

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: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI N	OFFICE USE ONLY Date Received 4/4/23 Date Hand-delivered or Date Postmarked 4/4/23 Receipt # Amount \$ Date Processed 4/4/23 Date Impounded 4/4/23
	NICKNAME Jamie	LAST Miller	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3627 Glenbrook Ct.	APT / SUITE #: Garland, TX	CITY: STATE: ZIP CODE 75041	
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 536-9817	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Lorrie	MI	
	NICKNAME	LAST Cantrell	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 2109 Castleford Lane		CITY: Garland, TX	STATE: ZIP CODE 75040
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 546-0207	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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day 18	Year 2023	THROUGH Month 3 Day 27 Year 2023
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Garland ISD Trustee Place 5	
12 OFFICE	OFFICE HELD (if any) Garland ISD Trustee, Place 5		13 OFFICE SOUGHT (if known) Garland ISD Trustee, Place 5	
14 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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,400.00
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	\$ 3,550.00
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 3
2 FILER NAME James Miller		3 Filer ID (Ethics Commission Filers)
4 Date 3-1-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Cloud	7 Amount of contribution (\$) \$200.
6 Contributor address; City; State; Zip Code 918 Woodhaven Lane, Garland, TX 75040		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-1-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorrie Cantrell	Amount of contribution (\$) \$100.
Contributor address; City; State; Zip Code 2109 Castleford Lane, Garland, TX 75040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don G. Gordon	Amount of contribution (\$) \$1,000.
Contributor address; City; State; Zip Code 6 Danrobin, Garland, TX 75044		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-6-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna Sadler	Amount of contribution (\$) \$100.
Contributor address; City; State; Zip Code 1914 Royal Crest Dr., Garland, TX 75043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 3
2 FILER NAME James Miller		3 Filer ID (Ethics Commission Filers)
4 Date 3-9-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.R. Wynne	7 Amount of contribution (\$) \$200.
6 Contributor address; City; State; Zip Code 1910 Westminister, Rowlett, TX 75088		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-9-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Price	Amount of contribution (\$) \$200.
Contributor address; City; State; Zip Code 1809 Touch Gold Ct., Rowlett, TX 75088		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Cooper	Amount of contribution (\$) \$100.
Contributor address; City; State; Zip Code 1411 Verano, Dallas, TX 75218		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-20-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Baxter	Amount of contribution (\$) \$2,000.
Contributor address; City; State; Zip Code 7506 Covewood Dr., Garland, TX 75044		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 3
2 FILER NAME James Miller		3 Filer ID (Ethics Commission Filers)
4 Date 3-20-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stan Luckie	7 Amount of contribution (\$) \$500.
6 Contributor address; City; State; Zip Code 6400 Trezevant St., Rowlett, TX 75089		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Presley Swagerty	Amount of contribution (\$) \$1,000.
Contributor address; City; State; Zip Code 9406 Royal Burgess Dr., Rowlett, TX 75089		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-23-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg Allen	Amount of contribution (\$) \$500.
Contributor address; City; State; Zip Code 19 Abbey Woods Ln., Dallas, TX 75248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-24-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armation, LLC / Kam Miller	Amount of contribution (\$) \$500.
Contributor address; City; State; Zip Code 2701 Broken Bow Circle, Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 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	2 FILER NAME James Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 3-15-23	5 Payee name Quinton Mills
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6 Amount (\$) \$1,500.	7 Payee address: 505 W. State Street, Garland TX 75040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Install Large Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-15-23	Payee name Primal Fundraising
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Amount (\$) \$200.	Payee address: 51 Rainey Street, #1216 Austin TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Logo Design
	<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
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Date 3-21-23	Payee name Texas Trade Graphics
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Amount (\$) \$1,850.	Payee address: 2935 Irving, Suite 201 Dallas TX 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description yard signs
	<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
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