

Official Filing Authority of Harris County Isabel Longoria **Elections Administrator** 

Campaign Finance Report

202225

01/12/2022 Received By Clerk:

FileNo:

Treasurer:

January 12, 2022 File Date:

Commissioner Pct. 4 Office:

Miller, Clarence Candidate: Lewis, Yvonda E.

Contributions And Expenditures (COH/JCOH) Category:

Elections Administrator Harris County, TX

Electronically Filed Delivered By:

COR Type:

**Harris County No Fee** 

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

EVA NO CONTROL OF THE SECOND STATE OF THE SECO		Maries April Marie Administration of the American America	n managan ,			
The C/OH Instruction G	uide explains how to complete		2019	9 Cam + 86 + 7 Am + 6   1	2 Interpa	gr i bled
3 CANDIDATE / OFFICEHOLDER		Påt	The sales and women A T		OF	FICE USE ONLY
NAME	Clarence	pa		Sint.	Cato Receive	e e
1		· · · · · · · · · · · · · · · · · · ·		sprije niter		
4 CANDIDATE	ADDRESS TO BOX ART SUIT	Miller		z n 000e		
OFFICEHOLDER MAILING ADDRESS	11423 Weathin	•7				
Change of Address	- • • •	Houst	on TX	77066		
5 CANDIDATE: OFFICEHOLDER PHONE	(2H) 580-	7995		NS 67.	Cate cate	cuend or Table of Westvor
6 CAMPAIGN	O W. W.	an √ waa Raj	· v	Ÿ	2.02.11.3	Ang HE
TREASUREH NAME	vonda	5 4 °		(F)	Bate Pictes	9;
		EWIS		,	Cata - mayeri	om, dad ki: underspress etness si inserveries (1947 et eldes s. ). E. 20, j. d
7 CAMPAIGN	319EET ADDHESS (NO 97) CO+ K.	FASE APT FI	o te	STALE	ZIP 0000	
TREASURER ADDRESS	13507 Venice	Villa	LALL			
(Residence or Business)			5084	Land Ty	c 77	498
8 CAMPAIGN TREASURER PHONE	1961 ) SYI-57			8(3P));	· · · · · · · · · · · · · · · · · · ·	
9 REPORT TYPE	[X] Jenuary to	36th duy perore die	::on [	H.viot		tual, affer par usa g siner apportuter t ter ule: Or tv
	[] T.7-12	58 daybewee e'-s	er III	Exceptiva \$5 <b>9</b> 0 limb		a Report Attach 2 OH (PP)
10 PERIOD COVERED	tte an www.	34 H	T MANAGE OF	More	5.4	V <sub>0</sub>
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11 ELECTION	erionini day New	\$ 5 by: u.,		SURDING TYPE SURDING TYPE Substruction	******	
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12 OFFICE	Exhibit An an		HAR	RIS COUNT	Prec	w 4
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	N 40 40	GO TO I	PAGE 2	***		_

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

	v- w v		
14 C/OH NAME	Claren		ler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES HOLD OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASUREP ADDRESS	
			!
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN FS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
,	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,293.75
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. SITEMIZED	\$ 6
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,540.48
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 10,336.20
OUTSTANDING LOAN TOTALS		PHINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 6
18 AFFIDAVIT			- Ag hydrollanovischegunieg von errogengebegenheimen fram delft filheren in AFMAFF graph to Middleyer i
		I swear, or affirm, under penalty of perjuitrue and correct and includes all information under Title 15, Election Code.	•
	TERRY WHIPPLE Notary ID #4949569	Signature of Capping	to or Officeholder
A CONTROL OF THE A	My Commission Expires February 1, 2022	Signature of Candida	to or emediciner
Sworn to and subsc	cribed before me	by the said Yonda LawiS	this the 12th
day of Jan Jan	M. 20 20.	to certify which, witness my hand and seal of office	'
Signature of officer	administering oath	Printed name of officer administering oath	ary Public  fille of officer administering path
	<b>-</b>		

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 F	Filer ID (Ethics Commission Filers)
Clarence Miller	2019148
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE AT MONE TARY POLITICAL CONTRIBUTIONS	\$ 5, 293. 15
2 SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s D
3 SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4 SCHEDULE E LOANS	\$ 224.28
5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	\$ 10,334.20
6 SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ 6
/ SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTI	TRIBUTIONS \$ +
8 SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	' \$ <b>6</b>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 😝
10 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$
11. SCHEDULE I' NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$ D
12. SCHEDULE K- INTEREST, CREDITS, GAINS REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>6</b> -
The second secon	

