CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00052983		2 Total pages fil	ed: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Borris Lee			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	02/05/2025	
		Miles				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	5302 Almeda Rd.				Receipt #	Amount
l	TV 77004					
Change of Address	Houston, TX 77004				Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME		Camile L.				
	NICKNAME	LAST		SUFFIX		
	MICKNAME	Foster		SUFFIX		
		1 03161				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	r / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	1406 Ruth Street					
(Residence or Business)	Houston TV 77004					
	Houston, TX 77004					
7. 04454104	ADEA CODE DUO	IE NII IMPER	-VTENICIONI			
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(713) 520-1670					
8 REPORT TYPE	X January 15	30th day before	election \square	Runoff	15th day after car	mnaign treasurer
	[A],			L	appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P .	rimary	Runoff	Other	
		□□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT		
	State Senator District 13			State Senator D	istrict 13	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Miles, Borris Lee (The	e Honorable)	14 Filer ID (I	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N DI EDCEC I OANG						
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 100,383.00					
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 105,774.29					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 22,107.25					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 492,786.71					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Hono	orable Borris Lee Mile	es					
		Signature of	Candidate or Officehold	der					
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath								

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CC	OVE	ER SHEET PG 3 3 of 25
	ER NAM les, Bor	ME ris Lee (The Honorable)	19 Filer ID 00052983	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	99,808.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	575.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	105,774.29
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	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	DNS	\$	_
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTF	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	plete this forn	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)			3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 11/12/2024	 Full name of contributor out-of-s Beer Alliance of Texas PAC Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$2,500.00
_	Deignigal	Austin, TX 78701-2656	lo	Familia var (Coo Instructions			
8	Principal occu	oation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/14/2024	Blackridge	state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Dringinal accu	Austin, TX 78701-2161 pation / Job title (See Instructions)	-	Employer (See Instructions			
	Fillicipal occu	Janon / Job line (See Instructions)		Employer (See instructions	,		
	Date 10/30/2024	Full name of contributor out-of-s HOMEPAC of Texas Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701	ı				
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-s Independent Insurance Agents of T Contributor address; City; State; Zip Co Austin, TX 78768-4487				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/13/2024	Full name of contributor out-of-s A & M PAC Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 11/01/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$7,728.00
8	Principal occu	SOMMERVILLE, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	5)		
		,		_		
	Date 11/01/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,105.00
		SOMMERVILLE, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_Across the Track Pac Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Aransas-Corpus Christi Pilots PAC Contributor address; City; State; Zip Code CORPUS CHRISTI , TX 78403)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ BEACON HOME HEALTH AGENCY LLC Contributor address; City; State; Zip Code STAFFORD , TX 77477)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 10/30/2024	5 Full name of contributor out-of-state PAC (ID#:_BOYKIN, RODRICK 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_		HOUSTON, TX 77025	10 5 1 10 11 11			
8	SELF	ipation / Job title (See Instructions)	9 Employer (See Instructions SELF)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_BRANCH , THELDON Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	HOUSTON, TX 77025 Ipation / Job title (See Instructions) CGOWAN	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ CONCERNED CITIZENS FOR GOOD GOVER! Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	HOUSTON, TX 77004 spation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Carter, Darryl Contributor address; City; State; Zip Code Houston, TX 77056			Amount of Contribution (\$)	\$5,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self employed)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Comcast Corporation & NBCUniversal Political Contributor address; City; State; Zip Code Philadelphia, PA 19103	Action C		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 10/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	HOUSTON, TX 77021 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	RETIRED		RETIRED			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Eye-PAC of the Texas Opthalmological Associa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ FACES OF HOUSTON LOUNCE LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		HOUSTON, TX 77004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_FOLEY & LARDNER LLP Contributor address; City; State; Zip Code DALLAS, TX 76901)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor	(200199257		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 10/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ GIBSON, MARK 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$75.00
_	Point in all a servi	MISSOURI CITY , TX 77459				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ GULF STATES TOYOTA INC. STATE PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	HOUSTON, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ HENNY, DAMON Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	HOUSTON, TX 77021 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor	WING QUARTER TRACTORS		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor x out-of-state PAC (ID#:_ Healthcare Service Corporation Contributor address; City; State; Zip Code Chicago , IL 60601	C00199711)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)			3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 10/30/2024	 Full name of contributor	ee)	7	Amount of Contribution (\$)	\$4,000.00
_		Deer Park, TX 77596	- la	5 1 (0 1 : "			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/30/2024	JOSEPH, GERALD	PAC (ID#:			Amount of Contribution (\$)	\$100.00
		HOUSTON, TX 77013					
	Principal occu SELF	pation / Job title (See Instructions)		Employer (See Instructions SELF)		
	Date 11/15/2024	Full name of contributor out-of-state F KEFFER KONSULTING Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Dringing agg	EASTLAND, TX 76448 pation / Job title (See Instructions)		Employer (See Instructions			
	Pilicipai occu	pation / Job title (See Instructions)		Employer (See instructions)		
	Date 10/30/2024	Full name of contributor out-of-state F LINEBARGER GOGGAN BLAIR & SAN Contributor address; City; State; Zip Code	/IPSON LLF			Amount of Contribution (\$)	\$1,500.00
	Principal occu	AUSTIN, TX 78760 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state FMOAK CASEY PAC Contributor address; City; State; Zip Code AUSTIN, TX 78746	PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 10/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ NRG Energy Political Action Committee 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$4,000.00
8	Principal occu	Princeton, NJ 08640 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	T Illicipal occu	pation 7 sob title (see instructions)	5 Employer (See manuchons			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ PHARMPAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ RYDMAN , JOHN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4,000.00
		HOUSTON, TX 77007				
	Principal occu OWNER	pation / Job title (See Instructions)	Employer (See Instructions) SPECS)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ TALAPAC Contributor address; City; State; Zip Code AUSTIN, TX 78758)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ASSOCIATION FOR HOME CARE & He Contributor address; City; State; Zip Code AUSTIN, TX 78759	OSPICE INC, TEXAS		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commission 00052983	on Filers)
4	Date 10/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	Dringing Loon	AUSTIN, TX 78701	O Employer (Coo Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DAIRYMEN PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78711	5 1 (2 1 : "	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00
		AUSTIN , TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/04/2024	Full name of contributor X out-of-state PAC (ID#: C THE CIGNA GROUP Contributor address; City; State; Zip Code TX 19192	00085316		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ THE DEN CIGAR BAR LOUNGE LLC Contributor address; City; State; Zip Code HOUSTON, TX 77004			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/25	
2	FILER NAME Miles, Borris	Lee (The Honorable)		3	Filer ID (Ethics Commissi 00052983	on Filers)
4	Date 10/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$3,000.00
_	Deignigal	AUSTIN, TX 78701	Continue (Continue tion			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	S)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID Texas Medical Association PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$7,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instruction	<u>s)</u>		
	· ····o.pa. oooa			- ,		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78767				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID UNIVERSITY OF HOUSTON PAC Contributor address; City; State; Zip Code HOUSTON, TX 77227	D#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID Vallot, Colette Contributor address; City; State; Zip Code Dallas, TX 75219			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instruction Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/25	
2	FILER NAME Miles, Borris	s Lee (The Honorable)		3 Filer ID (Ethics Commission Filers) 00052983	
4	Date 10/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ WARNER Jr., FREDERIC 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$500.0	0
8	Principal occu	HOUSTON, TX 77019 upation / Job title (See Instructions)	9 Employer (See Instructions	ons)	
	LOBBYIST	pation 7 ood tale (occ instructions)	TEXAS MEDICAL ASSO		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ zimmerman, alvin Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	0
		houston, TX 77056			
	Principal occu attorney	upation / Job title (See Instructions)	Employer (See Instructions Spencer Fane, LLP	ons)	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/25 3 Filer ID (Ethics Commission Filers) FILER NAME Miles, Borris Lee (The Honorable) 00052983 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 10/30/2024 Ingersoll, Deborah \$275.00 levent coordination 7 Contributor address; City; State; Zip Code Austin, TX 78763 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Owner Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/30/2024 John T., Monford (The Honorable) \$300.00 I COST OF VENUE Contributor address; City; State; Zip Code San Antonio, TX 78257 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) **JJUDGE** 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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Consulting Expens Contributions/ Don Candidate/Offic	Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment 1 Total pages Schedule F1: 2		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Fliling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1 Total pages Scl	nedule F1:	2 FILER NAM	ИE				3	Filer ID	(Ethics Commission Filers)	
Sch: 1/11 Rp	t: 15/25	Miles, Bor	ris Lee (The Honor	able)				00052983		
4 Date		5 Payee nam	ne							
10/30/2024			IUMPHERY PHOTO	OGRAPHY						
6 Amount (\$)	\$400.00	1804 Wind	Payee address; City; State; Zip Code 1804 Windale HOUSTON, TN 77002							
8 PURPOSE OF EXPENDITUR	E	(a) Category (See Categories listed at the top of this schedule) PHOTOGRAHPHY (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PHOTOGRAPHY								
9 Complete ONL expenditure to be			fficeholder name	Office	sought			Office he	eld	
Date		Payee nam								
12/05/2024		ANDRE H	IUMPHERY PHOTO	OGRAPHY						
Amount (\$)	\$500.00	Payee addı 1804 Wind		State; Zip	Code					
			N, TN 77002							
PURPOSE OF EXPENDITUR	E	(a) Category PHOTOG	(See Categories listed at the RAPHY	top of this schedule)	(b)		, TX,	de of Texas. Composition officeholder living	expense	
Complete ONL' expenditure to I			fficeholder name	Office	sought			Office he	eld	
Date		Payee nam								
10/11/2024		Academy	Awards							
Amount (\$)	\$57.00	Payee addı 100 Main	ress; City;	State; Zip	Code					
		Houston,	TX 77004							
PURPOSE OF EXPENDITUR	E	(a) Category NAME TA	(See Categories listed at the IGS	top of this schedule)	(b)		, TX,	de of Texas. Composficeholder living		
Complete ONL' expenditure to I			fficeholder name	Office	sought			Office he	ld	

