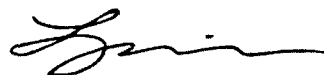




Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report




Elections Administrator
Harris County, TX

FileNo: 202225
Received By Clerk: 01/12/2022
File Date: January 12, 2022
Office: Commissioner Pct. 4
Candidate: Miller, Clarence
Treasurer: Lewis, Yvonda E.
Category: Contributions And Expenditures (COH/JCOH)
Delivered By: Electronically Filed
Type: COR

Harris County No Fee

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: 2019/148

2 Total pages filed: 35

3 CANDIDATE /
OFFICEHOLDER
NAME

MR. MRS. MS. MISS
Clarence Miller
LAST FIRST MIDDLE
2019/148

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS (NO BOX) APT. SUITE # CITY STATE ZIP CODE
11423 Weathers OAK Dr.
Houston TX 77066

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 580-7995

6 CAMPAIGN
TREASURER
NAME

MR. MRS. MS. MISS
Yvonda E
LAST FIRST MIDDLE
LEWIS

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO BOX) APT. SUITE # CITY STATE ZIP CODE
13507 Venice Villa Lane
Sugar Land TX 77498

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 541-8714

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 180 day after campaign
transfers appointment
☐ July 15 ☐ 60 day before election ☐ Extended 350th day ☐ 1st Report After 30th day

10 PERIOD
COVERED

Month Day Year Month Day Year
7 01 2021 THROUGH 12 31 2021

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Special
11 01 2022 ☒ General ☐ Special

12 OFFICE

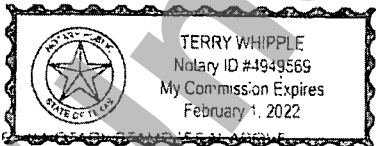
13 OFFICE NAME
Harris County Precinct 4
Commissioner

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT

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.



APPROVED FOR FILING BY _____

Sworn to and subscribed before me by the said Yvonda Lewis this the 12th day of January, 2022, to certify which, witness my hand and seal of office

Terry Whipple Terry L. Whipple Notary Public
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 <i>Clarence Miller</i>		20 Filer ID (Ethics Commission Filers) <i>2019148</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,293.75</i>
2	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>224.28</i>
5	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,336.20</i>
6	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 Date 7-1-21	5 Full name of contributor <input type="checkbox"/> out-of state PAC ID# Laquita Thomas 6 Contributor address: City: State: Zip Code 5026 Wilmingon St. Houston TX 77033	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Retired USPS		9 Employer (See Instructions)
Date 7-5-21	Full name of contributor <input type="checkbox"/> out-of state PAC ID# Bernard LEE Contributor address: City: State: Zip Code 3937 Hawthorne Glenet Fresno TX 93745	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 7-27-21	Full name of contributor <input type="checkbox"/> out-of state PAC ID# Remyi Fredson-Cole Contributor address: City: State: Zip Code 6040 Westpark Dr. Houston TX 77057	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date 8-2-21	Full name of contributor <input type="checkbox"/> out-of state PAC ID# Sarah Wiley Contributor address: City: State: Zip Code PO Box 1164 Huntsville TX 77342	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **10**

2 FILER NAME **Clarence Miller**

3 Filer ID (Ethics Commission Filers) **2019148**

4 Date **8-3-21**

5 Full name of contributor ☐ out-of-state PAC ID#

Laguita Thomas

7 Amount of contribution (\$)

25.00

6 Contributor address City State Zip Code

5026 Wilshire St. Houston TX 77033

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC ID#

Amount of contribution (\$)

8-14-21

Jerald Hales

Contributor address.

City State Zip Code

3530 Discovering Creek Blvd #348 Spring TX 77384

100.00

Principal occupation / Job title (See Instructions)

Life & Health Insurance Agent

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC ID#

Amount of contribution (\$)

8-21-21

Lakisha Lagunes

Contributor address.

City State Zip Code

5422 Summit Lodge Dr. Katy TX 77449

100.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC ID#

Amount of contribution (\$)

8-23-21

Howard Moseley

Contributor address.