Pevisco 9 5 2015

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The i	nstruction Guide explains how to complete this form.	1 Total pages Schedule AT	
2 FILER NAME	Clarence Miller	3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor	7 Amount of contribution (\$)	
4- An U V	Soly Wilming ton St. Houston TY 77033  alian / Job title (See Instructions)  9 Employer (See Instructions)		
	retined USPS		
Date	Full name of contributor Out-of state PAC-104,  Bernard LEE	Amount of contribution (\$)	
7-5-21	3937 Hawthorn Glench Fresus TY	250.00	
	ation / Job title (See Instructions) Employer (See Instruc	tions)	
Datu	Remyi Fredow-Col-	Amount of contribution (\$)	
7-27-21	Remyi Fredow-Colle Contributor address: City: State, Zip Code Lovo Westpark Dr. Houston TY 17057	25.00	
	Agricon Job (file (See Instructions) Employer (See Instructions)  MASA	etions)	
Date	Full name of contributor	Amount of contribution (\$)	
8-2-21	Pobox 1164 Huntsulle TX	25.00	
Principal occupation / Job title (See Instructions)  Rethree			
	:		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
Forms provided by T	exas Ethics Commission www.ethics.state.tx.us	Rev sed 9.8.2015	

Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1			
2 FILER NAME CLArence Miller	3 Filer ID (Ethics Commission Filers)			
8-3-21 6 Contributor address City. State. Zip Code 502 6 Wilhingh St. 17033	7 Amount of contribution (\$)			
8 Principal occupation Job title (See Instructions)  9 Employer (See Instru  Reticul	actions)			
Daie Full name of contributor	Amount of contribution (\$)			
8-14-21 Contributor address, City. State. Zip Code 3530 Discoury (neck Block #3428 5Ping) 77384	03.601			
Principal occupation / Job title (See Instructions)  Life & Health In Sunne Agent	intions)			
Date Full name of contributor out of-state PAC (ID#	Amount of contribution (\$)			
8-21-21 Contributor address.  Syll Summit Lodge Dr. Katy TY  77449	100.00			
Principal occupation   Job title (See Instructions)   Employe: (See Instructions)   Pear   Francisco   Francisco	uctions)			
Date Full name of contributor Dout of state PAC 11D#  Howard Mosely	- Amount of contribution (\$)			
8-73-21 Contributor address. City, State Zip Code 4/202 Wood Lake La Missaur, City Ty	100.00			
Principal occupation / Job tide (See Instructions)  Adaptive digital				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule AT
2 FILER NAME	Clarence Miller	3 Filer ID (Ethics Commission Filers)
4 Date 8-23-2	5 Full name of contributor   Gout-of state PAC (ID# ).  Kenneth Cowaw 6 Contributor address: City State. Zip Code 4128 Fernwood by. Houston TX	7 Amount of contribution (\$)
7	pation / Job title (See Instructions)  9	tions
Date	Full name of contributor Governor 2 PAC 4D4	
	CANAMI HARRIS MD	Arrount of centribution (\$)
V-29-4	CANAM HARRIS MD  Contributor address. City: State. Zp Corde  1315 St. Joseph Pkuy#104 Howh TY  77001	500.00
Principal occup	De ntist  De ntist	tions)
Date	Full name of contributor] out-of-since PAC (ID)  Angela Bollock	Amount of contribution (\$)
8-30-21	Contributor address: City: State: Zip Code 8427 October Shadow Ct Spraj Tx 77379	75. N
Principal occu	Dation Job little (Sec Instructions)  Employer (See Instructions)	ctions)
Date	Full name of contributor Dohnson.  Ryland Johnson	Amount of contribution (\$)
9-7-21	Contributor address: City. State: Zip Code 11325 elegant way thouston, Tyo 77066	30.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule AT:
2 FILER NAME	Clarence Miller	3 Filer ID (Ethics Commission Filers)
9-9-21	5 Full name of contributor [] noticel state PAC (IC# )  Norris Richal  6 Contributor address, City, State Zip Code  757 Willow School Br. Spring Ty  17789	7 Amount of contribution (S)
	pation / Job title (See Instructions)  9 Employer (See Instructions)  9 To Fee Instructions	tions)
Date	Full name of contributor Dour-of-state PAC 10=	Amount of contribution (5)
9-10-21	Contributor address: City: State Lip Code	200.00
Principal occup	Petned  Petned  Timployer (See Instructions)	dions)
Date	Full name of contributor [] out-ot-state PAC (ID-	Amount of contribution (\$)
9-10-21	Breyman Fymobor Contributor address.  1515 Huntingdon Wiele Dr. Houston TY 77015	175,00
Principal occup	Education / Job title (See Instructions)  Education	clians)
Date	Full name of contributor	Amount of contribution (S
9-10-21	Contributor address: Scayon Dr. Houston TY 7292	150.00
	pation / Job title (See Instructions)  Education	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule Ath
2 FILER NAME	Clarence Miller	3 Filer ID (Ethics Commission Filers:
4 Date 9-10-21	5 Full name of contributor [] out of state PAC -ID# 1  \[ \bullet \mathread \text{CWIS} \]  6 Contributor address City. State. Zip Code [] 3507 Venice Villa L.  \[ \text{Sugarlad Ty 77458} \]	7 Amount of contribution (\$)
	pation / Job litle (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor of out of state PAC IDE	Amount of contribution (\$)
9-10-21	Contributor address.  City, State. Zip Code  11423 Weathering DAKS Dr. Houston  To Take	500.00
	Arion / Job title (See Instructions)  Project DY (Ar)  Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of state PAC UD#  Mere dith Tames	Amount of contribution (\$)
9-10-21	Contributor address: Gity, State; 7ip Code  11818 Snew MASON Horston TY 77044	75.00
·	pation , Job title (See Instructions) Employer (See Instruc	aions)
Date	Full name of contributor [] out of-state PAC IID#	Amount of contribution (\$)
9-10-21	1818 green more on thurth TY 17844	75.00
1 5	pation / Job title (See Instructions)  Employer (See Instructions)	ctions)
		entre de vente de la 1911. Auguste melandam e antre e e e game e vente de la companya del la companya de la com
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	Clarence Miller	3 Filer ID (Ethics Commission Filers)
4 Date 9-10-2	5 Full name of contributor [ out o' state PAC 4000)  ASh I C Creen  6 Contributor address City. State, Zip Code 12/01 North Point Bl. of Tomball TY 17377	7 Amount of contribution (\$)
	ipation 'Job title (See Instructions)  9 Employer (See Instructions)	clions)
Date	Full name of contributor (*) out-of-state PAC 4D4	Amount of contribution (\$)
9-10-21	Jimmie Dotson Contributor address  City. State: Zip Code  SI Mohawk Patt Trul  SP 77	250.00
Principal occup	Dation Job tille (See Instructions)  Rethred	thons)
Date	Full name of contributor cut of stark, PAC ( D#	Amount of contribution (\$)
9-10-21	DANIEL Mckinnys  Contributor address  City State Zip Code  Sol Reinarma St. Hoista Ty	250.50
	patron Job title (Sec Instructions) Employer (See Instru e a Hw	ctions)
Date	Full name of contributor	Amount of contribution (\$)
9-10-21	Contributor address: City: State: Zip Code  7702 lichela by. Missouri City TY  77459	50. N
	pation Job title (See Instructions) Employer (See Instru	chans)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Clarence Mill-	er	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	(ID#)	7 Amount of contribution (\$)	
9-10-21	JACK Keith LAtrel 6 Contributor address; City; State; 2418 MAGNOTIA MIST CT.	Zip Code MISSAMELY	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
	engineer			
Date	Full name of contributor   out-of-state PAC		Amount of contribution (\$)	
9-14-21	Contributor address: City: State:	Zip Code Houst TX	50.00	
	Self employed	Employer (See Instruc	tions)	
Date	Full name of contributor		Amount of contribution (\$)	
9-14-21	Anita Dotson Contributor address: 5007 grand Chatrace in	zip Code thuston TX	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	Insurance type t			
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)	
9-16-21	Contributor address: City; State 4915 Delagos C. rell Spra	; zip Code 7 14 77389	(50.00)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
ingmer				
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:			
2 FILER NAME Clarence Miller	3 Filer ID (Ethics Commission Filers)			
4 Date  5 Full name of contributor out-of-state PAC (ID#:	<u>'</u>			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	itions)			
Date Full name of contributor □ out-of-state PAC (ID#)	Amount of contribution (\$)			
9-22-21 Letta towell  Contributor address: City: State; Zip Code  19702 NArvi Cowt Spring 177379	500.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)			
Date  Full name of contributor  Out-of-state PAC (IDs)	Amount of contribution (\$)			
9-24-21 Contributor address; City; State; Zip Code 19702 NATUI CONT SPYNJ 14 77379	500.00			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)			
Date Full name of contributor oul-of-state PAC (ID#:)	Amount of contribution (\$)			
9-24-21 Houston Democrate Party Contributor address; City: State, Zip Code 4419 Lyons And Houst TY 17020	132.20			
Principal occupation / Job title (See Instructions)  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:		
2 FILER NAME CLAYENCE Miller	3 Filer ID (Ethics Commission Filers)		
4 Date  5 Full name of contributor	7 Amount of contribution (\$)		
Date  Full name of contributor   aut-of-state PAC (ID# )  A 9 U + ta Thomas  Contributor address; City: State: Zip Code  SD2 4 W.l. in the Street Houston Ty  T7033	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)		
Date  Full name of contributor  Out-of-state PAC (ID#:			
Principal occupation / Job title (See Instructions) Employer (See Instru	ciuns)		
Date  Full name of contributor  Out-of-state PAC (ID#)  Leve MACK  Contributor address:  City: State: Zip Code  HIS Aulum Ridge Dr. Syga (1)	Amount of contribution (\$)		
14 71479			
Principal occupation / Job title (See Instructions)  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.			

MONET	ARY POLITICAL CONTRIBUT	IONS so	HEDULE <b>A</b> 1
The I	nstruction Guide explains how to complete this form.	1 Total pages S	Schedule A1:
2 FILER NAME	Clarence Miller	3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	ode J9	ontribution (\$)
8 Principal occup	ation / Job title (See Instructions)  9 Employee	oloyer (See Instructions)	
Date	Full name of contributor	Adiodica	contribution (\$)
	Contributor address; City; State; Zip C	ode	
Principal occupa	ation / Job title (See Instructions)	oloyer (See Instructions)	
Date	Full name of contributor	Amount of d	contribution (\$)
	Contributor address; City; State; Zip C	ode	
Principal occup	ation / Job title (See Instructions) Em	oloyer (See Instructions)	
Date	Full name of contributor	) Amount of (	contribution (\$)
	Contributor address; City; State; Zip C	ode	
Principal occup	ation / Job title (See Instructions) Em	ployer (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.			

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete th	nis form.	1 Total pages Schedule E:
2 FILER NAME	_ 1			3 Filer ID (Ethics Commission Filers)
with the control of t	Clarene mille.	<u>٧</u>		2019148
4 TOTAL OF UN	IITEMIZED LOANS			\$ 224.28
5 Date of loan	7 Name of lender out-of-state F	PAC (ID	)#:)	9 Loan Amount (\$)
7-8-21	Clavence Mille	<b>~</b>		21.44
6 Is lender a financial	, · · · · · · · · · · · · · · · · · · ·	State;	Zip Code	10 Interest rate
Institution?	11423 Weathing OA	k.	Dr.	11 Maturity date
Y (N)	7	the	ougton TX77066	<b>+</b>
12 Principal occupation	on / Job title (See Instructions)	13 8	Employer (See Instructions)	
Ke-	theal USPO	<u> </u>		
14 Description of Coll	ateral		Check if personal funds were account (See Instructions)	deposited into political
Inone		<u></u>		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address, City;	State;	Zip Code	
not applicable	·			
20 Principal Occupat	tion (See Instructions)	21	Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (I	D#:)	Loan Amount (\$)
9-21-21	Clarence Miller	<b>-</b> 		30. vo
ls lender a financial	Lender address; City;	State;	Zip Code	Interest rate
Institution?	11423 Weathin DA	-Ic	Dr.	Maturity date
Y (N)	7		Houston Tx7706	0
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Coll			Check if personal funds were	deposited into political
none			account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable		State	. Zip Code	
Principal Occupat	ion (See Instructions)		Employer (See Instructions)	
lf !	ATTACH ADDITIONAL CO lender is out-of-state PAC, please see in		OF THIS SCHEDULE AS NI ction guide for additional re	

LOANS		,	SCHEDULE E	
The	instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Clavence Mil	lev	2019148	
4 TOTAL OF UN	ITEMIZED LOANS		\$ 224.28	
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:	9 Loan Amount (\$)	
9-23-21	Clarence M.1	er	7.70	
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate	
Y KO	11423 Weathing Ox	K Dr.	11 Maturity date	
12 Principal occupator	on / Job title (See Instructions)	13 Employer (See Instructions)		
Ret	VSP O			
14 Description of Coll		15 Check if personal funds were	deposited into political	
none		account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable	,			
20 Principal Occupat	cion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
9-29-21	Clarence Mille	ب ٠	28.01	
ls lender a financial		State; Zip Code	Interest rate	
Institution?	11423 Westin DAR	Apritaty	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	L.	
Description of Coll	The transfer of the transfer o	Check if personal funds were	deposited into political	
none		account (See Instructions)	•	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable		State; Zip Code		
	on (See Instructions)	Employer (See Instructions)		
,	· · · · · · · · · · · · · · · · · · ·			
lf (	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 com	plete this form.	1 Total pages Schedule E:
2 FILER NAME Clarence M	: Her	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 224.28
5 Date of loan 7 Name of lender out-of-state 9-29-21 Clarence M	e PAC (ID#:)	9 Loan Amount (\$) 53.95
6 Is lender a financial Institution?  8 Lender address; City; City; DAIC		10 Interest rate
<u> </u>	00sta Tx 77066	. 6
Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION 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 out-of-sta	ate PAC (ID#,)	Loan Amount (\$)
10-3-21 CLA rene Mille	· · · · · · · · · · · · · · · · · · ·	33.14
Is lender Lender address; City; a financial	State; Zip Code	Interest rate
Institution? 11423 Weath DAK	. βr.	Maturity date
Y 10	House Tx 71366	0
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	l
ATTACH ADDITIONAL (  If lender is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS NI	

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Clarence M:	ller	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 124, 28
5 Date of loan		PAC (ID#)	9 Loan Amount (\$)
10-11-21	Clanene mille	سرس 	10.81
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate
Y (10)	J	Horston Tx7066	11 Maturity date
12 Principal occupation	on / Job title (See lastructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral ,	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
11-1-21	Clarence Miller		3200
ls lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?	11423 Weathing DAK	e Dr.	Maturity date
Y (N)	7	Huster TYTTSG	6
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Ce	Freel USPO	•	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable		State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
- morpai occupati		Complete (See Histocholis)	
lf I	ATTACH ADDITIONAL CO	PPIES OF THIS SCHEDULE AS NI	

LOANS		SCHEDULE <b>E</b>
The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E
2 FILER NAME Clarence miller		3 Filer ID (Ethics Commission Filers) 2019148
4 TOTAL OF UNITEMIZED LOANS		\$ 224,28
5 Date of loan 7 Name of lender Out-of-state F	PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?  8 Lender address, City; Something OALC	State; Zip Code	10 Interest rate  11 Maturity date
Y Ø	Houston Tr 7706	<i>e</i>
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral  none	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
12-3021 Clarence M:11-	er	100.00
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate
Y (D)	Houston Tre 77266	Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS Nonstruction guide for additional r	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Experisc Accounting Bunking Consulting Expense Contributions Donations Made B Candidate Officeholder Politics			
Gredit Caid Payment	The Instruction Guide explains how to complete this form		
1 Total pages Schedule F1	2 FILER NAME CLArence Miller 2019148		
4 Date 7-12-2	5 Payee name SAM'S Club #472		
6 Amount (\$)	7 Payee address; City: State; Zip Code		
29.94	7950 Cypress Creek Pkmy Houston, TX 77070		
8	(a) Category (See Categories listed at the top of this schedule (b) Description		
PURPOSE / OF	Check if ravel outside of Taxas Camplete Schedule T		
EXPENDITURE	5077/25		
9 Camplete ONLY if direct expenditure to benefit C O	Candidate - Office hold Office sought Office hold		
Date	Payee name		
7-22-21	Founday Wlobal Enterprises LLC		
Amount (\$)	Payee address: City, State: Zip Code		
64.95	515 EPAIN Valley Blod TX 78464		
1	Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 2  Category: (See Categories) sted at the top of this schedule 3  Category: (See Categories) sted at the top of this schedule 3  Category: (See Categories) sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at the top of this schedule 3  Categories sted at t		
PURPOSE QF EXPENDITURE	fee to Thatos Creck it Austin 1x officeholder hang exposses		
Complete ONLY if direct expenditure to benefit C O	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
8-4-21	Govets. com		
Amount (\$)	2194 Huy AIA, # 206 India Harbour Beach FL, 32937		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Taxas. Complete Schedule 1  Check if Austin, TX, officeholder Insing expense		
	printer		
Complete ONLY if cirect expenditure to benefit C C	Candidate / Officeholder name Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Adviorbising Expense Accounting/Banking Consulting Expense Contributions Donations Made By Canadiate Officenolder Political Credit Card Payment	Committee Legal Services	Loan Hopsyment/Reimbursement Office Overhead/Reintal Expense Polling Expense Printing Expense Salaries/Wagos/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 explain	ns now to complete this form	
1 Total pages Schedule F1:	2 FILER NAME CLATENCE	Miller	3 Filer 1D (Ethics Commission Filers)
4 Date 8 - 19 - 2	5 Payee name The Wood Land	Anen Chamber	ex Commence
6 Amount (\$)	7 Payee address; City, State, 31	ol #200 T	i wood have
50.00	- F		477381
8 PURPOSE OF EXPENDITURE	(a) Category 1500 Categories listed at the top of this	Check if ,ravel of	uisido el fevas Complete Schroulo f i TV officeno der living expensa
9 Complete ONLY if direct expenditure to benefit C OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-2-21	Dollar Tree		
Amount (\$)	Payee address - City: State;	Zip Code	
15.14	5340 W 34th Street	thousand 1	Y 77092
	Category (See Categories listed at the top of this		utside of Texas. Complete Schedula T
PURPOSE OF EXPENDITURE	Supplies	r	n, 1%, elicensider living expense
Complete ONLY if direct expenditure to benefit C OF	Candidate / Officeholder name	Office sought	Office held
Oate	Payee nume	отпольных объемання в при станова в при пользона в при пользона в при пользона в при пользона в пользона в пол Пользона в принципа в при станова в при станова в при в пользона в пользона в пользона в пользона в пользона в	
9-3-21	Houston Democra	te Park	
Amount (\$)	Payee address' City State,	Zip Code	
1250	14619 Lyons Ave	Houston TX	71020
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel of	ulside of Texas. Complete Schedule T n="X" afficeholder fiving avoense
Complete OffeX it gired.	Candidate - Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EOED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense	Loan Repayment/Reirnbursement Offico Overhoad/Rental Expenso Polling Expense Printing Expense Selanles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (onter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	1.1	3 Filer ID (Ethics Commission Filers)	
17	Clarence	Miller	2019148	
4 Date 9 - 3 - 2	5 Payer name Dewocr	ate Party		
6 Amount (\$)	7 Payee address; City; State; Zi			
30. W	4619 (your Ame	Houston 1	7020	
8	(a) Category (See Categories listed at the top of this se	·   · · -		
PURPOSE OF	_		side of Texas. Complete Schodule T.	
EXPENDITURE	monthly membersh	Check II Austin.	TX. officeholder fiving expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
Date	Payee name			
9-7-21	office Depot	(U)	:	
Amount (\$)	Payee address: City; State; Z	lp Code	77	
24.57	4534 FM 1960 Ro	IN THOUSING	1477069	
	Category (See Categories listed at the top of this s			
PURPOSE OF			ide of Texas, Complete Schedule T.  TX, officeholder living expense	
EXPENDITURE	mail outs	Check if Austin,	то, оппониясь втину ехренее	
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
Date	Payes name			
9-17-21	Rac Arinty 6	Design		
Amount (\$)	Payee address; City: State Z	ip Code		
150.00	4110 MAjeste Ste.	Huston TY	77026	
	Category (See Categories listed at the top of this s	chedule) Description		
PURPOSE OF			side of Texas, Complete Schedule T,	
EXPENDITURE	business cards	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			

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overl Food/Beverage Expense Polling Exp  V Gift/Awards/Memorials Expense Printing Exp  Legal Services Sataries/Wa	pense ages/Contract Labor	Solicitation/Fundrassing 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 co	omplete this form.	
17	2 FILER NAME C/ Avence M.	ler	3 Filer ID (Ethics Commission Filers)
4 Date 9-28-21	5 Payee name  1 Stop Graphics  7 Payee address: City State: Tip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
349.37	500 MLK Blul H	ouston T	x 77021
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		, , , , , , , , , , , , , , , , , , ,	utside of Texas, Complete Schedule T.
EXPENDITURE		CHECK IT AUSTI	n, TX, officeholder living expense
	Campaign T-shirts		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date -	Payee name		
9-28-21	office Depot		
Amount (\$)	Payee address; City; State; Zip Code	1 1	TV
16.99	4534 FM 1960RdW	Houston	114 77069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Supplies for campuign	1 👝	utside al Texas. Complete Schedule T. n, TX, officeholder tiving expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-1-21	Exxan Mabi. L		
Amount (\$)	Payee address; City; State; Zip Code	A CONTRACTOR OF THE CONTRACTOR	Houster TV
53. 95	13306 Bannel North Houst	ho Pal	77066
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  9 Ks for Caupaign  e radd	<u> </u>	utside of Texas, Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lu Fees O Food/Beverage Expense P V Gift/Awards/Memorials Expense P	can Repayment/Reimbursoment Iffice Overhead/Rental Expense Oiling Expense Oiling Expense In District Travel Out Of District Other (enter a catogory not ilsted above)
1 Total pages Schedule F1:		Miller 3 Filer ID (Ethics Commission Filers)
4 Date   0 -   = 2	5 Payee name Party Ci-	ty
6 Amount (\$) 7 6.80	7 Payee address: City State; Zip (6452 FM 1940 Rd W	) Houston, TX-17069
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche wristball for even	(b) Description Check if travel outside of Taxas. Complete Schodule T. Check if Austin, TX. officeholder Irving expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Dale	Payee name	
10-4-21	Houston Democrat	he Party
Amount (\$)	Payee address; City; State; Zip	Code
30.00	4619 Cyans Are H	busta TX 77020
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date   0 - 5 - 2	Payee name	
Amount (\$)	Payes address; City; State; Zip	Montan view, CA Nkuey 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Dving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expenso Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Momortals Expense Printing Exp	ment/Reimbursement Soficitation/I head/Rental Expense Transportations were Travel In Dispense Travel Out Cother (enter		
1 Total pages Schedule F1:	2 FILER NAME C   Avence M:	11er 3 Filer 10	(Ethics Commission Filers)	
4 Date 10-5-2	5 Payee name Dollar Tree	# 2215		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
54.13	4425 FM1940 Hou	stor. Tx 7704	.8	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	SAniton wipes	Check if travel outside of Texas. C		
EXPENDITURE	for Network event	Silver in Fidelity 174, Children		
	the Methods forms			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-6-21	Office Depot	9		
Amount (\$)	Payee address; City; State; Zip Code	,		
7. 29	434 FMISCORLW H	touston TX 77	<b>०</b> ७९	
	Category (See Categories listed at the top of this schedule)	Description	) tula Oak-dala T	
PURPOSE OF		Check if travel outside of Texas. C		
EXPENDITURE	Clipbon I en campaign		e menuna	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
expenditure to deligit C/Or				
Date	Payee name	gyypp eginnegady a garran new zament dald hilljöhninn eng. 144 yappnyyan apra ab rassaultagan it ar re-new i		
10-6-21	PANTY City			
Amount (\$)	Payee address; City; State Zip Code			
59.54	13760 North west Fuy	Houston TY	77040	
DI INNOGE	Category (See Categories listed at the top of this schedule)	Description Chart it towns or tride of Towns C	omelojo Sebadi in T	
PURPOSE OF	Virgidia O Re	Check if travel outside of Texas, C Check if Austin, TX, officehold	•	
EXPENDITURE	Networkin		<b>V</b> · <b>V</b> · <del></del>	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officoholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memonals Expense Printing Exp	ense Travel Out Of District ges/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Clarence Mille	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code	Woodball Ty	
49.80	1201 Lake Woodlands A	H00 77380	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Shirt for campaign	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	Payee name	)	
10-6-21	MACY'S		
Amount (\$) 160.75	Payee address? City; State; Zip Code 4000 Willow brook Mill	Houston, TY 17070	
PURPOSE OF EXPENDITURE	Shrt for caupaign	Description  Check if travel outside of Texas. Complete Schedule T  Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10-7-21	Walgreens	,	
Amount (\$)	Payee address; City; State; Zip Code	Houston TY 77066	