SCHEDULE F1

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

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	The Instruction Guide explains how to co	-	lete this form.
1 T	otal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
9	Sch: 2/11 Rpt: 16/25	Miles, Borris Lee (The Honorable)		00052983
4 D	ate	5 Payee name		•
1	1/18/2024	CARL JOHN, ROELL		
6 A	mount (\$) \$150.75	7 Payee address; City; State; Zip Co	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense REIMBURSEMNT FOR HOTEL
	complete <u>ONLY</u> if direct xpenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
D	ate	Payee name		
1	1/19/2024	CATFISH WILLYS		
A	mount (\$) \$881.91	Payee address; City; State; Zip Co 2435 TEXAS PARKWAY MISSOURI CITY, TX 77489	de	
ı	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 deposit for PRE - TK LUNCH FOR SENIORS
	complete <u>ONLY</u> if direct xpenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	eate 1/20/2024	Payee name CATFISH WILLYS		
A	mount (\$) \$1,692.80	Payee address; City; State; Zip Co 2435 TEXAS PARKWAY	de	
		MISSOURI CITY, TX 77489		
I	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 DEPOSIT FOR CATERING FOR TK LUNCH MEALS
	complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 3/11 Rpt: 17/25	Miles, Borris Lee (The Honorable) 00052983	
4	Date	5 Payee name	
	11/20/2024	CATFISH WILLYS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$745.48	2435 TEXAS PARKWAY	
		MISSOURI CITY, TX 77489	
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 DEPOSIT FOR HIRAM CLARK SENIORS PRE-TK	
		LUNCH	
_	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			_
	Date	Payee name	
	11/06/2024	CONCEPCION, JUSTIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	3603 CHENEVERT. APT 11	
		HOUSTON, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		CONSULTING	
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	12/06/2024	DISTRICT B UNITED	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	FIREFIGHTER TRIBUTE Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		FIREFIGHTER TRIBUTE CONTRIBUTION	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01	<u> </u>	

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 18/25	Miles, Borris Lee (The Honorable) 00052983
4	Date	5 Payee name
	08/19/2024	Fort Bend Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	409 W. 5th St.
		Richmond, TX 77469
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	CHAIRMANS GALA SPONSORSHIP Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CHAIRMANS GALA SPONSORSHIP
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/07/2024	GLENWOOD FOREST
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	CONTRIBUTION Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CONTRIBUTION
		CONTRIBUTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2024	HARRIS COUNTY BLACK AMERICAN DEMOCRATS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO BOX 202116
	φοσο.σσ	1 0 BOX 202110
		HOUSTON, TX 77252
	BUBBOOF	I and
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		LIFETIME MEMBERSHIP - CAMILLE FOSTER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers	;)
	Sch: 5/11 Rpt: 19/25		s Lee (The Honorable)					00052983	•	,
4	Date	5 Payee name	!							
	08/22/2024	HARRIS C	OUNTY DEMOCRATIO	PARTY						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$6,750.00	4619 LYON	IS AVENUE							
		HOUSTON	, TX 77020							
8	PURPOSE	(a) Category (S	see Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE	JRR DINNI	ER SPONSORSHIP			=		de of Texas. Comp		
						JRR DINNER		officeholder living		
						SICIO DIVINEI	· J	ONSONSI		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/OF	1								
	Date	Payee name								
	09/26/2024	Hotel Zaza								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$5,000.00	5701 MAIN	ST							
		HOUSTON	, TX 77004							
	PURPOSE	(a) Category (S	see Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			=		de of Texas. Comp		
						_		officeholder living	SPACE DEPOSIT	
						DIKTTIDATT	Oi	IDINAISEN -	SI ACE DEI OSIT	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OF	4								
	Date	Payee name								
	10/17/2024	Houston Bl	ack American Democra	ats						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$500.00	P.O. Box 2	252							
		Houston, T	X 77252							
	PURPOSE	(a) Category (S	see Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE	Fees				브		de of Texas. Comp		
						LIFETIME ME		officeholder living	expense	
							∟ıvı	PERSHIP		
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	abt			Office he	ald.	
	expenditure to benefit C/O		icendiuei naille	Onice S00	gill			Office He	au	

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/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: 6/11 Rpt: 20/25	Miles, Borris Lee (The Honorable) 00052983
4	Date	5 Payee name
	11/04/2024	Houston Black American Democrats
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 2252
		Houston, TX 77252
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FALL FUNDRAISER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/07/2024	KWIK KOPY
	Amount (\$) \$428.00	Payee address; City; State; Zip Code 4001 SAN JACINTO
		HOUSTON, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ENVELOPES
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/30/2024	KWIK KOPY
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 4001 SAN JACINTO
		HOUSTON, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOAM BOARD
	Complete ONLY if direct expenditure to benefit C/Oh	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

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		Legal Services The Instruction Guide explai		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/11 Rpt: 21/25	l	s Lee (The Honorable)					00052983		
4	Date	5 Payee name								
	11/25/2024	KWIK KOP	Υ							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$333.00	4001 SAN	JACINTO							
		HOUSTON	, TX 77002							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Printing Ex	pense			=		de of Texas. Comp		
						LETTERHEA		officeholder living	expense	
						LETTERHEA	ט			
Ļ	Complete ONLY if direct	Condidate/Off	in a haliday wa wa	Office	a, la 4			Office he	ilal	
9	expenditure to benefit C/O		iceholder name	Office sou	gnı			Office fie	eiu.	
H	Date	Payee name								_
	11/04/2024	l	IMMONS CAMPAIGN							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					_
	\$1,000.00	P.O. BOX 5	•	, _,						
	Ψ1,000.00	1.0.50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		HOUSTON	, TX 77296							
	PURPOSE OF		ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		ns/Donations Made By	amitta a		=		de of Texas. Comp officeholder living		
		Candidate/	Officeholder/Political Con	nmillee		BIRTHDAY F			ехрепзе	
						DII (TTID) (TT	•	IDI W WOLLY		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	_
	expenditure to benefit C/OI	H			•					
	Date	Payee name								_
	10/28/2024	LÚCY ANN	RAWLS FOUNDATION							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$250.00									
		TX								
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	GOTV				므		de of Texas. Comp		
						_	, TX,	officeholder living	expense	
						GOTV				
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	abt			Office he	ıld	_
	expenditure to benefit C/O		iccholuci hame	Office Sou	giil			Office He	iu.	

