CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00052983		2 Total pages fi	led: 9
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Borris Lee			Date Received	
TV WIL					ELECTRONICA	VII V EII ED
						ALLT FILED
	NICKNAME	LAST		SUFFIX	08/15/2025	
		Miles				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	5302 Almeda Rd.					_
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77004				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER		Camile L.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Foster		00.1.50		
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE).	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	1406 Ruth Street	, , , , , , , , , , , , , , , , , , , ,	<i>.</i>	.,, .,,	.	,
ADDRESS						
(Residence or Business)	Houston, TX 77004					
	Housion, 1× 11004					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(713) 520-1670					
THONE						
8 REPORT	_		_		_	
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	
	X July 15	8th day before	election \square	Exceeded modified	Final Report (Atta	
			Ш	reporting limit	」 ' '	,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			Seneral	Special	<u>—</u>	
			Torrera	ореона		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
II OFFICE	State Senator District 13			State Senator Di		
	State Seriator District 15			State Schator Br	31101 13	
		GO T	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Miles, Borris Lee (The	Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or o consent. Candidates and officeholders are required to report this information only if they receive									
Additional Pages	COMMITTEE TYPE	FEE TYPE COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00							
	4. TOTAL POLITIC	OTAL POLITICAL EXPENDITURES								
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,601.27						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 49,278,621.00						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15. Election Code.								
		under Title 15, Election Code.								
		The Hono	orable Borris Lee Miles	S						
		Signature of	Candidate or Officehold	ler						
AFFIX NOTARY STAMP / SEAL ABOVE										
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	cer administering	Printed name of officer administering	Title of officer	administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 9					
18 FILER NAM Miles, Borr	E ris Lee (The Honorable)	19 Filer ID 00052983	(Ethics Commission Filers)					
	O SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 17,505.98					
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	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 4/9	Miles, Borris Lee (The Honorable) 00052983
4	Date	5 Payee name
	03/01/2025	CASA PROPERTY MANAGEMENT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	1615 SCOTSDALE DRIVE
		SUITE 200
		CEDAR PARK, TX 78613
8	PURPOSE	I
ľ	OF	(a) Category (See Categories listed at the top of this schedule) LODGING (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		AUSTIN CONDO RENT
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	04/29/2025	CLAYTON SPAANGLER PHOTOGRAPHY
_	Amount (\$)	Payee address; City; State; Zip Code
	\$429.00	rayee address, City, State, Zip Code
	φ429.00	
		TX
	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.
		Check if Austin, TX, officeholder living expense SENATE PANORAMIC PHOTO
		SENATE PANORAMIC PHOTO
	Commiste ONLY if dispet	Candidata/Officahaldar paga
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	04/02/2025	E.E.WORTHING ALUMNI ASSOCIATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FULL PAGE AD
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 5/9	Miles, Borris Lee (The Honorable) 00052983
4	Date	5 Payee name
	04/14/2025	FIRST CLASS TRANSPORTATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,088.23	12073 EASTEX FREEWAY
		HOUSTON, TX 77039
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		BUS FOR ST FRANCIS XAVIERS - DAY AT THE CAPITOL
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2025	Houston Black American Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 2252
	Ψ1,300.00	1 .O. Box 2202
		Houston, TX 77252
	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 GOSPEL BRUNCH
		GOSPEL BRONCH
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	Houston Black American Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 2252
		Houston, TX 77252
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			ni/Reimbursement id/Rental Expense e s se s/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
		The Instruction Guide explains	how to compl	ete this form.	
1 T	otal pages Schedule F1: Sch: 3/6 Rpt: 6/9	2 FILER NAME Miles, Borris Lee (The Honorable)		3	Filer ID (Ethics Commission Filers) 00052983
4 D		· ·			
	oale 03/24/2025	5 Payee name JEWISH HERALD VOICE			
6 A	Amount (\$)	· · · · · · · · · · · · · · · · · · ·	; Zip Code		
	\$1,950.00	3403 Audley St.			
		HOUSTON, TX 77098			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	nedule) (b)	_	side of Texas. Complete Schedule T. K, officeholder living expense
				ADS	, onesicae ining expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought		Office held
	Date	Payee name			
C	05/07/2025	SAM HOUSTON STATE ALUMNI			
Α	Amount (\$)		; Zip Code		
	\$1,500.00	1805 Avenue J			
		BOX 2086			
		HUNTSVILLE , TX 77341			
	PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b)	Description	
	OF EXPENDITURE	Fees		Check if travel outs	side of Texas. Complete Schedule T.
	LAFENDITORE			ш	K, officeholder living expense
				ALUMNI	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office held
	Date	Payee name			
	04/16/2025	SIMMONS BANK			
A	Amount (\$)	Payee address; City; State;	; Zip Code		
	\$180.00	720 N POST OAK			
		HOUSTON, TX 77024			
	PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b)	Description	
	OF EXPENDITURE	Fees			side of Texas. Complete Schedule T.
				BANK FEES	K, officeholder living expense
	Demonstrate ONE V. C.	O and index of Office health	D#:		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought		Office held
Form	ns provided by Texas E	thics Commission www.ethics.s	state.tx.us		Version V4.1.0.f10d0f

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Opnations 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/6 Rpt: 7/9	1
4 Date 01/16/2025	5 Payee name Senate Ladies Club
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code State Capital Room GE4 Austin, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense tickets for inaugural senate dance and dinner
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 01/14/2025	Payee name Spaw Senate Account
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code c/o Nanci Longoria P.O. Box 12068 Austin, TX 78711
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense members lounge
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 05/26/2025	Payee name Spaw Senate Account
Amount (\$) \$361.25	Payee address; City; State; Zip Code c/o Nanci Longoria P.O. Box 12068 Austin, TX 78711
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PORTION OF GIFT
Complete ONLY if direct expenditure to benefit C/OF	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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services	Salaries/	Wage	es/Contract Labor		OTHER (enter a	a category not listed above)
	·	_			ide explains how to c	ompi	lete this form.			
1 Total pages Schedule F1: 2 FILER N			FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/9	8/9 Miles, Borris Lee (The Honorable)							00052983	
4	Date	5	Payee name							
	05/07/2025		Spaw Senat	e Account						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode				
ľ	\$165.00	ľ	c/o Nanci Lo	•	Ctato, E.p C	000				
	Ψ100.00		P.O. Box 12							
		L	Austin, TX 7	8/11						
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/	Memorials Expe	ense					nplete Schedule T.
							_		officeholder livin	
							PORTION OF		ND OF SES	SSION GIFT COST
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office so	ught			Office h	eld
	experiulture to benefit C/Oi									
	Date		Payee name							
	03/07/2025		TEXAS ETH	IICS COMMISS	ION					
	Amount (\$)	T	Payee addres	ss; City;	State; Zip C	ode				
	\$500.00		201 EAST 4	TH STREET						
			SUITE 10							
				V 70701						
			AUSTIN , T							
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description			
	EXPENDITURE		Fees						de of Texas. Con officeholder livin	nplete Schedule T.
							ш			SEMIANNUAL
							D. (TETELT)	011	07 11 407 11 11	OLIVII) (I VI VO) (L
_	Complete ONLY if direct	<u> </u>		ceholder name	Office so	liaht			Office h	n h
	expenditure to benefit C/O		Janaiaato, Onit	scrioidei riame	Office 30	agiit			Office fi	Ciu
		_								
	Date		Payee name							
	03/11/2025		TEXAS SEN	NATE						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode				
	\$25.00		P.O. Box 12	068						
			AUSTIN, TX	78711						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e ton of this schedule)	(b)	Description			
	OF	 ` ´	Fees	e categories listed at til	e top of this schedule)	`´		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE						Check if Austin	, TX,	officeholder livin	g expense
							FEES			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	Н								
l										

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	•		ages.	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/9	ı		Lee (The Hon	orable)					00052983	
4	Date	5	Payee name								
	03/11/2025		TEXAS SEN	NATE							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$207.50		P.O. Box 12	068							
		⊢	AUSTIN, TX								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				므		de of Texas. Com	
								_		officeholder living	expense
								CALENDARS	>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	03/17/2025		TEXAS SOL	JTHERN UNIV	ERSITY FO	UNDATI	ON				
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Co	de				
	\$2,500.00		r dycc dddrc.	55, Oity,	Oldio,	Zip 00	uc				
	\$2,500.00										
			P.O. BOX 3	01074							
			AUSTIN, TX	78703							
	PURPOSE	(a)	Category (Se	e Categories listed at	he top of this sche	edule)	(b)	Description			
	OF			s/Donations M					outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			Officeholder/Po		ittee		Check if Austin	, TX,	officeholder living	expense
								TLIP PROGR	RAN	Л	
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н									