25.W	12702 BAnnal North R		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schodule)  g. £4 CA-L	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Exponse Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polii y Gift/Awards/Memorials Expense Print I Committee Legal Services Sala	o Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
4	The Instruction Guide explains how			
1 Total pages Schedule F1:	2 FILER NAME Clarence N	1:11er	3 Filer ID (Ethics Commission Filers)	
4 Date   0-1 -2	5 Payee name Amejon Police	e officers L	eague Crala	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
168.90	500 Trevas Ane Hi	oustan TY 7	7002	
8	(a) Category (See Categories listed at the top of this schedul			
PURPOSE OF			de of Texas Complete Schedule T.	
EXPENDITURE	ticket sala	Check II Austin,	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name	701		
10-11-21	JC Q G FAShim Sp Payee address; City; Siate; Zip Co	e stone		
Amount (\$)	Payee address; City; State; Zip Co	de	susta, TX	
21.44	4449 Fm 1960 N. Cl	rase Place	17068	
	Category (See Categories listed at the top of this schedu	Description		
PURPOSE OF			de of Texas, Complete Schedule T	
EXPENDITURE	Shirt for campage		FX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
10-11-21	Dillards			
Amount (\$)	Payee address: City; State; Zip Co	do Hous	to, TY	
106.09	Charetefra Crambus	<i>,</i> 600	77070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expenso	
	Shot for campaign	J		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Continbutions/Donations Made By Candidate/Officeholder/Political Credit Card Payment			
Credit Callo Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CLArence Miller 2019148		
4 Date /0- 3-2	5 Payee name Custom Station		
6 Amount (\$)	7 Payee address; City, State; Zip Code		
54.12	2000 Willow Brook Mall Hoogh Tre 77070		
8 PURPOSE OF EXPENDITURE	(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/OF	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
10-13-21	Stitchery Embroidery Service		
Amount (\$)	Payee address; City; State; Zip Code		
86.60	2000 Willow brook Mall Horste, Tx 17070		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held		
Date	Payee name		
10-13-21	SAM3 Club #4721		
Amount (\$)	Payee address; City; State; Zip Code		
58.41	7950 Cypness Creek Pky Howth TX 77870		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Toxas. Complete Schedule T.  Check if Austin, TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expenso Accounting/Banking Consulting Expenso Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Bovorage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Clarence Mill	3 Filer ID (Ethics Commission Filers) 2019148		
4 Date	5 Payee name	0		
10-15-21	Lina Hidals	o Canpaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
22.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	·	Check it travel outside of Texas. Complete Schedule T		
OF EXPENDITURE		Check it Austin, TX, officeholder living expense		
	Campaign			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1			
Date	Payee name	Y		
10-27-21	Office Depot			
Amount (\$)	Payee address; City; State; Zip Code	1 1 7		
12-77	4534 FM 1960 RAW	Houston 117 77069		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Service and the service and se	Check if travel outside of Texas. Complete Schedule T.		
OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	CArds			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF				
Date	Payee name ·			
11-2-21	C1009/e			
Amount (\$)	Payee address; City; State; Zip Code	Mountain View, CA		
6.40	1600 Auphit heathe Pla	in 94043		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	V	Check if travel outside of Texas Complete Schedule T		
OF EXPENDITURE	<u>^</u>	Check if Austin, TX, afficeholder living expense		
	monthly ennel	(		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Exponse Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Git/Awards/Memonals Exponse Accounting/Banking Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1. 2 FILER NAME 1 Total pages Schedule F1. 2 FILER NAME 17 4 Date 11-3-21 WIX. Com 6 Amount (\$) 7 Payee address; City; State; Zip Code Sh FRANCISCO, CA 94158 350.73 SOOTerry A FRANCOIS BLUL (a) Category (See Categories listed at the top of this schedule) (b) Des Check if travel outside of Texas Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE webs. te Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 11-3-21 Amount (\$) Category (See Categories listed at the top of this schedule) | Description 30.W Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Alm fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date HT In Start Ink Payee address; City; State: Zip Code Amount (\$) 8434 Count RLS Algoma, WT 5420 Category (See Categories listed at the top of this schedule) Description 5.40 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living exponse EXPENDITURE mouthly luk Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

	EXPENDITURE CATE	GONIES FOR BOX 8(a)	
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