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 com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 22/25	Miles, Borris Lee (The Honorable)		00052983
4	Date	5 Payee name		•
	09/19/2024	MEYERLAND DEMOCRATS		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1,000.00	PO Box 310061		
		TX 77231		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	GOTV FUNDRAISER		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				GOTV FUNDRAISER
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	·			
	Date	Payee name		
	11/20/2024	MILES , BORRIS		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$20,000.00	5302 ALMEDA RD.		
		HOUSTON, TX 77004		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense PAYMENT ON EXISITNG CAMPAIGN LOAN
				TATMENT ON EXISTING GAWII AUGIN EGAN
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	•		Cince Hold
	Date	Dayes name		
	12/04/2024	Payee name MILES , BORRIS		
			<u> </u>	
	Amount (\$) \$55,000.00	Payee address; City; State; Zip Cod 5302 ALMEDA RD.	ie	
	\$55,000.00	5502 ALIVIEDA RD.		
		LIQUICTON TV 77004		
		HOUSTON, TX 77004		
	PURPOSE OF	,	(b)	Description Charlest travel outside of Taylor Complete Schodule T
	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				PAYMENT ON EXISITNG CAMPAIGN LOAN
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 9/11 Rpt: 23/25	2 FILER NAME Miles, Borris Lee (The Honorable) 3 Filer ID (Ethics Commission Filers) 00052983
4	Date	5 Payee name
	09/13/2024	SEANE TEARE FOR HARRIS COUNTY DISTRICT ATTORNEY
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code TX
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 CAMPAIGN CONTRIBUTION
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/25/2024	SHAPE COMMUNITY CENTER
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. BOX 5428
		HOUSTON, TX 77288
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	CONTRIBUTION Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		55TH ANNIVERSARY
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/17/2024	SOUTHWEST DEMOCRATS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. BOX 2053
		BELLAIRE, TX 77402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	CONTRIBUTION Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense 20TH ANNIVERSARY
	Complete ONLY if direct expenditure to benefit C/Ol	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

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		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 FILER NAM	·				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 10/11 Rpt: 24/25		is Lee (The Honorable)					00052983	(
4	Date	5 Payee name									
	09/24/2024	l	HICS COMMISSION								
6	Amount (\$)	7 Payee addr	ess; City; S	State; Zip Co	ode						
	\$500.00	201 EAST	4TH STREET								
		SUITE 10									
		AUSTIN,	TX 78701		_						
8	PURPOSE	(a) Category (See Categories listed at the top of th	nis schedule)	(b)	Description					
	OF EXPENDITURE	Fees				=		de of Texas. Com			
						LATE FILING		, officeholder living	expense		
						LATETILINO	, , ,	_L			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	l ight			Office he	eld		
	Date	Payee name	<u>,</u>								
	11/22/2024	lí	S FOUNDATION								
_	Amount (\$)	Payee addr		State; Zip Co	nde						
	\$1,500.00	5302 ALM	•	7tato, 2.p 0	Juo						
	Ψ1,300.00	3302 / (EWI									
		HOUSTON	I, TX 77004								
	PURPOSE	(a) Category (See Categories listed at the top of th	nis schedule)	(b)	Description					
	OF EXPENDITURE	DONATIO	V			=		de of Texas. Comp			
						DONATION 1		officeholder living			
						DONATION		W/ (INDO 10)	(RE10		
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	l ight			Office he	eld		
	Date	Payee name	9								
	11/27/2024	WING QUA	ARTER								
	Amount (\$)	Payee addr	ess; City; S	State; Zip Co	ode						
	\$1,710.35	3821 old s	panish trail								
	·										
		houston, T	X 77021								
	PURPOSE OF	· ·	See Categories listed at the top of th	nis schedule)	(b)	Description					
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp officeholder living			
						ш		_	S AFTER TURKEY		
						GIVEAWAY		OLONILLIN	O'M TER TORRET		
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	lapt			Office he	ald.		
	expenditure to benefit C/O		ncenduci Haille	OHICE SUL	igiil			Onice 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials mmittee Legal Services The Instruction Gu			ages/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 11/11 Rpt: 25/25		Miles, Borris Lee (The Hono	rable)				00052983		
4	Date	5	Payee name							
	10/15/2024		WISE WORLD GROUP							
6	Amount (\$) \$250.00	7	Payee address; City;	State;	Zip Co	de				
			TX							
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description				
	OF EXPENDITURE		ANNUAL FUNDARAISER						plete Schedule T.	
						ANNUAL GA		officeholder living		DUTION
						ANNUAL GA	ALA	FUNDRAIS	ER CONTRI	BUTION
Ļ	Operation ONLY & Street	<u> </u>			ve:	.1-4		O#: I	.1.1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	O	Office sou	gnt		Office he	eia	
\vdash										