143		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$71.61	(b) Date of Charge 12/03/2024	(c) Date(s) C 12/03/2024	Credit Card Issuer 4	Paid		
7 PAYEE	(a) Payee name FedEx		(b) Payee ac PO Box 66 Dallas, TX	60481	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti package sl	on			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$25.58	(b) Date of Charge 10/31/2024	(c) Date(s) C 11/20/2024	Credit Card Issuer 4	Paid		
PAYEE	(a) Payee name Google			hitheatre Pkwy	City,	State,	Zip Code
PURPOSE OF	(a) Category		(b) Descripti	/iew, CA 94043			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Internet sto				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought		Office held		
PAYMENT	(a) Amount Charged \$315.22	(b) Date of Charge 11/20/2024	(c) Date(s) C 11/28/2024	Credit Card Issuer 4	Paid		
PAYEE	(a) Payee name The Capital Grille		(b) Payee ac 800 Main S Fort Worth		City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	nse	(b) Description (b) Meeting wi	ith constituents			
Non-Political		of Texas. Complete Schedule T.	<u>[</u>	Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

		EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ	ent & Related I		
		The Inst	truction Guide explains h	now to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)	
	Sch: 25/33 Rpt: 61/71	Miller, Sid (The Ho	norable)		00042143			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	DIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$73.00	12/03/2024	12/03/2024				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
				388 Exchange Blvd				
		USPS Hutto						
_				Hutto, TX 78634-9998				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description postage stamps				
	X Political	Office Overhead/Ren	tal Expense	postage stamps				
	Non-Political		( <del>-</del>	- <b>D</b> a 171 -				
0	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	TX, officeholder living e	xpense		
	xpenditure to benefit C/OH			inoo oougiit				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$50.72	12/11/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1901 San Antonio Stre	-	etato,	p 0000	
		Acre 41						
				Austin, TX 78705				
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Food/Beverage Expe	,	Campaign Staff meetin	ıg			
	X Political							
	Non-Political	., _	of Texas. Complete Schedule		TX, officeholder living e	xpense		
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name C	office sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$42.26	12/03/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		H-3 Ranch's Live H	lickory Wood	109 E Exchange Ave				
		(a) Catagory		Fort Worth, TX 76164				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description Campaign lunch with c	onstituent			
	X Political	Food/Beverage Expe						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living e	vnenso		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Office held	Apenae		
e	xpenditure to benefit C/OH			~				

	EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit	By - Gift/Award cal Committee Legal Serv	erage Expense Is/Memorials Expense vices	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total names Cabadula E4		indention Guide explains in		2 Filer ID (Ethics Commission Filers)				
<ol> <li>Total pages Schedule F4 Sch: 26/33 Rpt: 62/71</li> </ol>		norable)		3 Filer ID (Ethics Commission Filers) 00042143				
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER		revious	EXPENDITURES CHARGED TO A CRED CARD	\$				
6 PAYMENT	(a) Amount Charged \$21.02	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issu	ier Paid				
7 PAYEE	(a) Payee name IONOS Inc.		(b) Payee address; 100 North 18th Street Suite 400 Philadelphia, PA 19103	City, State, Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren	tal Expense	(b) Description website hosting					
Non-Political		of Texas. Complete Schedule		X, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder	r name Of	fice sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid				
	\$591.96	11/26/2024						
PAYEE	(a) Payee name United Airlines		(b) Payee address; 17431 John F Kennedy	City, State, Zip Code Blvd				
	(a) Catagony		Houston, TX 77032					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	,	Airfare booked, cancele	(b) Description Airfare booked, canceled trip. United has issued a credit for a future trip. Per Ethics on 12/12/24				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder	r name Of	fice sought	Office held				
PAYMENT	(a) Amount Charged \$143.00	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issu	ier Paid				
PAYEE	(a) Payee name HEB Stephenville		(b) Payee address; 2150 W. Washington Str Stephenville, TX 76401	City, State, Zip Code reet				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District		(b) Description Fuel for campaign car					
Non-Political		of Texas. Complete Schedule		X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	r name Of	fice sought	Office held				

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		citation/Fundraisin		Expense
	Consulting Expense Contributions/ Donations Made By	- Gift/Award	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Trav	vel in District vel Out of District		
	Candidate/Officeholder/Politica	5		Salaries/Wages/Contract Labor	OTH	HER (enter a cateo	jory not listed at	oove)
1	Total pages Sebadula E4:			how to complete this form.	1	3 Filer ID (Et	hice Commise	ion Filore)
1	Total pages Schedule F4: Sch: 27/33 Rpt: 63/71	Miller, Sid (The Hor	norabla)			3 Filer ID (Et 00042143	nics Commiss	aon Filers)
4	CREDIT CARD		ncial institution	5 TOTAL OF UNITEMI		00042143		
4	ISSUER			EXPENDITURES		\$		
		see pi	revious	CHARGED TO A CR CARD	EDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid		
		\$102.45	12/09/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Palenque Bar & Gri	ill Edinaura	615 E Trenton Rd				
				Ediphura TV 70520				
8	PURPOSE OF	(a) Category		Edinburg, TX 78539 (b) Description				
ľ	EXPENDITURE	(See Categories listed at the top	,	Meal with staff				
	X Political	Food/Beverage Expe	nse					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin. TX. o	fficeholder living e	xpense	
9	Complete ONLY if direct	Candidate/Officeholder		Diffice sought		Office held		
	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid		
		\$29.20	12/10/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Super Express		IH 37				
				San Antonio, TX 781	12			
_	PURPOSE OF	(a) Category		(b) Description	12			
	EXPENDITURE	(See Categories listed at the top	,	meal with staff				
	X Political	Food/Beverage Expe	nse					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, o	fficeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
е	xpenditure to benefit C/OH		1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid		
		\$500.00	12/11/2024					
	PAYEE			(b) Davias addressi		City	Ctoto	Zin Codo
		(a) Payee name		(b) Payee address; 1800 S. Congress Av	00000	City,	State,	Zip Code
		Hudson Meat Mark	et	1000 S. Congress Av	renue			
				Austin, TX 78704				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Gift for staff				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, o	fficeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking	Event Expe Fees	ense		Solicitation/Fundraising Expense Fransportation Equipment & Related Expense				
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense	Fravel in District Fravel Out of District				
Candidate/Officeholder/Politica				OTHER (enter a category not listed above)				
	The Inst	ruction Guide explains	how to complete this form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission File	rs)			
Sch: 28/33 Rpt: 64/71	Miller, Sid (The Hor	norable)		00042143				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI	<b>\$</b>				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$175.00	12/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	ode			
			40900 US Highway 290					
	Buc-ee's Waller TX							
			Waller, TX 77484					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Fuel for campaign car					
X Political	Travel III District							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin, T	K, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Diffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$185.13	12/03/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	ode			
			5101 Bonneville Bend					
	Vici Media							
			Austin, TX 78744					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Website hosting					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$637.67	12/09/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip C	ode			
			405 N. Angier Avenue N	E				
MailChimp								
			Atlanta, GA 30312					
PURPOSE OF	(a) Category	of this color to to )	(b) Description					
	(a) Category (See Categories listed at the top	of this schedule)						
	(a) Category	of this schedule)	(b) Description					
	(a) Category (See Categories listed at the top Advertising Expense	of this schedule) of Texas. Complete Schedule	(b) Description Email blast service	K, officeholder living expense				
EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of Texas. Complete Schedule	(b) Description Email blast service	K, officeholder living expense Office held				

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense	Event Expe	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		icitation/Fundraising		Typopco
	Accounting/Banking Consulting Expense		rage Expense	Polling Expense	Tra	Insportation Equipme	rii a Reialeu i	zxpense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor		vel Out of District HER (enter a catego	ry not listed at	oove)
		The Inst	ruction Guide explains I	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 29/33 Rpt: 65/71	Miller, Sid (The Hor	norable)			00042143		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	1IZED			
	ISSUER	see p	revious	EXPENDITURES		\$		
				CHARGED TO A CF CARD	REDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$43.61	12/08/2024					
		Ψ40.01	12/00/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				1511 E. 6th Street		<b>3</b> ·	,	
		Ciscos Bakery & Re	estaurant					
				Austin, TX 78702				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	,	Campaign Staff mee	eting			
	X Political	Food/Beverage Expe	nse					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		stin TX o	officeholder living ex	nense	
٩	Complete <u>ONLY</u> if direct	Candidate/Officeholder		Office sought	Jouri, 174, 6	Office held	50130	
	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$16.91	12/11/2024					
		ΨI0.51	12/11/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				1800 Congress Blvd	ł			·
		The Star Cafe						
				Austin, TX 78701				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Meal with staff				
	X Political	FUUU/Deverage Exper	lise					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, c	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$10.81	12/10/2024					
	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code
				2641 E Pfluggerville	Pkwy			
		HEB Pfluggerville						
				Pfluggerville, TX 786	660			
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Gift/Awards/Memorial		Christmas cards for	staff			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, c	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
_								

Forms provided by Texas Ethics Commission

	EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related I			
		ruction Guide explains h	ow to complete this form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	nics Commiss	sion Filers)		
Sch: 30/33 Rpt: 66/71	Miller, Sid (The Hor	norable)		00042143				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES					
ISSUER	see pi	revious	CHARGED TO A CRE CARD	DIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$93.06	12/26/2024	12/31/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			200 Wolf Nursery Roa	d				
	Staples							
			Stephenville, TX 7640	1				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	office supplies					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living e	xpense			
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$25.58	11/30/2024	12/31/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Google		1600 Amphitheatre Pk	wy				
	Coogle			2.42				
	(a) Catagony		Mountain View, CA 94 (b) Description	.043				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	internet storage					
X Political	Office Overhead/Rent	tal Expense	internet storage					
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living e	xpense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicendider	name O	nice sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$141.37		11/12/2024					
	Φ141.3 <i>1</i>	10/09/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			5660 N Interstate Hwy		,	P		
	Courtyard Austin-U	niversity	,					
			Austin, TX 78751					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	met with donors and c	onsultant				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
expenditure to benefit C/OH								

	Advertising Expense		EXPI Event Exp		IES FOR BOX 10(a) Loan Repayment/Reimbursement	Soli	icitation/Fundraising	Expense	
	Accounting/Banking Consulting Expense		Fees	erage Expense	Office Overhead/Rental Expense Polling Expense	Tra	nsportation Equipme		Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Award Legal Serv	s/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor		vel Out of District HER (enter a catego	ory not listed at	oove)
			The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAMI	Ε				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 31/33 Rpt: 67/71	Miller, Sid (	The Ho	norable)			00042143		
4		Nan	ne of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES		\$		
	ISSUER			revious	CHARGED TO A CRE CARD		¢		
6	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer	Paid		
		\$290.0	5	12/15/2024	12/31/2024				
7	PAYEE	(a) Payee name	Э	1	(b) Payee address;		City,	State,	Zip Code
		Amazon			PO Box 81226				
		Amazon							
_		(a) Catagon (			Seattle, WA 98108				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	ed at the top	of this schedule)	(b) Description campaign laptop				
	X Political	Office Overhe	ead/Ren	tal Expense	l l l l l l l l l l l l l l l l l l l				
	Non-Political	(C) Check if tra	aval outsida	of Texas. Complete Schedule			officeholder living ex	nense	
9	Complete <u>ONLY</u> if direct	Candidate/Off			ffice sought	i, i <i>n</i> , e	Office held	pense	
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer	Paid		
		\$175.00	C	12/26/2024	12/31/2024				
	PAYEE	(a) Payee name	9		(b) Payee address;		City,	State,	Zip Code
		7-11 Waco			8256 Hwy. 6				
					Waco, TX 76712				
	PURPOSE OF	(a) Category			(b) Description				
	EXPENDITURE	(See Categories liste Travel In Dist		of this schedule)	fuel for campaign car				
	X Political		not						
	Non-Political			of Texas. Complete Schedule		n, TX, c	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Off	iceholder	name Of	ffice sought		Office held		
e	xpenditure to benefit C/OH	(a) Arrequest Cha		(b) Data of Charge	(a) Data(a) Credit Card Ia		Daid		
	PAYMENT	(a) Amount Cha		(b) Date of Charge	(c) Date(s) Credit Card Is 12/31/2024	suer	Palu		
		\$28.94		12/17/2024					
	PAYEE	(a) Payee name	9		(b) Payee address;		City,	State,	Zip Code
					12719 Burnet Road			,	•
		TxTAG							
					Austin, TX 78727				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	ed at the ton	of this schedule)	(b) Description				
		Travel In Dist			tolls for campaign car				
	X Political	/ · · ·							
	Complete ONLY if direct	(c) Check if tra		of Texas. Complete Schedule	T. Check if Austir ffice sought	n, TX, c	officeholder living ex Office held	pense	
e	xpenditure to benefit C/OH	Cundidate/Ull	Scholuel	liane O	nice sought				

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trai Trav Trav	icitation/Fundraising I nsportation Equipme vel in District vel Out of District HER (enter a categor	nt & Related I		
		6		now to complete this form.		(* ** ******	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 32/33 Rpt: 68/71	Miller, Sid (The Hor	norable)			00042143			
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM	IZED				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR CARD	REDIT	\$			
6	PAYMENT	(a) Amount Charged \$35.43	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card 12/31/2024	Issuer	Paid			
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code	
		"		6101 Slide Road					
		Texas Roadhouse	LUDDOCK						
				Lubbock, TX 79414					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Food/Beverage Expe	,	meal with TDA staff					
	X Political								
	Non-Political		of Texas. Complete Schedule		stin, TX, o	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	ffice sought		Office held			
e.	xpenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card	leever	Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 12/31/2024	Issuer	Palu			
		\$11.75	12/26/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(d) T dyce hame		8256 Hwy. 6		City,	State,		
		7-11 Waco		0_001					
				Waco, TX 76712					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	campaign meal					
	X Political	Food/Deverage Lxpe	1150						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	stin, TX, o	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid			
		\$36.89	12/21/2024	12/31/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		QuickBooks		2800 E. Commerce 0	Center	r Place			
				Tucson, AZ 85706					
_	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	,	accounting software					
	X Political	Office Overhead/Rent	tal Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		stin TY o	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	,, 0	Office held	0100		
e	xpenditure to benefit C/OH		-	J					
	-	l							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award I Committee Legal Serv	ense erage Expense s/Memorials Expense rices	RIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District	ng Expense ment & Related Expense gory not listed above)
		i	ruction Guide explains	how to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commission Filers)
	Sch: 33/33 Rpt: 69/71	Miller, Sid (The Ho	norable)		00042143	
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEM		
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CF CARD	REDIT	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid	
		\$47.00	12/31/2024	12/31/2024		
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code
				1595 N. Graham		
		Dean's Oil & Lube	Center			
				Stephenville, TX 764	101	
8	PURPOSE OF	(a) Category		(b) Description	101	
Ŭ	EXPENDITURE	(See Categories listed at the top	of this schedule)	campaign vehicle ma	aintenance	
	X Political	Transportation Equip	ment And Related			
		Expense				
	Non-Political		of Texas. Complete Schedul		stin, TX, officeholder living	expense
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held	
e	expenditure to benefit C/OH					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 11/12/2024	Issuer Paid	
		\$137.32	10/07/2024	11/12/2024		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code
				1001 Grand Central	Parkway	
		Avenue A				
				Conroe, TX 77304		
	PURPOSE OF	(a) Category		(b) Description		
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Meeting with constitu	uents	
	X Political	Food/Beverage Expe	nse			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	e T. Check if Au	stin, TX, officeholder living e	expense
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held	
е	expenditure to benefit C/OH					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		pages Schedule K: 1/1 Rpt: 70/71	
	FILER NAME Miller, Sid (T			3	Filer II	-
4	Date 08/05/2024		Name of person from whom amount is received Texas Farm Bureau Casualty Insurance Co.			8 Amount (\$) \$23,690.00
		6	Address of person from whom amount is received; City; State; Zip Code			
		7		olitio	cal cont	ribution returned to filer
			Insurance claim payment on campaign vehicle			

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction G	Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 71/71					
2 FILER NAME			3 Filer ID (E	thics Commission Filers)					
Miller, Sid (The H	Honorable	)	00042143						
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Payee							
Curry, Pat									
5 Contribution / Expe	enditure rep	orted on:							
X Schedule A2		Schedule B Schedule B(J) Schedu	C2 Schedule D	Schedule F1					
Schedule F2		Schedule F4 Schedule G Schedu	H Schedule CC	DH-UC					
6 Dates of Travel	7 Name	of person(s) traveling							
		Sid (Commissioner)							
	8 Depart	ure city or name of departure location							
11/05/2024	Waco								
	9 Destina								
11/06/2024		Beach-Mar-a-Lago							
10 Means of transport	tation	11 Purpose of travel (including name of conference, se	nar, or other event)						
Private Airplane		Meet with winner of presidential election							