City State Zip Code

4202 Woodlake Ln Missauri City TX 77459

100.00

Principal occupation / Job title (See Instructions)

Adaptive digital

Employer (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filer) 2019148
4 Date 8-23-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kenneth Cowan 6 Contributor address: City State Zip Code 4128 Fernwood Dr. Houston TX 77021	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions)
Date 8-24-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Canaan Harris MD Contributor address: City State Zip Code 1315 St. Joseph Pkwy #104 Houston TX 77002	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 8-30-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Angela Bullock Contributor address: City State Zip Code 8427 October shadow ct Spring TX 77379	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 9-7-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ryland Johnson Contributor address: City State Zip Code 11325 elegant way Houston, TX 77066	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 Date 9-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Norris Richard	7 Amount of contribution (\$) 50.00
	6 Contributor address, City, State, Zip Code 7507 Willow Schell Dr. Spring TX 77389	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 9-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Robert Monroe Jr.	Amount of contribution (\$) 200.00
	Contributor address, City, State, Zip Code 412 Lyric Arbor Ct Spring TX 77381	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Breganna Fyanobor	Amount of contribution (\$) 175.00
	Contributor address, City, State, Zip Code 9515 Huntingdon Wick Dr. Houston TX 77015	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 9-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Trina Lowery	Amount of contribution (\$) 150.00
	Contributor address, City, State, Zip Code 5202 Saxon Dr. Houston TX 77092	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Clarence Miller

3 Filer ID (Ethics Commission Filers)

2019148

4 Date

9-10-21

5 Full name of contributor

☐ out of state PAC ID#

Yvonda LEWIS

7 Amount of contribution (\$)

150.00

6 Contributor address

City, State, Zip Code

13501 Venice Villa Ln
Sugar Land TX 77498

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

9-10-21

Full name of contributor

☐ out of state PAC ID#

Paula Miller

Amount of contribution (\$)

500.00

Contributor address:

City, State, Zip Code

11423 Weathering DAKES Dr. Houston
TX 77066

Principal occupation / Job title (See Instructions)

Project Dylan

Employer (See Instructions)

Date

9-10-21

Full name of contributor

☐ out of state PAC ID#

Meredith James

Amount of contribution (\$)

75.00

Contributor address:

City, State, Zip Code

11818 Green mason Houston TX
77044

Principal occupation / Job title (See Instructions)

non profit

Employer (See Instructions)

Date

9-10-21

Full name of contributor

☐ out of state PAC ID#

Matrice Williams

Amount of contribution (\$)

75.00

Contributor address:

City, State, Zip Code

11818 Green mason Houston TX
77044

Principal occupation / Job title (See Instructions)

Business woman

Employer (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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filer) 2019148
4 Date 9-10-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Ashlee Green 6 Contributor address City State Zip Code 1201 North Point Blvd Tomball TX 77377	7 Amount of contribution (\$) 150.00
8 Principal occupation Job title (See Instructions) Law enforcement		9 Employer (See Instructions)
Date 9-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Jimmie Dotson Contributor address City State Zip Code 51 Mohawk Path Trail Spring TX 77385	Amount of contribution (\$) 250.00
Principal occupation Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Daniel McKinnery Contributor address City State Zip Code 507 Reinerman St Houston TX 77007	Amount of contribution (\$) 250.00
Principal occupation Job title (See Instructions) Realtor		Employer (See Instructions)
Date 9-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Karen Miles Contributor address City State Zip Code 7702 Cicada Dr. Missouri City TX 77459	Amount of contribution (\$) 50.00
Principal occupation Job title (See Instructions) self employed		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 Date 9-10-21	5 Full name of contributor Jack Keith Latrel <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 2418 Magnolia Mist Ct. Missoula MT 59804	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 9-14-21	Full name of contributor Kathy Tatum <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 6411 Firtlewood Circle Houston TX 77088	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 9-14-21	Full name of contributor Anita Dotson <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 5007 Grand Chateau Ln Houston TX 77084	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions)
Date 9-16-21	Full name of contributor George Emke <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 4415 Delagos Circle Spring TX 77389	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Engineer		Employer (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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 Date 9-17-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daryl Fingers 6 Contributor address; City; State; Zip Code 29827 Spring Terrace Dr. Spring TX 77384	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
Date 9-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Letitia Powell Contributor address; City; State; Zip Code 19702 Narvil Court Spring TX 77379	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-24-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ernest Powell Contributor address; City; State; Zip Code 19702 Narvil Court Spring TX 77379	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-24-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Houston Democratic Party Contributor address; City; State; Zip Code 4619 Lyons Ave Houston TX 77020	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 Date 9-30-21	5 Full name of contributor Teresa Vu <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 7411 Dayhill Dr. Spring TX 77379	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-30-21	Full name of contributor Laguta Thomas <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 5024 Wilington Street Houston TX 77033	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10-4-21	Full name of contributor Party City <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 6425 FM 1960 Rd W Houston TX 77069	Amount of contribution (\$) 59.54
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-5-21	Full name of contributor Taleene Mack <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 4115 Autumn Ridge Dr Sugar Land TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 Date 10-15-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sam's Club #4721	7 Amount of contribution (\$) 29.21
6 Contributor address; City; State; Zip Code 7950 Cypress Creek Pkwy Houston, TX 77090		
8 Principal occupation / Job title (See Instructions) Refunds		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 5
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 TOTAL OF UNITEMIZED LOANS		\$ 224.28
5 Date of loan 7-8-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Miller	9 Loan Amount (\$) 21.64
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 11423 Weathers Oak Dr. Houston TX 77066	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Retired USPO		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 9-21-21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Miller	Loan Amount (\$) 30.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 11423 Weathers Oak Dr. Houston TX 77066	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions) Retired USPO		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 5	
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 TOTAL OF UNITEMIZED LOANS		\$ 224.28	
5 Date of loan 9-23-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Clarence Miller	9 Loan Amount (\$) 7.70	
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 11423 Weathery Oak Dr. Houston TX 77046	10 Interest rate 0	
		11 Maturity date 0	
12 Principal occupation / Job title (See Instructions) Retired USPO		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan 9-29-21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Clarence Miller	Loan Amount (\$) 28.01	
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 11423 Weathery Oak Dr. Houston TX 77046	Interest rate 0	
		Maturity date 0	
Principal occupation / Job title (See Instructions) Retired USPO		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>5</u>	
2 FILER NAME <u>CLARENCE MILLER</u>		3 Filer ID (Ethics Commission Filers) <u>2019148</u>	
4 TOTAL OF UNITEMIZED LOANS		\$ <u>224.28</u>	
5 Date of loan <u>9-29-21</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <u>CLARENCE MILLER</u>	9 Loan Amount (\$) <u>53.95</u>	
6 Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u>	8 Lender address; City; State; Zip Code <u>11423 Weathin Oak Dr. Houston TX 77066</u>	10 Interest rate <u>0</u>	
		11 Maturity date <u>0</u>	
12 Principal occupation / Job title (See Instructions) <u>Retired USPS</u>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" 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 <u>10-3-21</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <u>CLARENCE MILLER</u>	Loan Amount (\$) <u>33.14</u>
Is lender a financial institution? <u>Y</u> <input checked="" type="radio"/> <u>N</u>	Lender address; City; State; Zip Code <u>11423 Weathin Oak Dr. Houston TX 77066</u>	Interest rate <u>0</u>
		Maturity date <u>0</u>
Principal occupation / Job title (See Instructions) <u>Retired USPS</u>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 5
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 TOTAL OF UNITEMIZED LOANS		\$ 224.28
5 Date of loan 10-11-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Clarence Miller	9 Loan Amount (\$) 10.81
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 11423 Weathery Oak Dr. Houston TX 77066	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Retired USPO		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 11-1-21	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Clarence Miller	Loan Amount (\$) 32.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 11423 Weathery Oak Dr. Houston TX 77066	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions) Retired USPO		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 5
2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148
4 TOTAL OF UNITEMIZED LOANS		\$ 224.28
5 Date of loan 11-3-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Clarence Miller	9 Loan Amount (\$) 7.03
6 Is lender a financial institution? Y (N)	8 Lender address, City; State; Zip Code 11423 Weathery Oak Dr. Houston TX 77066	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12-30-21	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Clarence Miller	Loan Amount (\$) 100.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 11423 Weathery Oak Dr. Houston TX 77066	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filer) 2019148	
4 Date 7-12-21		5 Payee name Sam's Club #4721			
6 Amount (\$) 29.96		7 Payee address; City; State; Zip Code 7950 Cypress Creek Pkwy Houston, TX 77070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description <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	
Date 7-22-21		Payee name Foundry Global Enterprises LLC			
Amount (\$) 64.95		Payee address; City; State; Zip Code Round Rock 515 E Palm Valley Blvd TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) fee for photos		Description <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	
Date 8-4-21		Payee name Grouets.com			
Amount (\$) 115.15		Payee address; City; State; Zip Code Indian Harbour Beach 2194 Hwy A1A, #206 FL, 32937			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) printer		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 8-19-21		5 Payee name The Woodlands Area Chamber of Commerce			
6 Amount (\$) 50.00		7 Payee address; City, State, Zip Code 9320 FAKS, Blud #200 The Woodlands TX 77381			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) breakfast banquet		(b) Description <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	
Date 9-2-21		Payee name Dollar Tree			
Amount (\$) 15.14		Payee address; City, State, Zip Code 5360 W 34th Street Houston TX 77092			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) supplies		Description <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	
Date 9-3-21		Payee name Houston Democratic Party			
Amount (\$) 125.00		Payee address; City, State, Zip Code 4649 Lyons Ave Houston TX 77020			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Dues		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17 2 FILER NAME Clarence Miller 3 Filer ID (Ethics Commission Filers) 2019148

4 Date 9-3-21 5 Payee name Houston Democratic Party

6 Amount (\$) 30.00 7 Payee address; City; State; Zip Code 4619 Lyons Ave Houston TX 77020

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
monthly membership
☐ 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/OH Candidate / Officeholder name Office sought Office held

Date 9-7-21 Payee name Office Depot

Amount (\$) 24.57 Payee address; City; State; Zip Code 4534 FM 1960 Rdw Houston TX 77069

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
mail outs
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 9-17-21 Payee name RFE Printing & Design

Amount (\$) 150.00 Payee address; City; State; Zip Code 4110 MAJesthe Stne. Houston TX 77026

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
business cards
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17 2 FILER NAME Clarence Miller 3 Filer ID (Ethics Commission Filers) 2019148

4 Date 9-28-21 5 Payee name 1 Stop Graphics

6 Amount (\$) 349.37 7 Payee address; City; State; Zip Code 5007 MLK Blvd Houston TX 77021

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Campaign T-shirts

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 9-28-21 Payee name Office Depot

Amount (\$) 16.99 Payee address; City; State; Zip Code 4534 Fm 1960 Rdw Houston TX 77069

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Supplies for campaign

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10-1-21 Payee name Exxon Mobil

Amount (\$) 53.95 Payee address; City; State; Zip Code 13306 Bammel North Houston Rd Houston TX 77064

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description gas for campaign errands

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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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 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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 10-1-21		5 Payee name Party City			
6 Amount (\$) 76.80		7 Payee address: City: State: Zip Code 6452 FM 1960 Rd W Houston TX 77069			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Wristband for event Networking		(b) Description <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	
Date 10-4-21		Payee name Houston Democratic Party			
Amount (\$) 30.00		Payee address: City: State: Zip Code 4619 Lyons Ave Houston TX 77020			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Monthly membership		Description <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	
Date 10-5-21		Payee name Google			
Amount (\$) 6.40		Payee address: City: State: Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) monthly email		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17 2 FILER NAME Clarence Miller 3 Filer ID (Ethics Commission Filers) 2019148

4 Date 10-5-21 5 Payee name Dollar Tree #2215

6 Amount (\$) 54.13 7 Payee address; City; State; Zip Code 4425 FM 1960 Houston, TX 77068

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Sanitary wipes for Network event (b) Description ☐ 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/OH Candidate / Officeholder name Office sought Office held

Date 10-6-21 Payee name Office Depot

Amount (\$) 7.29 Payee address; City; State; Zip Code 4534 FM 1960 Rd W Houston TX 77069

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Clipboards for campaign 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/OH Candidate / Officeholder name Office sought Office held

Date 10-6-21 Payee name Party City

Amount (\$) 59.54 Payee address; City; State; Zip Code 13760 Northwest Fwy Houston TX 77040

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Wristband for event Networking 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/OH Candidate / Officeholder name Office sought Office held

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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 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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 10-6-21		5 Payee name SQ Custom			
6 Amount (\$) 49.80		7 Payee address; City; State; Zip Code Woodland TX 1201 Lake Woodlands Dr #700 77380			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) shirt for campaign		(b) Description <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	
Date 10-6-21		Payee name Macy's			
Amount (\$) 160.75		Payee address; City; State; Zip Code Houston, TX 77070 4000 Willowbrook Mall			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) shirt for campaign		Description <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	
Date 10-7-21		Payee name Walgreens			
Amount (\$) 25.00		Payee address; City; State; Zip Code Houston, TX 77066 12702 Bammel North Rd			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) g. ft card		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 10-11-21		5 Payee name Afro-American Police Officers League Gala			
6 Amount (\$) 168.90		7 Payee address; City; State; Zip Code 580 Texas Ave Houston TX 77002			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ticket gala		(b) Description <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	
Date 10-11-21		Payee name K & G Fashion Superstore			
Amount (\$) 21.64		Payee address; City; State; Zip Code 4449 Fm 1960 N. Chase Place Houston, TX 77068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) shirt for campaign		Description <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	
Date 10-11-21		Payee name Dillard's			
Amount (\$) 106.09		Payee address; City; State; Zip Code 7925 Fm 1960 Rd W Houston, TX 77070			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) shirt for campaign		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 10-13-21		5 Payee name Custom Station			
6 Amount (\$) 54.12		7 Payee address; City, State; Zip Code 2000 Willowbrook Mall Houston TX 77070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Shirt for campaign		(b) Description <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	
Date 10-13-21		Payee name Stitchery Embroidery Service			
Amount (\$) 86.60		Payee address; City, State; Zip Code 2000 Willowbrook Mall Houston, TX 77070			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Shirt for campaign		Description <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	
Date 10-13-21		Payee name Sams Club #4721			
Amount (\$) 58.41		Payee address; City, State; Zip Code 7950 Cypress Creek Pkwy Houston, TX 77070			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Jacks for campaign		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17	2 FILER NAME Clarence Miller	3 Filer ID (Ethics Commission Filers) 2019148
4 Date 10-15-21	5 Payee name Lina Hidalgo Campaign	
6 Amount (\$) 22.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign	(b) Description <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 10-27-21	Payee name Office Depot	
Amount (\$) 12.77	Payee address; City; State; Zip Code 4534 FM 1960 Rd W Houston, TX 77069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cards	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 11-2-21	Payee name Google	
Amount (\$) 6.40	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) monthly email	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

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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 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. 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 11-3-21		5 Payee name WIX.com			
6 Amount (\$) 350.73		7 Payee address; City; State; Zip Code 500 Terry A Francis Blvd San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Website		(b) Description <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	
Date 11-3-21		Payee name Houston Democratic Party			
Amount (\$) 30.00		Payee address; City; State; Zip Code 4619 Lyons Ave Houston TX 77020			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Airfare		Description <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	
Date 11-7-21		Payee name HP Instant Ink			
Amount (\$) 5.40		Payee address; City; State; Zip Code 8434 County Rd S Algoma, WI 54201			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Monthly Ink		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 11-11-21		5 Payee name Greater Heights Area Chamber of Commerce			
6 Amount (\$) 25.00		7 Payee address; City; State; Zip Code 2050 N. Loop S #203 Houston TX 77018			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) banquet luncheon		(b) Description <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	
Date 11-15-21		Payee name Houston Democratic Party			
Amount (\$) 1260.00		Payee address; City; State; Zip Code 4619 Lyons Ave Houston TX 77020			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) filing fee		Description <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	
Date 11-16-21		Payee name Houston Livestock Show & Rodeo			
Amount (\$) 50.00		Payee address; City; State; Zip Code 3 NRG Park Houston TX 77054			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) banquet dinner		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17
2 FILER NAME: Clarence Miller
3 Filer ID (Ethics Commission Filers): 2019148

4 Date: 11-22-21
5 Payee name: Stacy A. Gonzalez

6 Amount (\$): 300.00
7 Payee address; City; State; Zip Code: 902 Cleveland St. #6333 Houston TX 77019

8 PURPOSE OF EXPENDITURE: Consulted fee
(a) Category (See Categories listed at the top of this schedule)
(b) Description
☐ 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/OH
Candidate / Officeholder name: Office sought: Office held:

Date: 11-22-21
Payee name: LAZ Parking

Amount (\$): 5.40
Payee address; City; State; Zip Code: 1211 Caroline St. Houston TX 77002

PURPOSE OF EXPENDITURE: Parking
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/OH
Candidate / Officeholder name: Office sought: Office held:

Date: 11-23-21
Payee name: Stitchery Embroidery Service

Amount (\$): 48.71
Payee address; City; State; Zip Code: 2000 Willowbrook Mall Houston TX 77070

PURPOSE OF EXPENDITURE: Shirts for campaign
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/OH
Candidate / Officeholder name: Office sought: Office held:

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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 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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 11-23-21		5 Payee name Lids			
6 Amount (\$) 73.59		7 Payee address; City; State; Zip Code 2000 Willowbrook Mall Houston TX 77070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) hats for campaign		(b) Description <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	
Date 12-1-21		Payee name BOSS UP Houston Network			
Amount (\$) 400.00		Payee address; City; State; Zip Code 9950 West Park Dr. #102 Houston TX 77063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Award banquet		Description <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	
Date 12-2-21		Payee name Google			
Amount (\$) 6.40		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) monthly email		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 12-9-21		5 Payee name HP Instant Ink			
6 Amount (\$) 15.14		7 Payee address; City; State; Zip Code 8434 County Rd S Algoma, WI 54201			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) monthly ink		(b) Description <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	
Date 12-16-21		Payee name Houston Chronicle			
Amount (\$) .99		Payee address; City; State; Zip Code 4747 Southwest Freeway Houston TX 77027			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Newspaper		Description <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	
Date 12-21-21		Payee name LCLAA			
Amount (\$) 10.00		Payee address; City; State; Zip Code 815 16th Street NW 3rd Washington DC 20006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) member fee		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee
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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: 17		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12-27-21		5 Payee name Stacy A. Gonzalez			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code 902 Cleveland St. #6333 Houston TX 77019			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consultant fee		(b) Description <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	
Date 12-27-21		Payee name Allied Printing Services			
Amount (\$) 4,284.54		Payee address; City; State; Zip Code 4507 Enchantedgate Dr. Spring TX 77373			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Campaign sign donor		Description <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	
Date 12-29-21		Payee name Stacy A. Gonzalez			
Amount (\$) 900.00		Payee address; City; State; Zip Code 902 Cleveland St. #6333 Houston, TX 77019			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consultant fee		Description <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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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: 17		2 FILER NAME Clarence Miller		3 Filer ID (Ethics Commission Filers) 2019148	
4 Date 12-29-21		5 Payee name American Eagle Trading			
6 Amount (\$) 138.56		7 Payee address; City; State; Zip Code 9931 Harwin Dr. #122 Houston TX 77036			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Flags		(b) Description <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	
Date		Payee name			
Amount (\$)		Payee 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 ONLY if direct expenditure to benefit C/OH		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 <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	
Date		Payee name			
Amount (\$)		Payee 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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