

Amended / Revised

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
NICKNAME: Jamie LAST: Miller SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: 3627 Glenbrook Ct. APT / SUITE #: CITY: STATE: ZIP CODE:
Garland, TX 75041
 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: Cantrell LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS, (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:
2109 Castleford Lane
Garland, TX 75040
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE: (214) PHONE NUMBER: 546-0207 EXTENSION:

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 1 / 18 / 2023 THROUGH Month Day Year: 3 / 27 / 2023

11 ELECTION
ELECTION DATE: Month Day Year: 5 / 6 / 2023
ELECTION TYPE: Primary Runoff Other Description: Garland ISD Trustee Place 5
 General Special

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.
 Additional Pages
COMMITTEE TYPE: GENERAL SPECIFIC
COMMITTEE NAME: _____
COMMITTEE ADDRESS: _____
COMMITTEE CAMPAIGN TREASURER NAME: _____
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

OFFICE USE ONLY
Date Received: 4/27/23
Date Hand-delivered or Date Postmarked: 4/27/23
Receipt # _____ Amount \$ _____
Date Processed: 4/27/2023
Date Imaged: 4/27/2023

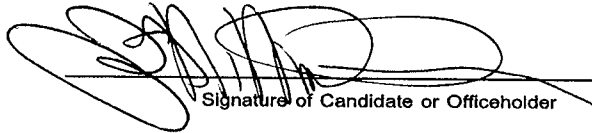
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

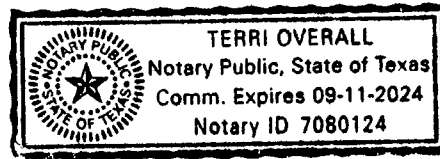
| | | |
|---|---|---|
| 15 C/OH NAME <u>James Miller</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6,400.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,550.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,850.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by JAMES N. MILLER this the 26 day of APRIL, 2023, to certify which, witness my hand and seal of office.

Terri Overall TERRI OVERALL NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

James 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 | \$ 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) Retired | | 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) Banker / Vice President | | Employer (See Instructions) Veritex Community Bank |
| 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) Real Estate Investor | | Employer (See Instructions) DG Land, LLC |
| 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) Office Manager | | Employer (See Instructions) DG Land, LLC |

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

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) Retired | | 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) Retired | | 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) Banker / Business Development Officer | | Employer (See Instructions) Veritex Community Bank |
| 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) Real Estate Investor | | Employer (See Instructions) Self-employed |

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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) Retired | | 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) Owner | | Employer (See Instructions) Swagerty Energy, Ltd. |
| Marketing Energy Services | | |
| 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) Oil & Gas/Investments/owner | | Employer (See Instructions) Eland Energy |
| Production | | |
| Date 3-24-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armalion, 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) Refurbish forklifts / owner | | Employer (See Instructions) Miller Equipment Co. |

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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
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 | 2 FILER NAME James Miller | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|----------------------------------|---------------------------------------|

| | |
|-----------------------|-----------------------------------|
| 4 Date 3-15-23 | 5 Payee name Quinton Mills |
|-----------------------|-----------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) \$1,500. | 7 Payee address: 505 W. State Street, Garland TX 75040 |
|-------------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Install Large Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------|--------------------------------------|
| Date 3-15-23 | Payee name Primal Fundraising |
|---------------------|--------------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$200. | Payee address: 51 Rainey Street, #1216 Austin TX 78701 |
|---------------------------|---|

| | | |
|------------------------|---|--|
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------|--|
| Date 3-21-23 | Payee name Texas Trade Graphics |
|---------------------|--|

| | |
|-----------------------------|--|
| Amount (\$) \$1,850. | Payee address: 2935 Irving, Suite 201 Dallas TX 75247 |
|-----------------------------|--|

| | | |
|------------------------|---|----------------------------------|
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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