FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081751 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Beau A. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Miller CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 411 Yoakum Blvd. MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77006 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Kathryn NAME NICKNAME LAST **SUFFIX** McNiel STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4711 Yoakum Blvd. **ADDRESS** (Residence or Business) Houston, TX 77006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 651-0044 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 190 Harris

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Miller, Beau A. (The H	Honorable)	14 Filer ID 00081751	(Ethics Commi	ssion Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's know	rledge or				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREACURER ADDRE	00						
		COMMITTEE CAMPAIGN TREASURER ADDRE	55						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00				
	2. TOTAL POLIT	CAL CONTRIBUTIONS		\$	0.00				
EXPENDITURE	IS)	\$	0.00						
TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS								
	4. TOTAL POLIT	CAL EXPENDITURES		\$	12,856.73				
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	11,415.82				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Hor	norable Beau A. Mille	er					
		Signature o	f Candidate or Officeho	lder					
AFFIX NOT	TARY STAMP / SEAL ABO	DVE							
Sworn to and subsc	cribed before me, by the sa	aid	, this the		day				
of	, 20, to ce	ertify which, witness my hand and seal of office.							
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering	oath				

SUBTOTALS - JC/OH COVER SHEET PG 3 3 of 26 18 FILER NAME Miller, Beau A. (The Honorable) 19 Filer ID 00081751 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT

18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Miller, Beau A. (The Honorable)	00081751	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 12,856.73
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/23 Rpt: 4/26	Miller, Beau A. (The Honorable) 00081751	
4	Date	5 Payee name	_
	07/03/2024	Anders, Regina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$100.00	201 Caroline St.	
		12th Floor	
		Houston, TX 77019	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		staff bonus	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
		·	
	Date	Payee name	
	09/20/2024	Backstreet Cafe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.12	1103 S. Shepherd	
		Houston, TX 77019	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense judges lunch	
		judges fulleri	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	y	
	Data		_
	Date	Payee name	
	10/10/2024		
	10/18/2024	Barnaby's Cafe	
	Amount (\$)	Barnaby's Cafe Payee address; City; State; Zip Code	
		Barnaby's Cafe	
	Amount (\$)	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd	
	Amount (\$) \$103.60	Barnaby's Cafe Payee address; City; State; Zip Code	
	Amount (\$) \$103.60	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) (b) Description	
	Amount (\$) \$103.60	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	Amount (\$) \$103.60 PURPOSE OF	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) (b) Description	
	Amount (\$) \$103.60 PURPOSE OF	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Amount (\$) \$103.60 PURPOSE OF EXPENDITURE	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch	
	Amount (\$) \$103.60 PURPOSE OF	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch Candidate/Officeholder name Office sought Office held	
	Amount (\$) \$103.60 PURPOSE OF EXPENDITURE Complete ONLY if direct	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch Candidate/Officeholder name Office sought Office held	
	Amount (\$) \$103.60 PURPOSE OF EXPENDITURE Complete ONLY if direct	Barnaby's Cafe Payee address; City; State; Zip Code 1701 S. Shepherd Houston, TX 77019 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: Sch: 2/23 Rpt: 5/26 Miller, Beau A. (The Honorable) 3 Filer ID (Ethics Commission F 00081751 4 Date 5 Payee name	ers)
Sch: 2/23 Rpt: 5/26 Miller, Beau A. (The Honorable) 00081751	
4 Date 5 Payee name	
11/12/2024 Barnaby's Cafe	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$49.68 1701 S. Shepherd	
Houston, TX 77019	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
judges lunch	
Janger tanta	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Pavee name	
- ayou hame	
Amount (\$) Payee address; City; State; Zip Code	
\$61.90 1701 S. Shepherd	
Houston, TX 77019	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Global Market Schedule T. Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
lunch with staff	
Outside ONLY if the standard Office helder was a constant of the standard Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
10/03/2024 Barnaby's Cafe	
Amount (\$) Payee address; City; State; Zip Code	
\$69.37 1701 S. Shepherd	
Houston, TX 77019	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Cneck if Austin, 1X, officenoider living expense	
lunch with law clerks	
Operation ONLY if allow the Constitute (Office health	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
Sch: 3/23 Rpt: 6/26 Miller, Beau A. (The Honorable) 00081751	
4 Date 5 Payee name	
08/16/2024 Barnaby's Cafe	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$187.63 1701 S. Shepherd	
Houston, TX 77019	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Taxas Complete Schedule T	
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
law clerk lunch	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
10/09/2024 Bayou City Event Center	
Amount (\$) Payee address; City; State; Zip Code	
\$40.00 9401 Knight Rd.	
Houston, TX 77045	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
drinks for volunteers at JJR	
Owner that ONLY if allow the Complication of the Complete	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
11/06/2024 Bayou City Strategies	
Amount (\$) Payee address; City; State; Zip Code	
\$500.00 PO Box 667204	
Houston, TX 77266	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officendider living expense	
compliance services	
Operation ONLY if all and the Coff asked to a series of the Coff a	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	//Banking Fees Expense Food//Beverage Expense ns/ Donations Made By- ate/Officeholder/Political Committee d Payment Fig. 19 Fees Food//Beverage Expense Gift/Awards//Memorials Expense Legal Services The Instruction Guide explain		Of Po Dense Pri Sa	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAM	ИE				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/23 Rpt: 7/26		au A. (The Honorabl	e)				00081751		
4	Date	Payee nam	ie				<u> </u>			
	10/05/2024	Bayou Cit	y Strategies							
6	Amount (\$) \$500.00	Payee addi PO Box 6	67204	State; Z	ip Code					
8	PURPOSE			on of this schedule	(b)	Description				
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense compliance services								
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/O	fficeholder name	Offic	e sought			Office he	eld	
	Date	Payee nam	ne							
	08/28/2024	Bayou Cit	y Strategies							
	Amount (\$)	Payee add	ress; City;	State; Z	ip Code					
	\$1,000.00	PO Box 6	67204							
		Houston,	TX 77266							
	PURPOSE OF EXPENDITURE		(See Categories listed at the tog Expense	op of this schedul	(b)	<u> </u>	, TX,	de of Texas. Comp officeholder living ices		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/O	fficeholder name	Offic	e sought			Office he	eld	
	Date	Payee nam	ne							
L	12/02/2024	Brennans					_			
	Amount (\$) \$300.00	Payee add	· · · · · · · · · · · · · · · · · · ·	State; Z	ip Code					
L		Houston,	TX 77006							
	PURPOSE OF EXPENDITURE		(See Categories listed at the to erage Expense	op of this schedul	(b)	ш	, TX,	de of Texas. Comp officeholder living ay party		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	Offic	e sought			Office he	ld	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_								
	Sch: 5/23 Rpt: 8/26	Miller, Beau A. (The Honorable) 00081751									
4	Date	5 Payee name									
	08/04/2024	CIBO Express									
6	Amount (\$)	7 Payee address; City; State; Zip Code	_								
	\$35.98	2800 N. Terminal Rd.									
		Houston, TX 77032									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_								
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		airport lunch for CLE trip									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
			_								
	Date	Payee name									
	12/31/2024	Cadence Bank									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2.00	201 S. Spring St.									
		Tupelo, MS 38804									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_								
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.									
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense statement fee									
		Statement lee									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_								
	expenditure to benefit C/OI										
_	Data		_								
	Date	Payee name									
	11/29/2024	Cadence Bank									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2.00	201 S. Spring St.									
		Tupelo, MS 38804									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
		statement fee									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_								
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/23 Rpt: 9/26 Miller, Beau A. (The Honorable) 00081751 4 Date Payee name 10/31/2024 Cadence Bank 6 Amount (\$) Payee address; City; State; Zip Code \$2.00 201 S. Spring St. **Tupelo, MS 38804** 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense statement fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2024 Cadence Bank Amount (\$) Payee address; City; State; Zip Code \$2.00 201 S. Spring St. Tupelo, MS 38804 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense statement fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2024 Cadence Bank Amount (\$) Payee address: City: State; Zip Code \$2.00 201 S. Spring St. Tupelo, MS 38804 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense statement fee Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 7/23 Rpt: 10/26		A. (The Honorable)					00081751		
4	Date	5 Payee name								
	07/31/2024	Cadence B	ank							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$2.00	201 S. Spri	ng St.							
		Tupelo, MS	38804							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Com		
						statement fee		officeholder living	expense	
						Statement lee	-			
_	Operation ONLY if allowed	0		04:				O#: I	l al	
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ignt			Office he	eia	
H	Date	Payee name								
	09/18/2024	Christy Dor	uts							
	Amount (\$)	Payee addre		State; Zip Co	nda					
	\$48.74	1103 W. Gr		State, Zip Ct	Juc					
	Ψ40.74	1103 W. Gi	ai Si.							
		<u>.</u>								
		Houston, T	X 77019							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	EXPENDITURE	Food/Bever	age Expense			=		de of Texas. Comp officeholder living		
						jury breakfast		officerolder living	expense	
						jury breakiasi				
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/O		ceriolaer name	Office 300	igiit			Office fic	iu .	
	Date	Payee name	ш							
	08/01/2024	Dessert Ga	liery							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$46.46	3600 Kirby	Dr.							
		Houston, T	X 77098							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bever	age Expense					de of Texas. Com		
						birthday cake		officeholder living	expense	
						billiday cake	, 10	Juli		
_	Complete ONLY if direct	Candidata/O#	ceholder name	Office sou	labt			Office he	ald.	
	expenditure to benefit C/O		cendidei name	Office SOL	igill			Office ne	au	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:		_							
_	Sch: 8/23 Rpt: 11/26	Miller, Beau A. (The Honorable) 00081751								
4	Date	5 Payee name								
	12/02/2024	DirectTV								
6	Amount (\$)	7 Payee address; City; State; Zip Code	_							
	\$115.36	2260 East Imperial Highway								
		El Segundo, CA 90245								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
		Check if Austin, TX, officeholder living expense Courthouse tv								
		Courtilouse tv								
_	Computate ONLL V if diseast	Candidate/Officeholder name Office sought Office held	_							
9	Complete ONLY if direct expenditure to benefit C/OI									
			_							
	Date	Payee name								
	08/07/2024	Four Seasons Los Angeles								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,805.25	300 S. Doheny Dr.								
		Los Angeles, CA 90048								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense lodging for CLE in Los Angeles								
		loughing for CEE in Eos Angeles								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI									
H			=							
	Date	Payee name								
	10/24/2024	HEB								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$271.70	3663 Washington Ave.								
		Houston, TX 77007								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Food/Beverage Expense								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		lunch for HBA Meeting								
			_							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	experience to beliefit 6/01	•								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica			Legal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction Gu	ide explains how	to com	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 9/23 Rpt: 12/26		Miller, Beau	A. (The Honora	ble)					00081751		
4	Date	5	Payee name									
	12/10/2024	1		ty Democratic P	arty							
6	Amount (\$)	7	Payee addres	s; City;	State; Z	ip Cod	le					
	\$500.00	,	4619 Lyons	Ave.								
			Houston, TX	77020								
8	PURPOSE	├		e Categories listed at th	- 4 441 11 11-11	. ((b)	Description				
ľ	OF			e Categories listed at th s/Donations Ma		"	(~)	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			fficeholder/Polit		е		—		officeholder livir	ng expense	
								CEC meeting	sp	onsorship		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	experientare to benefit 6/01											
	Date		Payee name									
	11/22/2024		House of Pie	es								
	Amount (\$)		Payee addres	s; City;	State; Z	ip Cod	le					
	\$25.96	;	3112 Kirby [Dr.								
			Houston, TX	77098								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				-			mplete Schedule T.	
								staff birthday		officeholder livir	ng expense	
								Stair birtilday				
_	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ıht			Office h	neld	
	expenditure to benefit C/O		a a.	onoraer name	5 5	oodag	,			000 .	.0.0	
-	Date		Payee name									
	09/23/2024	ı	House of Pie	2 C								
	Amount (\$)		Payee addres		State; Z	in Cod	10					
	\$31.31	ı	3112 Kirby [State, Z	ip Cou	ie.					
	Ψ31.31	`	OTIZ KIIDY L	21.								
		١,	Houston, TX	77009								
	DURROSE	_				1,	/I- \					
	PURPOSE OF			e Categories listed at th	e top of this schedule	9) ((D)	Description Check if travel	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE	'	ruuu/bevera	age Expense				ш		officeholder livir	•	
								cake for staff	bir	thday		
	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ht			Office h	neld	
	expenditure to benefit C/O	H 							_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)
	Credit Card F dyment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 10/23 Rpt: 13/26	N	∕liller, Beau	A. (The Honor	able)					00081751		
4	Date	5 P	Payee name									
	10/18/2024	l .		Association								
6	Amount (\$)	7 P	Payee address	s; City;	State;	Zip Co	de					
	\$250.00	1	L111 Bagby	St.								
		s	Ste. 200									
		Н	Houston, TX	77002								
8	PURPOSE	(a) C	atenory (sa)	e Categories listed at t	the ten of this cohe	adula)	(b)	Description				
	OF			s/Donations Ma		euule)	()		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			fficeholder/Pol		ittee		Check if Austin,	, TX,	officeholder livir	ng expense	
								sponsorship				
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	C	Office sou	ght			Office h	neld	
	experiditure to beliefit C/Or											
	Date	Р	Payee name									
	10/05/2024	H	louston Bar	Association								
	Amount (\$)	Р	Payee address	s; City;	State;	Zip Co	de					
	\$260.00	1	L111 Bagby	St.								
		s	Ste. 200									
		Н	Houston, TX	77002								
	PURPOSE	(a) C	Category (See	Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	c	Contributions	s/Donations Ma	ade By			=			mplete Schedule T.	
		C	Candidate/O	fficeholder/Pol	itical Comm	ittee		ш		officeholder livir	ng expense	
								Pride Sponso	0151	пр		
_	Complete ONLY if direct	<u> </u>		eholder name		Office sou	aht			Office h	nold	
	expenditure to benefit C/O		iliuluale/Onic	enoluei name	C	mice sou	grit			Office i	ieiu	
_	Data	_										
	Date 08/17/2024	l	Payee name									
			Hudson									
	Amount (\$)	l	Payee address		State;	Zip Co	de					
	\$27.60	1	L World Way	(
		L	os Angeles	, CA 90045								
	PURPOSE OF	1		Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE	F	-ood/Bevera	ge Expense						officeholder livir	mplete Schedule T.	
								airport lunch			ig expense	
								,		- 1		
\vdash	Complete ONLY if direct	L Ca	andidate/Offic	eholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/O						J					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Reymont

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 11/23 Rpt: 14/26	Miller, Beau A. (The Honorable)		00081751
4	Date	5 Payee name		'
	07/27/2024	Junior Executive Car Service		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$100.00	10023 Marisa Alexis Dr.		
		Houston, TX 77075		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense car service from airport to home - Boston
				car service from airport to nome - boston
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	thr	Office held
ľ	expenditure to benefit C/OI		J. 11	Office field
H	Date	Payee name		
	11/02/2024	La Griglia		
┝	Amount (\$)	Payee address; City; State; Zip Cod	do	
	\$231.67	2817 W. Dallas St.	ue	
	Ψ231.07	ZOTI W. Danas St.		
		Houston TV 77010		
L	2112222	Houston, TX 77019	<i>a</i> >	
	PURPOSE OF	c , (con amagement maner up or and constant)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				judges lunch
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
L	experialitire to benefit C/Oi	1		
l	Date	Payee name		
	11/26/2024	La Griglia		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$335.67	2817 W. Dallas St.		
		Houston, TX 77019		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense judges lunch
				J8-2 - 3
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI		-	
Н				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/23 Rpt: 15/26	Miller, Beau A. (The Honorable) 00081751
4	Date	5 Payee name
	10/30/2024	La Griglia
6	Amount (\$) \$94.65	7 Payee address; City; State; Zip Code 2817 W. Dallas St.
		Houston, TX 77019
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense judges lunch
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	La Griglia
	Amount (\$) \$136.50	Payee address; City; State; Zip Code 2817 W. Dallas St.
		Houston, TX 77019
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	McNeil, Kathryn
	Amount (\$) \$325.90	Payee address; City; State; Zip Code 411 Yoakum Blvd.
		Houston, TX 77006
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GoDaddy Microsoft
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/23 Rpt: 16/26	Miller, Beau A. (The Honorable) 00081751
4	Date	5 Payee name
	12/18/2024	Miranda, Jerry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	201 Caroline St.
		12th Floor
		Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense holiday bonus
		Holiday Borids
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/03/2024	Miranda, Jerry
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	201 Caroline St.
		12th Floor
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Staff bonus
		Stail Bollas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/17/2024	Roma Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.79	233 Main St.
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense jury meal
		July mea
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

pense Travel in Dis xpense Travel Out o Vages/Contract Labor OTHER (en

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/23 Rpt: 17/26	Miller, Beau A. (The Honorable) 00081751
4	Date	5 Payee name
	07/26/2024	Russell House Tavern
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$123.50	14 JFK Street
		Cambridge, MA 02138
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		dinner in Boston for Harvard studies
		diffici in Booten for that vary old dies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
Г	Date	Payee name
	07/16/2024	Russell House Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$373.56	14 JFK Street
		Cambridge, MA 02138
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		dinner in Boston for Harvard studies
		diffici in Booten for that vary old dies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/24/2024	Salty Sow
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.06	1917 Manor
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Iunch at TMCP speech
		unen at twee speech
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 15/23 Rpt: 18/26	Miller, Beau A. (The Honorable)					
4	Date	5 Payee name					
	11/11/2024	Sovereign Services Valet					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$16.80	1001 McKinney St.					
		Houston, TX 77002					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		parking for meeting					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	08/01/2024	Sovereign Services Valet					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$14.00	1001 McKinney St.					
		Houston, TX 77002					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		parking for intern happy hour					
	Compulate ONLY if direct	Condidate/Office holder name Office sought Office hold					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/11/2024	Texas Association of District Judges					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,001.06	505 Regency Dr.					
		El Campo, TX 77437					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		donation					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	o					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

EXPENDITURE CATEGORIES FOR BOX 8(a)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
l	Sch: 16/23 Rpt: 19/26	Miller, Beau A. (The Honorable) 00081751	
4	Date	5 Payee name	_
	09/03/2024	Texas Association of District Judges	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$51.06	505 Regency Dr.	
l		El Campo, TX 77437	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	11/21/2024	The Houstonian	
H	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$21.00	111 N. Post Oak Ln.	
		Houston, TX 77024	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		event parking	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI	U	
H	Date	Payee name	=
	11/19/2024	The Post Oak Hotel	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$22.00	1600 W. Loop S.	
l	,		
		Houston, TX 77027	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		event parking	
L	Operation Chilly III	Openhalte (Office helder name)	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash	•		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

/Reimbursement Solicitation/Fundraising Expense
(Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 17/23 Rpt: 20/26	Miller, Beau A. (The Honorable) 00081751			
4	Date	5 Payee name			
	12/18/2024	Tolman, Tammy			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$600.00	201 Caroline St.			
		10th floor			
		Houston, TX 77019			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense			
		holiday bonus			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
-	Date	Payee name			
	07/03/2024	Tolman, Tammy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	201 Caroline St.			
	Ψ300.00	10th floor			
		Houston, TX 77019			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		staff bonus			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
F	Date	Payee name			
	11/15/2024	Treebeards			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$43.84	1117 Texas Ave			
		Houston, TX 77002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Judges lunch			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/23 Rpt: 21/26	Miller, Beau A. (The Honorable) 00081751
4	Date	5 Payee name
	11/19/2024	Treebeards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.35	1117 Texas Ave
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		judges lunch
		Jung of tarret.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	10/16/2024	Treebeards
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.08	1117 Texas Ave
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense staff dessert
		Stan dessen
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/05/2024	Treebeards
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.48	1117 Texas Ave
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff dessert
	Complete ONLY if alice of	Candidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/23 Rpt: 22/26	Miller, Beau A. (The Honorable) 00081751
4	Date	5 Payee name
	11/05/2024	Treebeards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.69	1117 Texas Ave
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	11/07/2024	Treebeards
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.36	1117 Texas Ave
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		judges lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	10/01/2024	Treebeards
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	1117 Texas Ave
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff birthday cake
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/O	1

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		I Committee L	ood/Beverage Expense Sift/Awards/Memorials Expense .egal Services The Instruction Guide exp	Salaries/V	xpense /ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 20/23 Rpt: 23/26	Miller, Beau	A. (The Honorable)					00081751	
4	Date	5 Payee name					<u> </u>		
	07/26/2024	Uber							
6	Amount (\$)	7 Payee address	s; City;	State; Zip Co	de				
	\$67.64	1515 3rd St.	-,,						
		San Francisc	co, CA 94158						
8	PURPOSE OF	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Travel Out of	f District		l	_		de of Texas. Com officeholder living	
					l	car service in			especial control
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	07/25/2024	Uber							
	Amount (\$)	Payee address	s; City;	State; Zip Co	de				
	\$31.02	1515 3rd St.							
