

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 2em; font-family: cursive;">13</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <span style="font-size: 1.5em; font-family: cursive;">Melisa</span> MI: <span style="font-size: 1.5em; font-family: cursive;">A</span> NICKNAME: _____ LAST: <span style="font-size: 1.5em; font-family: cursive;">Miller</span> SUFFIX: _____	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">FEB 02 2018</p> <p style="margin: 0; font-family: cursive; font-size: 1.2em;">13 pages</p> <p style="margin: 0; font-family: cursive; font-size: 1.2em;">J. Sallins</p> <p style="margin: 0; font-size: 0.8em;">MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; font-family: cursive;">PO Box 2962 Conroe, TX 77305</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <span style="font-size: 1.5em; font-family: cursive;">(936)</span> PHONE NUMBER: <span style="font-size: 1.5em; font-family: cursive;">537-8757</span> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <span style="font-size: 1.5em; font-family: cursive;">Jason</span> MI: <span style="font-size: 1.5em; font-family: cursive;">A</span> NICKNAME: _____ LAST: <span style="font-size: 1.5em; font-family: cursive;">Miller</span> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.5em; font-family: cursive;">1839 Grimes Rd Cleveland, TX 77328</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <span style="font-size: 1.5em; font-family: cursive;">(936)</span> PHONE NUMBER: <span style="font-size: 1.5em; font-family: cursive;">537-8752</span> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     THROUGH     Month Day Year <span style="font-size: 1.5em; font-family: cursive;">01 / 01 / 2018</span> <span style="font-size: 1.5em; font-family: cursive;">01 / 25 / 2018</span>		
11 ELECTION	ELECTION DATE: Month / Day / Year     ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em; font-family: cursive;">District Clerk</span>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Melisa Miller

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1679.54

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5488

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

23,073.58

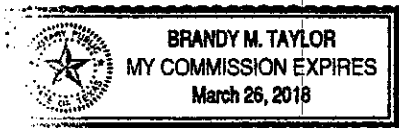
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

15,000

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Melisa Miller*

Signature of Candidate or Officeholder

Brandy M. Taylor

AFFIX NOTARY STAMP / SEAL ABOVE

Ex. 3/26/18

Sworn to and subscribed before me, by the said Melisa Miller, this the 1<sup>st</sup> day of Feb., 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH**

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

<b>19</b> FILER NAME <i>Melisa Miller</i>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,530
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 149.54
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,488
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 5

2 FILER NAME Melisa Miller

3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor [ ] out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1-12-2018

Anthea Kottan  
6 Contributor address; City; State; Zip Code

250<sup>00</sup>

8 Lake Forest Dr. Conroe TX. 77384

8 Principal occupation / Job title (See Instructions) Engineer/consultant

9 Employer (See Instructions)

Date Full name of contributor [ ] out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1-12-2018

Sara Rearden  
Contributor address; City; State; Zip Code

100<sup>00</sup>

22 Painted Canyon Pl. Spring TX 77381

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date Full name of contributor [ ] out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1-19-2018

Charles Parada  
Contributor address; City; State; Zip Code

100<sup>00</sup>

18754 Grand Harbor Point Montgomery TX 77356

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date Full name of contributor [ ] out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1-12-2018

Larry Miller  
Contributor address; City; State; Zip Code

20<sup>00</sup>

15502 Grimes Rd Cleveland TX 77328

Principal occupation / Job title (See Instructions) Gate/Fence Repair

Employer (See Instructions) Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 5**

2 FILER NAME **Melisa Miller**

3 Filer ID (Ethics Commission Filers)

4 Date **1-19-2018**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mary Osborn**  
 6 Contributor address; City; State; Zip Code  
**2227 Valley View Crossing Conroe TX 77384**

7 Amount of contribution (\$)  
**200<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**Legal Assistant**

9 Employer (See Instructions)

Date **1-23-2018**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Neda Henery**  
 Contributor address; City; State; Zip Code  
**2013 Forest Haven Dr. Conroe TX 77384**

Amount of contribution (\$)  
**50<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date **1-24-2018**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jacque Fairbanks**  
 Contributor address; City; State; Zip Code  
**11108 FM 1484 Conroe TX 77303**

Amount of contribution (\$)  
**25<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**SJRA Admin**

Employer (See Instructions)  
**SJRA**

Date **1-24-2018**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Vicki Klovensky**  
 Contributor address; City; State; Zip Code  
**13430 Hidden Valley Dr. Montgomery TX 77356**

Amount of contribution (\$)  
**100<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Admin Assistant**

Employer (See Instructions)  
**Montgomery County**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 5

2 FILER NAME Melisa Miller

3 Filer ID (Ethics Commission Filers)

4 Date 1-24-2018

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carmen Keeton

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
3306 Flanders D. Porter, TX 77365

25<sup>00</sup>

8 Principal occupation / Job title (See Instructions)  
Finance Assistant

9 Employer (See Instructions)  
Montgomery County

Date 1-24-2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jamie Steed

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
507 Aracado D. Spring TX. 77386

25<sup>00</sup>

Principal occupation / Job title (See Instructions)  
Code officer

Employer (See Instructions)  
Carroll

Date 1-24-2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cyndie Bowman

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
54 Artesian Oaks, Carroll TX 77304

10<sup>00</sup>

Principal occupation / Job title (See Instructions)  
Realtor

Employer (See Instructions)  
Self Employed

Date 1-24-2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Amanda Trapp

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
491 Imperial Circle CaddSprings TX 77331

250<sup>00</sup>

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Stibbs & Co PC

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 5**

2 FILER NAME **Melisa Miller**

3 Filer ID (Ethics Commission Filers)

4 Date **1-25-2018**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Kelly Lester**  
 6 Contributor address; City; State; Zip Code  
**2731 Hidden Spring Falls Dr. Spring, TX, 77386**

7 Amount of contribution (\$)  
**100<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**Legal Assistant**

9 Employer (See Instructions)  
**DA**

Date **1-25-2018**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rebecca Ball**  
 Contributor address; City; State; Zip Code  
**35 Nocturna Woods Place The Woodlands TX 77382**

Amount of contribution (\$)  
**100<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Housewife**

Employer (See Instructions)

Date **1-25-2018**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Daniel Aranda**  
 Contributor address; City; State; Zip Code  
**Unit 3460 Box 24 DPO, AA 34033**

Amount of contribution (\$)  
**50<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Military**

Employer (See Instructions)  
**US Gov.**

Date **1-25-2018**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Christian Martinez**  
 Contributor address; City; State; Zip Code  
**14959 Pinewood Village Dr. Carroe TX. 77312**

Amount of contribution (\$)  
**25<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Pool tech**

Employer (See Instructions)  
**Preferred Pool**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 5

2 FILER NAME Melisa Miller

3 Filer ID (Ethics Commission Filers)

4 Date 1-25-2018  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Brandon Guance  
6 Contributor address; City; State; Zip Code  
18040 Hill Rd Cleveland TX 77328

7 Amount of contribution (\$)  
100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)  
BSD LLC

9 Employer (See Instructions)  
Self employed

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1 of 2**

2 FILER NAME **Melisa Miller**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date <b>1-2-2018</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Gentry</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>Gift Card</b>
7 Contributor address; City; State; Zip Code <b>PO Box 217 Centre, TX, 77305</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
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)	

Date <b>1-22-2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathleen Towery</b>	Amount of Contribution \$ <b>40.00</b>	In-kind contribution description <b>Magnetic Sign</b>
Contributor address; City; State; Zip Code <b>10907 Waterview Circle Montgomery TX 77356</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>	Employer (FOR NON-JUDICIAL) (See Instructions)		
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2 of 2</b>	
2 FILER NAME <b>Melisa Miller</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>1-22-2018</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathleen Towery</b>	8 Amount of Contribution \$ <b>58.84</b>	9 In-kind contribution description <b>Magnetic Signs</b>
7 Contributor address; City; State; Zip Code <b>10907 Waterview Circle Montgomery TX 77556</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Melisa Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 1/8/2018	5 Payee name Media Genics LLC
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6 Amount (\$) 1600. <sup>00</sup>	7 Payee address; City; State; Zip Code PO Box 8122 Huntsville, TX 77340
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-11-2018	Payee name Texas GOP Store
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Amount (\$) 2747. <sup>39</sup>	Payee address; City; State; Zip Code 404 I-45 South Huntsville TX. 77340
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-11-2018	Payee name Montgomery County Tea Party PAC
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Amount (\$) 150. <sup>00</sup>	Payee address; City; State; Zip Code 2603 E. Bluelake Drive Magnolia, TX 77354
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 3	<b>2</b> FILER NAME Melisa Miller	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 1-21-2018	<b>5</b> Payee name Media Genics LLC
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<b>6</b> Amount (\$) 271.49	<b>7</b> Payee address; City; State; Zip Code PO Box 8122 Huntsville TX. 77340
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-2018	Payee name Branding Iron Custom Goods
-------------------	--

Amount (\$) 350 <sup>00</sup>	Payee address; City; State; Zip Code 210 N. Main St. Conroe, TX 77301
----------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-23-2018	Payee name Tractor Supply
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Amount (\$) 313.96	Payee address; City; State; Zip Code 1407 I-45 North Conroe TX 77304
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>3 of 3</i>	<b>2</b> FILER NAME <i>Melisa Miller</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-25-2018</i>	<b>5</b> Payee name <i>Piryx.com</i>	
<b>6</b> Amount (\$) <i>55.16</i>	<b>7</b> Payee address; City; State; Zip Code <i>995 Market Street 2nd floor San Francisco, CA. 94103</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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