CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FOR COVER SHE	ET PG 1	
The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					8	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	James		Ň	OFFICE US	E ONLY
	NICKNAME .	Miller		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	'	-lenbrook C		TE; ZIP CODE	4/27/2	/ 7023
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)55	PHONE NUMBER	ЕХТ	ENSION	Date Hand-delivered or/D	ate Postmarked  3 mount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MVS,	Lorrie		МІ	Date Propersed	1//222
MAINL.	NICKNAME	Cantre	l l	SUFFIX	Date Inflaged	2023
7 CAMPAIGN TREASURER ADDRESS	2109 Ca	NO PO BOX PLEASE); APT / SL LSTLE FORD L	ane	CITY;	STATE; Z	IP CODE
(Residence or Business)	Garlan	rd, TX 7504	0			
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)5	PHONE NUMBER 46-0207	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before el	lection	Runoff	15th day after ca treasurer appoint (Officeholder Onl	ment
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Report (Atta	ich C/OH - FR)
10 PERIOD COVERED	Month 3	28 /2023	THROUGH	Month 4	Day Year / 26 / 20 2	<b>3</b>
11 ELECTION	ELECTION DA	Year Primary	Runoff	ELECTION TYPE Other Description	d ISD Trusto	20
	5/6/	2023 General	Special	Place		
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if known	)	
		DTrustee, Place			rustee, Place	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN M.	ADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S	KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	S		
GO TO PAGE 2						

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT		
15 C/OH NAME	ames Miller	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,650.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,111.20	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$2,388.		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$5,000.00		
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information	
	quited to be reported by the direct vittle to, Electrical Section		
	All Comments		
	Signature of Ca	ndidate or Officeholder	
	Please complete either option below	<i>r</i> :	
	, see a see		
	mility TERRI OF		
(1) Affidavit	TERRI OVERALI		
Of Notary ID 7080124			
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.			
In.	Surall TERRI WERALL	NOTARY	
Signature of officer administe		Title of officer administering oath	
(2) Unsworn Declarati	OR		
(2) Onsworn Deciarati			
My name is	, and my date of birth is	•	
My address is		tata) (ain anda) (accenta)	
Evenuted in	(******)	state) (zip code) (country) , 20	
Executed in	County, State of, on the day of(month	n) (year)	
	Signature of Condi	data/Officabaldar (Daclarant)	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILERNAME James Miller	mmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2,650.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$5,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 8,111.20
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$
		ł

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

if the requested information is not applicable, bo Not include this page in the report.				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 2			
2 FILER NAME James Miller	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
3-28-23 Frank J. Finan 6 Contributor address; City; State; Zip Code	250.00			
104 Grace Lane, Terrell TX 75160				
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  ACCUPA SY	1			
Date Full name of contributor out-of-state PAC (ID#:)  3-31-23 William DISCN	Amount of contribution (\$)			
3-31-23 WILLIAM USEN  Contributor address: City: State: Zip Code  1807 Drew Lane, Richardson, TX 75082	500.00			
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
4-4-23 Steven Evans  Contributor address: City; State: Zip Code 6102 Meadow Green Dr., Garland, TX 75044	200.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Evans Contro	ctions) cting and Consulting, LLC			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
4-18-23 James B. Quinn  Contributor address: City: State: Zip Code 500 N. Central Plano TX 75074  Expwy, Suite 260 Plano	250.00			
Psychologist  Psychologist  Employer (See Instructions)  Self-employer (See Instructions)	oved			
ATTACH ADDITIONAL CODIES OF THE COURTS!!! TAG	NEEDED			
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: 20f2
2 FILER NAME	James Miller	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4-24-23	David Culwell 6 Contributor address; City; State; Zip Code	100.00
	10 Kerimore Ct. Heath TX 75032	
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4-24-23	Debra Moses  Contributor address; City; State; Zip Code  12211 Creek Forest Dallas TX 75230	250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-24-23	MGKG Investments, LLC / Marc Lyons  Contributor address; City; State; Zip Code	1,000.00
	36 Devonstone Place Dallas TX 75248	
ONL 1	Gas NVestor  Employer (See Instructions)  Employer (See Instructions)  MGKG NV	estments, LLC
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4-24-23	Ferrin A. Holcarnb  Contributor address; City: State: Zip Code  7402 Covewood Garland TX 75044	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

#### **LOANS** SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME James Miller \$ TOTAL OF UNITEMIZED LOANS Date of loan out-of-state PAC (ID#: Loan Amount (\$) 5,000.00 8 Lender address: City: 3627 Glenbrook G., Garland, TX 75041 10 Interest rate Is lender a financial Institution? 11 Maturity date (N Principal occupation / Job title (See Instructions) D. 1. Execuling View Pige eritex Community Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:\_ Interest rate State; Zip Code Is lender a financial Institution? Maturity date Υ Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

	EXPENDITURE CA	I EGURIES FOR	DOY o(g)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Wages/	Rental Expense  Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
Order Caran aymont	The Instruction Guide exp	olains how to compl	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME James M	liller		3 Filer ID (Ethics (	Commission Filers)
3-30-23	5 Payee name Texus Tric		aphics		
6 Amount (\$) 563.00	7 Payee address; 2935 Inving Blvd, Su		Dallas	State;	75247
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising Expension		Description and Sig	ns	
	(c) Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	C	Office held
Date	Payee name				
4-5-23	Precision Reproc	praphics			
Amount (\$) [73.20	Payee address; 3102 Benton St., C	farland,	City;	State; 042	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Printing Expense	(n)	Description rinted P	wshcards	
	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	C	Office held
Date 4-11-23	Primal Fundra	ising	1.00		
Amount (\$) 125.00	Payee address: 51 Rainey St, #1216	,	Austin	State;	Zip Code 7870
PURPOSE OF EXPENDITURE	Category (see Categories listed at the top of Adventising Expe		Description  Pus heav	d Desi	gn
	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCH	EDULE AS NEED	DED	

# 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 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Dames Mill	3 Filer ID (Ethics Commission Filers)		
4 Pate 4-17-23	5 Payee name Starboard Strategie	25		
6 Amount (\$) 7,250.00	7 Payee address: 501 Samuels Ave, #610	Fort Worth TX 76102		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Direct Mail-Postcard		
	(c) 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/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	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/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				