CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form-MS / MRS / MR CANDIDATE/ М JSE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING PoBox 2962 Conroe **ADDRESS** Change of Address PHONE NUMBER EXTENSION CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked -87 PHONE Receipt # Amount \$ ΜĮ MS / MRS / MR CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; STATE; ZIP CODE TREASURER **ADDRESS** 18319 Grimes Rd Cleveland, TX.77328 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER (93L) 537-8752 **PHONE** 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded \$500 limit July 15 Final Report (Attach C/OH - FR) 8th day before election 10 PERIOD Month Month COVERED /25/2018 01/01/2018 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE District Clerk

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Nelisa	Miller 15 1	iler 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			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS 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	\$ 5,488		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 23,073,58		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 15,000		
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. Signature of Candidate or Officeholder					
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

19 FILER NAME Melis	sa Miller	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULEA1: MO	ONETARY POLITICAL CONTRIBUTIONS		\$ 1,530
2. SCHEDULE A2: NO	N-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 149,54
3. SCHEDULE B: PLE	DGED CONTRIBUTIONS		\$
4. SCHEDULE E: LO	NS		\$
5. SCHEDULE F1: P	DLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5,488
6. SCHEDULE F2: UN	IPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: P	JRCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: E	KPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: PC	LITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10. SCHEDULE H: PA	MENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON	POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INT RETURNED TO FIL	EREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS	\$
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) out-of-state PAC (ID#: Employer (See Instructions) Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Retirad Date out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor Amount of contribution (\$) 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) ut-of-state PAC (ID#; Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 1-23-2018 stired Full name of contributor __ out-of-state PAC (ID#:_ Date Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#: 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: Date Amount of contribution (\$) out-of-state PAC (ID# Amount of contribution (\$) Recltu Date Amount of contribution (\$) out-of-state PAC (ID# Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The	Instruction Guide	explains how to complete this form.	1 Total pages Schedule A1: 4015
2 FILER NAME	Melisa	Miller	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of co	atributor	7 Amount of contribution (\$)
1-25-2018	6 Contributer add	ester ress; City; State; Zip Code	1000
	2731 Hidd	a Springs Falls D. Spring TX	77396
8 Principal occu	pation / Job title (Se		er (See Instructions)
Date	Full name of co		Amount of contribution (\$)
	Resecca	- Ball	
1-25-2018	Contributor add	ress; City; State; Zip Code	10000
Crimeled seem	35 Nocturne (wasts Place The wardlands TX	
Į.	newife	instructuris) Enigrays	er (See Instructions)
Date	Full name of cor	tributor Out-of-state PAC (ID#:	Amount of contribution (\$)
1-25-2018	Dan J Contributor add	Aranda ess; City; State; Zip Code	5000
1-97.9010		Box 24 DPO, AA 34033	
Principal occur	pation / Job title (See		er (See Instructions)
n	7: litary	' '	Gov.
Date	Full name of cor	_ , ,	Amount of contribution (\$)
1 75- Day	Christian Contributor add	ess; City; State; Zip Code	
1-25-2018		wood village Dr. Carre To	77747
Principal occup	pation / Job title (See	Instructions) C Employe	er (See Instructions)
	Pool tech	- Mret	Fered Pool
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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

4 <u></u>		
The Instruction Gu	ide explains how to complete this form.	1 Total pages Schedule A1: 555
2 FILER NAME Me	lisa Miller	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name	of contributor out-of-state PAC (IDx:	7 Amount of contribution (\$)
17 0 0 17 11.71	address; City: State: Zip Gode	1000
18040 H	O COO IA	<u> </u>
8 Principal occupation / Job title 355 LU		ructions)
Date Full name o	f contributor	Amount of contribution (\$)
Contributor	address; City: State; Zīp Code	
Principal occupation / Job title	See instructions) Employer (See Instru	ructions)
Date Full name o	f contributor	Amount of centribution (\$)
Contributor	address; City; State; Zip Code	
Principal occupation / Job title	See Instructions) Employer (See Instructions)	ructions)
Date Full name o	f contributor out-ol-state PAC (IDS:	Amount of contribution (\$)
Contributor	address; City; State; Zip Code	
Principal occupation / Job title	See Instructions) Employer (See Instr	uctions)
	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 Guid	ie explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Melis	sa Miller		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED	IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 6 Full name of co Jim Ge 7 Contributor add	ntry City; State; Zip Code		8 Amount of 9 In-kind contribution description 509 Giff Card	
POISux 21	PR NON-JUDICIAL) (See Instructions)	11 Employer	Check if travel outside of Texas, Complete Schedule T. (FOR NON-JUDICIAL)(See Instructions)	
Retical 12 Contributor's principal occupation	·	=11111		
		13 Contribute	or's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (F	OR 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 co Kathleon Contributor addition 10907 Water	ess; City; State; Zip Code	×77356	Amount of In-kind contribution description 40.70 Magnet: C 5.900 Check if travel outside of Texas. Complete Schedule T.	
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Contributor's principal occupation	(FOR JUDICIAL) Contribut		rtor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (F	OR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIA		
If contributor is a child, law firm of	parent(s) (if any) (FOR JUDICIAL)			
	.· 			
	ATTACH ADDITIONAL COPIES OF TH If-state PAC, please see instruction			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Inst	truction Guic	1 Total pages Schedule A2:			
2 FILER NAME	Melis	a Miller		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	IITEMIZEC	IN-KIND POLITICAL CONTRI	BUTIONS	\$	
1-22-2018 7 00 1090	-	n Towery iress; City; State; Zip Coo nuieu Cicl Monteamen, TX	17756	8 Amount of 9 In-kind contribution description Solution \$ Magnetic Sigm Check if travel outside of Texas. Complete Schedule T.	
Re	tired	OR NON-JUDICIAL)(See instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's princip	al occupation	(FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's emplo	yer/law firm (F	OR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a ch	ild, law firm o	parent(s) (if any) (FOR JUDICIAL)			
	ull name of co			Amount of In-kind contribution Contribution \$ description	
Principal occupation	/ Job title (FC	PR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)	
Contributor's princip	al occupation	(FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employ	/er/law firm (F	OR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
if contributor is a chi	ild, law firm of	parent(s) (if any) (FOR JUDICIAL)			
Mr. and W.		ATTACH ADDITIONAL COPIES OF To			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Expenditure to benefit C/OH Date 1-11-2018 Payee address; City; State; Zip Code 2747, 39 404 2-45 Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name 1-11-2018 Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Date Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule)	Accounting Entering Control Control Principles (Considerate Made By Consideration Made Suppose Consideration Made Suppose Consideration Made By Consideration Made Suppose Consideration Made Suppose Consideration Made By Consideration Made By Consideration Made By Consideration Made By		EXPENDITURE CATEGORIES FOR BOX 8(a)					
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S Payee audicess City State Zip Code	4 Date 1/8/2018 5 Payers harms Media Cenics LLC 6 Arrount (S) 7 Payers address; City; State; Zep Code PORSA STAD Huntsuite TX T340 8 Category (See Categories literal at the top of this adhocus) 9 Complete CNLY II direct expenditure to benefit COOH Payers rame 1-11-2018 Payers rame 1-11-2018 Payers rame 1-11-2018 Payers didress; City; State; Zip Code Arrount (S) Payers address; City; State; Zip Code 2747 39 Category (See Categories literal at the top of this achicular) Payers didress; City; State; Zip Code 2747 39 Category (See Categories literal at the top of this achicular) Payers address; City; State; Zip Code 2747 39 Category (See Categories literal at the top of this achicular) Payers address; City; State; Zip Code 2747 39 Category (See Categories literal at the top of this achicular) Payers address; City; State; Zip Code 2747 39 Category (See Categories literal at the top of this achicular) Payers address; City; State; Zip Code 2747 39 Category (See Categories literal at the top of this achicular) Camplette CNLY if direct orporalizate / Officeholder name Complete CNLY if direct Candidate / Officeholder name Candidate / Officeholder name Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at the top of this schedule) Category (See Categories literal at t	1 Total names Schedule E1:	2 FII FR	•	s how to co	omplete this form.	3 Filer ID (Ethics Commission Filer	re)
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g Camplete ONLY if direct expenditure to benefit C/OH Date Payee rame I-II-2018 Texas GOP Store Amount (\$) Payee address: City: State; Zip Code 2747, 39 YOY I-45 South Huntsuille TV. 7340 Category (See Categories literal at the top of this satisabile) Description Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee address: City: State; Zip Code Complete ONLY if direct of Texas. Complete Schedule I. Candidate / Officeholder name Office sought Office sought Office held Office held Category (See Categories literal at the top of this schedule) Description Date Payee name I-II-2018 Montsomery County Tea Party PAC Amount (\$) Payee address; City: State; Zip Code Amount (\$) Payee siddress; City: State; Zip Code ISO 30 Jose Categories literal at the top of this achedule) Dascription Category (See Categories literal at the top of this achedule) Dascription Category (See Categories literal at the top of this achedule) Dascription Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Check if moved outside of Texas. Complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if direct of the bond of the complete Schedule I. Complete CNLY if	g Complete ONLY if direct expenditure to benefit C/OH Date Payee address: City: State; Zip Code Amount (\$) Payee address: City: State; Zip Code Amount (\$) Payee address: City: State; Zip Code Purpose Office bound if it was complete Schedule T. Complete ONLY if direct expenditure to bornelit C/OH Payee address: City: State; Zip Code Amount (\$) Payee address: City: State; Zip Code Complete ONLY if direct expenditure to bornelit C/OH Payee address: City: State; Zip Code Office sought Office held Office held Office sought Office held Category (See Categories listed at the top of this schedule) Date Payee name Office sought Office held Office held Office sought Office held Office held Office held Office sought Office held	OF		11.			·	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie		Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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 explain	is how to complete this form.		
1 Total pages Schedule F1	: 2 FILER	NAME Melisa M	tiller	3 Filer ID (Ethics Commission Filers)	
4 Date 1-21-2016	1	edia Genics	LIC		
6 Amount (\$)	7 Payee	address; City; State; Z	ip Code		
271,49	Po	Box 8122 Hunt	suite TX. 7	7340	
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1-22-2018	Br	anding Iron	Custom G	booch	
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1-23-2018	Tra	eter Supply			
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	AT	TACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	ics Commiss	sion www.ethics	.state.tx.us	Revised 9/8/2015	

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) State; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED