

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5680

FORM C/OH COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Damon

J

NICKNAME

LAST

SUFFIX

J

Miller

II

OFFICE USE ONLY

Date Received

Date mailed-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

8709 South View Rd. Austin, TX 78737

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

288-2732

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs

Debra

L

NICKNAME

LAST

SUFFIX

Debi

Miller

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

8709 South View Rd. Austin, TX. 78737

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

288-2732

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

THROUGH

Month Day Year

02 / 09 / 04

03 / 01 / 04

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

03 / 09 / 04

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

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 Blank)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

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)

\$

3366.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5416.88

CONTRIBUTION BALANCE

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

\$

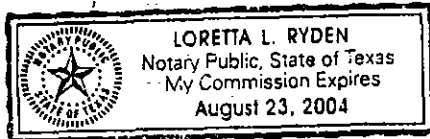
OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Damon J. Miller

this the 1st day

of Mar 20 04, to certify which, witness my hand and seal of office:

[Handwritten Signature]

Loretta L. Ryden

Notary

Signature of officer administering oath

Printed name of officer administering oath

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: 2

2 FILER NAME

J. Miller

3 ACCOUNT # (Ethics Commission file)

4 Date

2-10-04

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

Jerry + Dorothy Thomas

6 Contributor address; City; State; Zip Code

10236 Manchaca Rd, 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

2-16-04

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

Damon & Betty Miller

Contributor address; City; State; Zip Code

9307 Queenswood Dr, Austin, TX
78748

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-04

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

Elaine Chandler

Contributor address; City; State; Zip Code

9103 FM 1625, Austin, TX 78747

Amount of contribution (\$)

35.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/04

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

Damon + Betty Miller

Contributor address; City; State; Zip Code

9307 Queenswood Dr, Austin, TX
78748

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/04

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

Michele Hysick

Contributor address; City; State; Zip Code

900 Kavanagh, Austin, TX 78748

Amount of contribution (\$)

5.00

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: **2**

2 FILER NAME **J. Miller**

3 ACCOUNT # (Ethics Commission filers)

4 Date **2/23/04**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Suzie Headrick
 6 Contributor address; City; State; Zip Code
1807 Cypress Ct, Taylor, TX 76574

7 Amount of contribution (\$) **40.00**
 8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date **2/23/04**
 Full name of contributor out-of-state PAC (ID#: _____)
Damon Miller
 Contributor address; City; State; Zip Code
9307 Queenswood Dr. Austin Tx 78748

Amount of contribution (\$) **156.00**
 In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **2/2 04**
 Full name of contributor out-of-state PAC (ID#: _____)
Elmer R. REINHARDT
 Contributor address; City; State; Zip Code
9715 South View Rd Austin, TX. 78737

Amount of contribution (\$) **500.00**
 In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **2/28/04**
 Full name of contributor out-of-state PAC (ID#: _____)
Sandra Edwards
 Contributor address; City; State; Zip Code
206 Buttercup Trl., Buda, TX. 78610

Amount of contribution (\$) **30.00**
 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)

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 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: **2**

2 FILER NAME **J. Miller**

3 ACCOUNT # (Ethics Commission files)

4 Date 2-20-04	5 Payee name Austin American Statesman	7 Amount (\$) 156.00
6 Payee address; City, State; Zip Code 305 S. Congress Ave, Austin, TX 78704		

8 Purpose of payment (See instructions regarding type of information required.) Ad-Newspaper	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 2-22-04	Payee name Allied Printing and Mailing, Inc	Amount (\$) 889.89
Payee address; City, State; Zip Code 8222 N. Lamar Blvd, Austin, TX 78753		

Purpose of payment (See instructions regarding type of information required.) Postage for mail outs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 2-26-04	Payee name Allied Printing and Mailing, Inc	Amount (\$) 2307.00
Payee address; City, State; Zip Code 8222 N. Lamar Blvd, Austin, TX 78753		

Purpose of payment (See instructions regarding type of information required.) Postage for 2nd mail out	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 2/26/04	Payee name Ace Printing	Amount (\$) 154.71
Payee address; City, State; Zip Code 7807 Doncaster, Austin, TX 78745		

Purpose of payment (See instructions regarding type of information required.) 1st mailing list	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2

2 FILER NAME J. Miller 3 ACCOUNT # (Ethics Commission files)

4 Date <u>2-10-04</u>	5 Payee name <u>Lincoln-Reagan Day Dinner</u>	7 Amount (\$) <u>200.00</u>
6 Payee address; City; State; Zip Code <u>P.O. BOX 27440 AUSTIN, TX. 78755</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Dinner-FundRaiser</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held <u>George W. Bush Pres. OF. U.S.</u>
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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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:	1
2 FILER NAME J. Miller		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Payee name Ace Printing	6 Payee address: City, State, Zip Code 1807 Doncaster, Austin, TX 78745	8 Amount (\$) 377.71
	7 Purpose of expenditure (See instructions regarding type of information required.) Mail File: Travis JB3		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Allied Printing and Mailing	Payee address: City, State, Zip Code 8222 N. Lamar Blvd. Austin, TX 78753	Amount (\$) 1069.51
	Purpose of expenditure (See instructions regarding type of information required.) Printing and mail handling charges.		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Albertson	Payee address: City, State, Zip Code 7100 W Hwy 290, Austin, TX 78736	Amount (\$) 37.00
	Purpose of expenditure (See instructions regarding type of information required.) Postage stamps Campaign Rally		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Walmart	Payee address: City, State, Zip Code 5017 W Hwy 290, Austin, TX 78735	Amount (\$) 93.12
	Purpose of expenditure (See instructions regarding type of information required.) Copy supplies for flyers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Walmart	Payee address: City, State, Zip Code 5017 W Hwy 290, Austin, TX 78735	Amount (\$) 131.94
	Purpose of expenditure (See instructions regarding type of information required.) Copy Supplies for flyers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			