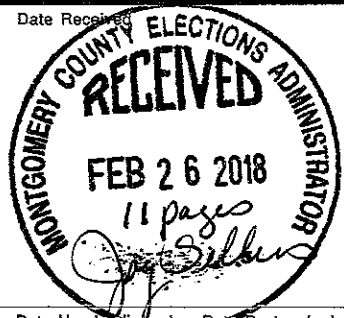


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Melisa</i> NICKNAME LAST <i>Miller</i> MI SUFFIX <i>A.</i>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">Date Received</p> <div style="text-align: center; margin: 0;">  </div> <p style="text-align: center; margin: 0;">Date Hand-Delivered or Date Postmarked</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 2962 Conroe, TX. 77305</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 537-8757</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Jason</i> NICKNAME LAST <i>Miller</i> MI SUFFIX <i>A.</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>18319 Grimes Rd Cleveland, TX. 77328</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 537-8752</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 Month Day Year <i>01 / 26 / 2018</i> THROUGH <i>02 / 24 / 2018</i>		
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) <i>District Clerk</i>	
GO TO PAGE 2			

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.

GENERAL
 SPECIFIC

COMMITTEE TYPE: GENERAL
COMMITTEE NAME: Freedom and Liberty Conservatives PAC

COMMITTEE ADDRESS: P.O. Box 3 Montgomery, TX. 77356

COMMITTEE CAMPAIGN TREASURER NAME: Maureen Ball

COMMITTEE CAMPAIGN TREASURER ADDRESS: P.O. Box 3 Montgomery, TX. 77356

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)	\$ <u>1800⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9057.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,670.60</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>15,000⁰⁰</u>

18 AFFIDAVIT

Cynthia McCullen
NOTARY PUBLIC, STATE OF TEXAS
NOTARY ID #219038-2
Comm. Exp. 04/24/2020

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melisa Miller, this the 25th day of February, 2015, to certify which, witness my hand and seal of office.

Cynthia McCullen Signature of officer administering oath
Cynthia McCullen Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Melisa Miller

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1800. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 9007. ³²
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 50. ⁰⁰
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 3

2 FILER NAME Melisa Miller

3 Filer ID (Ethics Commission Filers)

4 Date
1-26-2018

5 Full name of contributor out-of-state PAC (ID#: _____)
Buck Carraway

7 Amount of contribution (\$)
100⁰⁰

6 Contributor address; City; State; Zip Code
27207 FM 2978 Magnolia, TX. 77354

8 Principal occupation / Job title (See Instructions)
Construction

9 Employer (See Instructions)
Self

Date
1-31-2018

Full name of contributor out-of-state PAC (ID#: _____)
Ryan Gable

Amount of contribution (\$)
150⁰⁰

Contributor address; City; State; Zip Code
2307 Keegan Hollow Ln. Spring TX. 77386

Principal occupation / Job title (See Instructions)
Constable

Employer (See Instructions)
Montgomery County

Date
1-31-2018

Full name of contributor out-of-state PAC (ID#: _____)
Patricia Hill

Amount of contribution (\$)
100⁰⁰

Contributor address; City; State; Zip Code
123 North Linton Ridge Circle The Woodlands TX 77380

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
2-7-2018

Full name of contributor out-of-state PAC (ID#: _____)
Bobbye & Jason Miller

Amount of contribution (\$)
500⁰⁰

Contributor address; City; State; Zip Code
18635 Walding Rd Montgomery TX 77356

Principal occupation / Job title (See Instructions)
owner of Anchor Boatlifts

Employer (See Instructions)
Anchor Boatlifts

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 3**

2 FILER NAME **Melisa Miller**

3 Filer ID (Ethics Commission Filers)

4 Date **2-7-2018**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Sheila & Michael Dodson
 6 Contributor address; City; State; Zip Code
10807 Highpoint Ln Montgomery, TX. 77356

7 Amount of contribution (\$)
100⁰⁰

8 Principal occupation / Job title (See Instructions)
Clerk

9 Employer (See Instructions)
Montgomery County

Date **2-7-2018**
 Full name of contributor out-of-state PAC (ID#: _____)
CP & CA Brown
 Contributor address; City; State; Zip Code
30 N. Buntam Woods Cir. The Woodlands TX 77382

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)
Home maker

Employer (See Instructions)

Date **2-7-2018**
 Full name of contributor out-of-state PAC (ID#: _____)
Karen Darcy
 Contributor address; City; State; Zip Code
577 Edgewood Dr. Montgomery, TX. 77356

Amount of contribution (\$)
50⁰⁰

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date **2-12-2018**
 Full name of contributor out-of-state PAC (ID#: _____)
The Bihm Firm
 Contributor address; City; State; Zip Code
204 W. Davis St. Conroe, TX. 77301

Amount of contribution (\$)
200⁰⁰

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
The Bihm Firm

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 3**

2 FILER NAME Melisa Miller		3 Filer ID (Ethics Commission Filers)
4 Date 2-12-2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Martinez	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 14959 Pinewood Village Dr. Conroe, TX 77302		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2-12-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Hamilton	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 8528 Majestic Oak Court Montgomery TX 77136		
Principal occupation / Job title (See Instructions) Parks Dept.		Employer (See Instructions) City of Conroe

Date 2-7-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Staggs	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 7223 Nickaburr Creek Dr. Magnolia TX 77354		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Retired

Date 2-15-2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Max Turner	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 51 Promenade N. St. Montgomery TX 77356		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Melisa Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 1-26-2018	5 Payee name Montgomery County Fair Association
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6 Amount (\$) 100. ⁰⁰	7 Payee address; City; State; Zip Code PO Box 869 Conroe Tx. 77305
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 1-26-2018	Payee name Pinyx.com
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Amount (\$) 8. ⁰⁰	Payee address; City; State; Zip Code 995 Market Street 2nd floor San Francisco CA 94103
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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 1-31-2018	Payee name Montgomery County Tea Party PAC
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Amount (\$) 600. ⁰⁰	Payee address; City; State; Zip Code 2603 E. Blue Lake Drive Magnolia, TX. 77354
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PURPOSE OF EXPENDITURE	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Melisa Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 2-1-2018	5 Payee name North Shore Republican Women
--------------------	--

6 Amount (\$) 80 ⁰⁰	7 Payee address; City; State; Zip Code 577 Edgewood Drive Montgomery, TX. 77356
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 2-6-2018	Payee name The Woodlands Area Chamber of Commerce
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Amount (\$) 75 ⁰⁰	Payee address; City; State; Zip Code 9520 Lakeside Blvd #200 The Woodlands, TX 77381
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 2-9-2018	Payee name Media Genics
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Amount (\$) 7307. ³²	Payee address; City; State; Zip Code PO Box 8122 Huntsville, TX 77340
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PURPOSE OF EXPENDITURE	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **3 of 4** 2 FILER NAME: **Melisa Miller** 3 Filer ID (Ethics Commission Filers)

4 Date: **2-8-2018** 5 Payee name: **Liberty Belles Republican Women**

6 Amount (\$): **250.00** 7 Payee address; City; State; Zip Code: **29815 S. Legends Chaux Cir., Spring, TX. 77396**

8 PURPOSE OF EXPENDITURE: **Donations**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **2-9-2018** Payee name: **The Courier**

Amount (\$): **209.00** Payee address; City; State; Zip Code: **100 Avenue A Conroe, TX. 77301**

PURPOSE OF EXPENDITURE: **Advertising Expense**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **2-12-2018** Payee name: **East Montgomery County Republican Women**

Amount (\$): **250.00** Payee address; City; State; Zip Code: **PO Box 292 New Caney, TX. 77357**

PURPOSE OF EXPENDITURE: **Donations**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Melisa Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 2-15-2018	5 Payee name Piryx.com
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6 Amount (\$) 28.25	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, Ca 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-14-2018	Payee name Conroe Noon Lions Club
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Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 1135 Conroe, TX. 77305
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
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Complete ONLY 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 PERSONAL FUNDS

SCHEDULE G

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 G: 1 of 1	2 FILER NAME Melisa Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 1-29-2018	5 Payee name Montgomery Area Chamber of Commerce
----------------------------	--

6 Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 486 Montgomery, TX 77356
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offices held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED