

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

5624

The C/OH INSTRUCTION GUIDE explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:** 12

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MR
 FIRST: DAMON
 MI: J
 NICKNAME: J
 LAST: MILLER
 SUFFIX: II

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: 8709 SOUTH VIEW RD.
 APT / SUITE #: AUSTIN TX
 CITY: AUSTIN TX
 STATE: TX
 ZIP CODE: 78737
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (512)
 PHONE NUMBER: 288-2732
 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: MRS
 FIRST: DEBRA
 MI: L
 NICKNAME: DEBI
 LAST: MILLER
 SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): 8709 SOUTH VIEW RD.
 APT / SUITE #: AUSTIN TX
 CITY: AUSTIN TX
 STATE: TX
 ZIP CODE: 78737
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (512)
 PHONE NUMBER: 288-2732
 EXTENSION:

9 REPORT TYPE
 January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)
 July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month / Day / Year: 01 / 02 / 2004 THROUGH Month / Day / Year: 02 / 09 / 2004

11 ELECTION
 ELECTION DATE: Month / Day / Year: 03 / 09 / 2004
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT** (if known)
 CONSTABLE FOR PCT 3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
 Name: N/A
 Address / PO Box: Apt. / Suite #: City: State: Zip Code:
 additional pages

OFFICE USE ONLY
 Date Received: FEB-9 PM 4:27
 Date Hand-delivered or Date Postmarked:
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
J. MILLER

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

N/A

SPECIFIC

COMMITTEE ADDRESS

additional pages

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5547.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5186.75

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

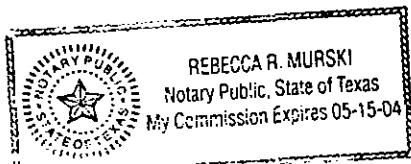
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Damon Miller, this the 9th day of February, 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Rebecca R Murski

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 8 | |
| 2 FILER NAME J. MILLER | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 01/05/2004 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAMON J. MILLER 6 Contributor address; City; State; Zip Code 9307 QUEENSWOOD DR. AUSTIN, TX 78748 | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/07/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOB BROWN Contributor address; City; State; Zip Code 2405 STONE RIVER DR. AUSTIN, TX 78745 | Amount of contribution (\$) 320.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADVANCED FILTRATION SYSTEMS, L.P. Contributor address; City; State; Zip Code 9402 BUSINESS DR AUSTIN, TX 78758 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/23/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM & KELLI SHULTZ Contributor address; City; State; Zip Code 3502 RIDGEWAY CV. LAGO VISTA, TX 78645 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/22/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BILLY & NAVA SWANN Contributor address; City; State; Zip Code 11925 UNDERWOOD DR. BUDA TX 78610 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 8 | |
| 2 FILER NAME: J. MILLER | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/25/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK & MARIANNE SIMONETTI 6 Contributor address; City; State; Zip Code 7302 TRACE CHAIN AUSTIN, TX 78749 | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACK SPARKMAN Contributor address; City; State; Zip Code 210 JOHNS LN, SMITHVILLE, TX 78957 | Amount of contribution (\$) 55.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NEIL NEYENS Contributor address; City; State; Zip Code 715 E. 8th ST. AUSTIN, TX 78701 | Amount of contribution (\$) 30.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES & DEBRA RUSS Contributor address; City; State; Zip Code 5416 SALEM WALK DR, AUSTIN, TX 78745 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LOIS & GARVIN MEREDITH Contributor address; City; State; Zip Code 11623 JOHNSON RD. LEANDER, TX 78641 | Amount of contribution (\$) 140.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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|--|---|--|--|
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| 2 FILER NAME J. MILLER | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/25/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN & CINDY NEHRING 6 Contributor address; City; State; Zip Code 8801 N MADRONE TRL, AUSTIN, TX 78737 | 7 Amount of contribution (\$) 45.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT & MARTHA ASHTON Contributor address; City; State; Zip Code 630 HASSLER RD. SPRING, TX 77389 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA & STANLEY EDWARDS Contributor address; City; State; Zip Code 206 BUTTERCUP TRL, BUDA TX 78610 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD & KITTY THORNTON Contributor address; City; State; Zip Code 17810 VINTAGE WOOD LN, SPRING, TX 77379 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE & TIM SPARKMAN Contributor address; City; State; Zip Code 200 PLUM ST. BASTROP, TX 78602 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>*ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 8 | |
| 2 FILER NAME J. MILLER | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/25/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH & ANN POEHL 6 Contributor address; City; State; Zip Code 1109 CANYON WOOD DR., DRIPPING SPRINGS, TX 78620 | 7 Amount of contribution (\$) 50.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAMON & BETTY MILLER Contributor address; City; State; Zip Code 9307 QUEENSWOOD DR., AUSTIN, TX 78748 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORENCE LAUBACH Contributor address; City; State; Zip Code 8306 SHENANDOAH DR., AUSTIN, TX 78753 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILL POWELL Contributor address; City; State; Zip Code 7207 FENCE LINE DR., AUSTIN, TX 78749 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK SPARKMAN Contributor address; City; State; Zip Code 210 JOHNS LN., SMITHVILLE, TX. 78957 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

J. MILLER

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/04

5 Full name of contributor

 out-of-state PAC (ID# _____)

MICHAEL PITCOCK

6 Contributor address; City; State; Zip Code

11500 KNIPP COVE, AUSTIN, TX 78739

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/25/04

Full name of contributor

 out-of-state PAC (ID# _____)

PAM & RICHARD GARRETT

Contributor address; City; State; Zip Code

650 SOUTHERN DR., BUDA, TX 78610

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/04

Full name of contributor

 out-of-state PAC (ID# _____)

LUCY NEYENS

Contributor address; City; State; Zip Code

PO BOX 4069, AUSTIN, TX 78767

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/04

Full name of contributor

 out-of-state PAC (ID# _____)

TODD & KITTY THORNTON

Contributor address; City; State; Zip Code

17810 VINTAGE WOOD LN., SPRING, TX 77379

Amount of contribution (\$)

55.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/04

Full name of contributor

 out-of-state PAC (ID# _____)

LOIS & GARVIN MEREDITH

Contributor address; City; State; Zip Code

11623 JOHNSON RD., LEANDER, TX 73641

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 8 | |
| 2 FILER NAME J. MILLER | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/25/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICKEY RICH 6 Contributor address: City; State; Zip Code 8409 S. 1ST., AUSTIN, TX 78748 | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY & SHERRI BORTHWICK Contributor address: City; State; Zip Code 200 FOX HOLLOW, BUDA, TX 78610 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHONDA SHOEMAKER Contributor address: City; State; Zip Code 712 STEVENAGE DR., PFLUGERVILLE, TX 78660 | Amount of contribution (\$) 70.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHONDA SHOEMAKER Contributor address: City; State; Zip Code 712 STEVENAGE DR., PFLUGERVILLE, TX 78660 | Amount of contribution (\$) 30.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/25/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH & ANN POEHL Contributor address: City; State; Zip Code 1109 CANYON WOOD DR., DRIPPING SPRINGS, TX 78620 | Amount of contribution (\$) 180.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>*ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 8 | |
| 2 FILER NAME J. MILLER | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1/25/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAGUANA LANDSCAPE MANAGEMENT 6 Contributor address; City; State; Zip Code PO BOX 1028, AUSTIN, TX 78715 | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1/26/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE & JORENE LAWRENCE Contributor address; City; State; Zip Code 1913 CANNONWOOD LN., AUSTIN, TX 78745 | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/27/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORENCE LAUBACH Contributor address; City; State; Zip Code 8306 SHENANDOAH DR., AUSTIN, TX 78753 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/23/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT FOSTER Contributor address; City; State; Zip Code 1501 BARTON SPRINGS RD. APT 227, AUSTIN TX, 78704 | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/26/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIANNE PIZZUTI Contributor address; City; State; Zip Code 10906 MEDFIELD COURT, AUSTIN, TX 78739 | Amount of contribution (\$) 20.00 | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

J. MILLER

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/24/04

5 Full name of contributor out-of-state PAC (ID# _____)

JAMES SALMON

6 Contributor address; City; State; Zip Code

10604 LITTLE WIND COVE, AUSTIN, TX 78730

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/24/04

Full name of contributor out-of-state PAC (ID# _____)

GARY BLACK

Contributor address; City; State; Zip Code

3400 TREADSOFT COVE, AUSTIN, TX 78748

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/04

Full name of contributor out-of-state PAC (ID# _____)

GIL & CAROL WRIGHT

Contributor address; City; State; Zip Code

10311 CIRCLE DR, AUSTIN, TX 78736

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/04

Full name of contributor out-of-state PAC (ID# _____)

CAMPAIGN FUND RAISER MISC. CASH DONATIONS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1927.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

***ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME

J. MILLER

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/04

5 Payee name

GIL STUDIOS. INC.

7 Amount (\$)

900.65

6 Payee address; City; State; Zip Code

10800 LACKMAN ROAD SHAWNEE MISSION, KANSAS 66201

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN YARD SIGNS AND BUMPER STICKERS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/25/04

Payee name

FOOD CATERING SPECIALISTS AND FIRE HALL KITCHEN

Amount (\$)

716.00

Payee address; City; State; Zip Code

1310 FM 1626, MANCHACA, TX 78652

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN RALLY FOOD

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/3/04

Payee name

BANNER SIGNS

Amount (\$)

1450.00

Payee address; City; State; Zip Code

630 CANYON, AUSTIN, TX 78752

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS 4 X 8

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/27/04

Payee name

DAMON J MILLER II

Amount (\$)

1000.00

Payee address; City; State; Zip Code

8709 SOUTH VIEW RD, AUSTIN, TX 78737

Purpose of payment (See instructions regarding type of information required.)

FILING FEE REIMBURSEMENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

| | |
|--|-------------------|
| POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | SCHEDULE G |
|--|-------------------|

| | |
|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule G: <p style="text-align: center; margin: 0;">1</p> |
|---|--|

| | |
|---------------------------|--|
| 2 FILER NAME J. MILLER | 3 ACCOUNT # (Ethics Commission filers) |
|---------------------------|--|

| | | |
|------------------|---|---|
| 4 Date 1/2/04 | 5 Payee name DAMON J MILLER II | 8 Amount (\$) 1000.00 |
| | 6 Payee address; City; State; Zip Code 8709 SOUTH VIEW RD, AUSTIN, TX 78737 | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) FILING FEE | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|-----------------|--|---|
| Date 1/17/04 | Payee name DAMON J MILLER II | Amount (\$) 120.10 |
| | Payee address; City; State; Zip Code 8709 SOUTH VIEW RD, AUSTIN, TX 78737 | |
| | Purpose of expenditure (See instructions regarding type of information required.) WOOD FOR CAMPAIGN SIGNS | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED