

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

1 CANDIDATE NAME <b>DANIEL LEE MILLER</b>	2 FILER ID#	3 Total pages filed:
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / MR	FIRST <b>DANIEL</b>	MI <b>L.</b>	OFFICE USE ONLY	
	NICKNAME	LAST <b>MILLER</b>	SUFFIX			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>511 ODESSA DRIVE, MAGNOLIA TX 77354</b>					
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
	<b>(281) 460-3888</b>				Date Hand-delivered or Postmarked	
7 OFFICE HELD (If any)	NEW	MAGNOLIA TX CITY COUNCIL POS #1				
	Date Processed					
8 OFFICE SOUGHT (If known)	NEW	MAGNOLIA TX CITY COUNCIL POS #1				
	Date Imaged					

9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	<b>BARBRA CENTER</b>						

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>506 ODESSA DRIVE, MAGNOLIA TX 77354</b>					

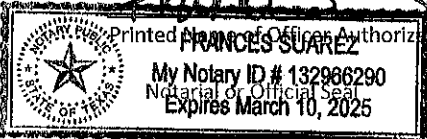
11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(713) 816-0244</b>			

12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.	
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.	
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.	
	<b>Daniel Lee Miller</b> Signature of Candidate	<b>1/23/23</b> Date Signed

**GO TO PAGE 2**

**APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT FOR A FEDERAL OFFICE**ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup>

Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>REPUBLICAN</u> PARTY GENERAL PRIMARY BALLOT</b> (Democratic or Republican)							
To: State Chair (Statewide or District Offices with territory in more than one county) or County Chair (District Offices with territory in a single county) I request that my name be placed on the above-named official primary ballot as a candidate for election to the office indicated below.							
<b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.) <u>MAGNOLIA TX CITY COUNCIL POSITION #1</u>							
<b>FULL NAME</b> (First, Middle, Last) <u>DANIEL LEE MILLER</u>			<b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b> <u>DANIEL L. MILLER</u>				
<b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>511 ODESSA DRIVE</u>			<b>PUBLIC MAILING ADDRESS</b> (Optional) (Address at which you receive campaign related correspondence, if available.) <u>CITY OF MAGNOLIA</u>				
<b>CITY</b> <u>MAGNOLIA</u>	<b>STATE</b> <u>TX</u>	<b>ZIP</b> <u>77354</u>	<b>CITY</b> <u>MAGNOLIA</u>	<b>STATE</b> <u>TX</u>	<b>ZIP</b> <u>77354</u>		
<b>PUBLIC EMAIL ADDRESS</b> (Optional) (Address for which you receive campaign related emails, if available.)		<b>OCCUPATION</b> (Do not leave blank) <u>RETIRED</u>	<b>DATE OF BIRTH</b> <u>1/9/55</u>	<b>VOTER REGISTRATION VOID NUMBER<sup>2</sup></b> (Optional) <u>1127482347</u>			
<b>TELEPHONE CONTACT INFORMATION</b> (Optional) Home: Work: Cell: <u>281-460-3888</u>		<b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <b>IN THE STATE OF TEXAS</b>  <u>27</u> year(s)  <u>5</u> month(s)         </td> <td style="text-align: center;"> <b>IN PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b>  <u>27</u> year(s)  <u>0</u> month(s)         </td> </tr> </table>				<b>IN THE STATE OF TEXAS</b> <u>27</u> year(s) <u>5</u> month(s)	<b>IN PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b> <u>27</u> year(s) <u>0</u> month(s)
<b>IN THE STATE OF TEXAS</b> <u>27</u> year(s) <u>5</u> month(s)	<b>IN PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b> <u>27</u> year(s) <u>0</u> month(s)						
<p>*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.</p>							
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>DANIEL LEE MILLER</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>DANIEL LEE MILLER</u> , of <u>MONTGOMERY</u> County, Texas, being a candidate for the office of <u>MAGNOLIA CITY COUNCIL POSITION #1</u> , do hereby swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I further swear that the foregoing statements included in my application are in all things true and correct."							
X <u>Daniel Lee Miller</u> <b>SIGNATURE OF CANDIDATE</b>							
Sworn to and subscribed before me this <u>25</u> day of <u>January</u> <u>2023</u> by <u>Daniel Leemiller</u> (day) (month) (year) (name of candidate)							
<u>Frances Suarez</u> Signature of Officer Authorized to Administer Oath <sup>3</sup>			<u>Frances Suarez</u> Printed Name of Officer Authorized to Administer Oath				
<u>Court Administrator</u> Title of Officer Authorized to Administer Oath							
<b>TO BE COMPLETED BY STATE OR COUNTY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE:</b> (See Section 1.007)							
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. <input type="checkbox"/> Voter Registration Status Verified							
This document and \$_____ filing fee or a nominating petition of _____ pages received.							
_____ Date Received		_____ Date Accepted		_____ Signature of State or County Chair or Designee			



## CANDIDATE AUTHORIZATION TO RELEASE E-MAIL ADDRESS

Candidate for the City of Magnolia General Election

Candidate Name: DANIEL LEE MILLER

- The "Application for a Place on the City of Magnolia General Election Ballot" form includes a box to list a candidate's email address.
- Please note that disclosing your email address on that form is optional.
- The Application is subject to release as an open record under the Public Information Act; however, personal email addresses are considered confidential.

By signing this authorization, you are indicating your approval to release your email address if it was included on the Application form.

Acknowledge and approved to release:

Daniel Lee Miller  
Signature of Candidate

Date: 1/23/23

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>DANIEL LEE MILLER</b>		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

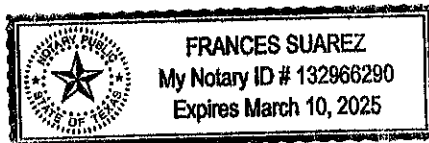
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Daniel Lee Miller*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the 25 day of January, 2023, to certify which, witness my hand and seal of office.

*Frances Suarez* Frances Suarez Court Administrator  
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)

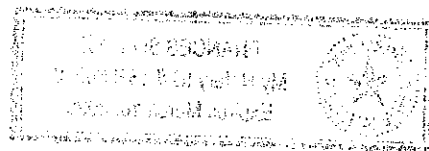
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>DANIEL LEE MILLER</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00



# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <b>DANIEL</b>	MI <b>L.</b>
	NICKNAME	LAST <b>MILLER</b>	SUFFIX
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>511 ODESSA DRIVE, MAGNOLIA TX 77354</b>		OFFICE USE ONLY
			Filer ID #
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 460-3888</b>		Date Received
			Date Hand-delivered or Postmarked
5 OFFICE HELD (If any)	<b>MAGNOLIA TX CITY COUNCIL POS. #1</b>		Receipt # Amount \$
6 OFFICE SOUGHT (If known)	<b>MAGNOLIA TX CITY COUNCIL POS. #1</b>		Date Processed
7 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <b>BARBRA</b>	MI <b>CENTER</b>
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE <b>506 ODESSA DRIVE, MAGNOLIA TX 77354</b>		Date Imaged
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 816-0244</b>		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u><b>Daniel Lee Miller</b></u> <u><b>1/23/23</b></u> Signature of Candidate Date Signed</p>		
GO TO PAGE 2			

## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Daniel Lee Miller

Signature

1/23/23

Date

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••

I do not intend to accept more than \$1,010 in political contributions  
or make more than \$1,010 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

2023-2025

Year of election(s) or election cycle to  
which declaration applies

Daniel Lee Miller

Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)

or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileARepor.php>



# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER  
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

*If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

DANIEL

L.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

MILLER

4 TELEPHONE NUMBER  
OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(281) 460-3888

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

511 ODESSA DRIVE, MAGNOLIA, TX 77354

6 OFFICE SOUGHT  
BY CANDIDATE  
(PLEASE TYPE OR PRINT)

MAGNOLIA TX CITY COUNCIL POSITION #1

7 NAME OF COMMITTEE  
(PLEASE TYPE OR PRINT)

NONE

8 NAME OF CAMPAIGN  
TREASURER  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NONE

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME <b>DANIEL LEE MILLER</b>	2 Filer ID (Ethics Commission Filers)
---	---------------------------------------

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

**Daniel Lee Miller**  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER  
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER  
•• Complete this section *only* if you are an officeholder ••

☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

**Daniel Lee Miller**  
Signature of Officeholder

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:
2 FILER NAME <b>DANIEL LEE MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>—</b>	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip Code  7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	8 Amount (\$)  <b>0.00</b>
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME <u>DANIEL LEE MILLER</u>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date _____	<b>5</b> Business name _____		
<b>6</b> Amount (\$) <u>0.00</u>	<b>7</b> Business address; _____ City; _____ State; _____ Zip Code		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date	Business name		
Amount (\$)	Business address; _____ City; _____ State; _____ Zip Code		
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date	Business name		
Amount (\$)	Business address; _____ City; _____ State; _____ Zip Code		
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date	Business name		
Amount (\$)	Business address; _____ City; _____ State; _____ Zip Code		
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:		<b>2</b> FILER NAME <b>DANIEL LEE MILLER</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <b>0.00</b>	
<b>5</b> Date _____		<b>6</b> Payee name _____			
<b>7</b> Amount (\$)		<b>8</b> Payee address; City; State; Zip Code _____			
<b>9</b> TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <b>DANIEL LEE MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>0.00</b>
5 Date _____	6 Payee name _____	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)      (b) Description <hr/> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)      Description <hr/> <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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**LOANS****SCHEDULE E**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 E:
2 FILER NAME <b>DANIEL LEE MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0.00</b>
5 Date of loan	7 Name of lender <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y    N	8 Lender address;                      City;                      State;    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral  <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;                      City;                      State;    Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;                      City;                      State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;                      City;                      State;    Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**3 Filer ID (Ethics Commission Filers)**

\$ 0.00

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

**9 In-kind contribution description**

0.00

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL) (See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of  
Contribution \$

**In-kind contribution description**

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Revised 8/17/2020