		San Francisc	co, CA 94158						
	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
OF EXPENDITURE		Travel Out of	f District		ļ	<u>—</u>		de of Texas. Com	
					l l	car service in		officeholder living	expense
					· '	oai ocivioc III	20	0.011	
\vdash	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office he	eld
expenditure to benefit C/OH					J -				
+	Date	Pavee name							
	07/19/2024	Uber							
\vdash	Amount (\$)	Payee address	s; City;	State; Zip Co	de				
	\$39.00	1515 3rd St.	o, City,	οιαι ο , ΔΙΡ C0	uc				
	Ψ59.00	1313 314 31.							
		San Francisc	co, CA 94158						
	PURPOSE	(a) Category (See	e Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of	f District		ļ			de of Texas. Com	
					ļ	Check if Austin,		officeholder living	expense
					'	cai scivice III	טם	3.011	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	aht			Office he	hld
expenditure to benefit C/OH						a			

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement 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)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 EII ED NAM		•			2	Filer ID	(Ethics Commiss	sion Filers)
_	Sch: 21/23 Rpt: 24/26		u A. (The Honorable)				3	00081751	(Luncs Commis.	sion i liers)
_	Date									
-	07/16/2024	5 Payee name Uber	;							
_										
6	Amount (\$)	7 Payee addre		State; Zip Co	ode					
	\$21.94	1515 3rd S	t.							
		San Franci	sco, CA 94158							
8	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out		,		_		ide of Texas. Com		
	LXI LINDITORL					ш.		, officeholder living	expense	
						car service in	В	oston		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
	experialitare to benefit 6/01	•								
	Date	Payee name	1							
	07/14/2024	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$40.12	1515 3rd S	t.							
		San Franci	sco, CA 94158							
	PURPOSE				(h)	Description				
	OF	Travel Out	See Categories listed at the top of	this schedule)	(5)	_	outsi	ide of Texas. Com	olete Schedule T.	
EXPENDITURE		i i i avei Out	OI DISTRICT					, officeholder living		
						car service in	В	oston		
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	1							
	10/24/2024	W Hotel Au								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde					
	\$250.37	200 Lavaca	•	Julio, 2.p 00	,					
	4200.01	200 24740	. J.							
		Acceting TV	70701							
		Austin, TX	78701							
	PURPOSE OF	1	See Categories listed at the top of	this schedule)	(b)	Description	oto	ide of Toyon Com	alata Cabadula T	
	EXPENDITURE	Travel In D	istrict					ide of Texas. Com _l , officeholder living		
						lodging for TN			одренее	
						- 5 5	_	-1		
	Complete ONLY if direct	L Candidate/Of	iceholder name	Office sou	l Iaht			Office he	ıld	
	expenditure to benefit C/OI			J.1100 300	.g. 11			Silloc IIC		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/23 Rpt: 25/26	Miller, Beau A. (The Honorable) 00081751
4	Date	5 Payee name
	11/25/2024	Whole Foods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.99	701 Waugh Dr.
		Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cake for law clerk
		care for law cicir
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	09/17/2024	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.83	701 Waugh Dr.
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense jury breakfast
		july bleaklast
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	10/30/2024	Winpark
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1550 Lamar St.
		Houston, TX 77010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking for HBA event
		parking for FIDA event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gitt/Awards/Memorials Exper Legal Services The Instruction Guide (Salaries/	Expense Wages/Contract Labor	Trav	el in District el Out of Dis IER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	ME			3 File	r ID	(Ethics Commission Filers)	
	Sch: 23/23 Rpt: 26/26	Miller, Beau A. (The Honorable)					00081751		
4	Date	5 Payee nam	name						
	11/12/2024	a'Bouzy							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode				
	\$301.14	2300 Wes	stheimer						
		Houston,	TX 77098						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE		rage Expense		Check if travel		outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense judges lunch						expense	
					jaagoolano	•			
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office so	ught		Office he	ld	