

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7772

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:

15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: Damon MI: J  
NICKNAME: J LAST: Miller SUFFIX: II

OFFICE USE ONLY

Date Received

2012 APR 12 PM 12:18  
Dana DeBeauvoir  
County Clerk  
Travis County, Texas

FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
8709 S. VIEW RD Austin, Tx 78737

Date Hand Delivered or Postmarked

Receipt

Date Processed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 914-3623 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. FIRST: Debra MI: L  
NICKNAME: Debi LAST: Miller SUFFIX:

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
8709 S. View Rd. Austin Tx 78737

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 914-3623 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: 3 / 5 / 2012 THROUGH Month Day Year: 4 / 12 / 2012

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 29 / 2012  
ELECTION TYPE:  Primary  Runoff  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Constable  
Pct # 3

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Damon J Miller

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ 1113.03

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1925.97

CONTRIBUTION  
BALANCE

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

\$

0

OUTSTANDING  
LOAN TOTALS

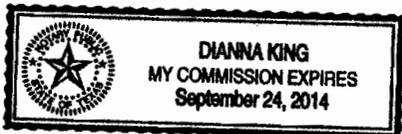
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

—

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.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Damon J. Miller, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

*Dianna King*  
Signature of officer administering oath

Diannaking  
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: **4**

2 FILER NAME **Damon J Miller**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3-16-12**

5 Full name of contributor  out-of-state PAC (ID#:  
**Ruby Felan**  
6 Contributor address; City; State; Zip Code  
**1748 Ohlen Rd  
Austin, TX 78757**

7 Amount of contribution (\$) **\$25.00**  
8 In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3-18-12**

Full name of contributor  out-of-state PAC (ID#:  
**Damon J & Betty Miller**  
Contributor address; City; State; Zip Code  
**9307 Queenswood Dr.  
Austin, TX 78748**

Amount of contribution (\$) **\$250.00**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-22-12**

Full name of contributor  out-of-state PAC (ID#:  
**Pamela J. Garrett**  
Contributor address; City; State; Zip Code  
**650 Southern Dr.  
Buda, TX 78610**

Amount of contribution (\$) **\$100.00**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-23-12**

Full name of contributor  out-of-state PAC (ID#:  
**Debra Miller**  
Contributor address; City; State; Zip Code  
**8709 S View Rd  
Austin TX 78737**

Amount of contribution (\$) **\$4.90**  
In-kind contribution description (if applicable)  
**Website Upgrade  
- GoDaddy  
for J Miller**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3-6-12**

Full name of contributor  out-of-state PAC (ID#:  
**Debra Miller**  
Contributor address; City; State; Zip Code  
**8709 S View Rd  
Austin TX 78737**

Amount of contribution (\$) **\$20.14**  
In-kind contribution description (if applicable)  
**Website Setup  
for GoDaddy  
for J Miller**  
(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME **Damon J Miller**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**4-3-12**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Virginia Lea mock**  
6 Contributor address; City; State; Zip Code  
**710 W 5th St.  
Post, TX 79356**

7 Amount of contribution (\$)  
**\$1800**  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**4-3-12**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ryan Nehring**  
Contributor address; City; State; Zip Code  
**8801 N Madrone Trl  
Austin TX 78737**

Amount of contribution (\$)  
**\$1500**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4-4-12**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cheryl Nehring**  
Contributor address; City; State; Zip Code  
**8706 Priest Round Rock, TX 78664**

Amount of contribution (\$)  
**\$1500**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4-1-12**

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 (\$)  
**\$200.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4-9-12**

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 (\$)  
**\$8000**  
(If travel outside of Texas, complete Schedule T)

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: 4

2 FILER NAME Damon J Miller

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
3-14-12

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Debra Miller  
6 Contributor address; City; State; Zip Code  
8709 S View Rd  
Austin TX 78737

7 Amount of contribution (\$) 999  
\$  
8 In-kind contribution description (if applicable)  
Ballot Box adding J to  
TCRP candidate page  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
4-3-12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
J.L. Mock + A. J. Mock  
Contributor address; City; State; Zip Code  
10006 W Cave Loop  
Dripping Springs TX 78620

Amount of contribution (\$) \$60<sup>00</sup>  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4-3-12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Patty Rieger  
Contributor address; City; State; Zip Code  
16101 Fm 112  
Thrall, TX 76578

Amount of contribution (\$) \$40<sup>00</sup>  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4-1-12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
D.E. (Bibi) Arredondo  
Contributor address; City; State; Zip Code  
613 McGehee  
San Marcos TX 78668

Amount of contribution (\$) \$15<sup>00</sup>  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4-10-12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elmer + Barbara Reinhardt  
Contributor address; City; State; Zip Code  
8715 S. View Rd  
Austin, Tx. 78737

Amount of contribution (\$) \$30<sup>00</sup>  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Damon J. Miller

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3.23.12

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

Nellie Carroll

6 Contributor address; City; State; Zip Code

4503 Frontier Trl  
Austin, TX 78745

7 Amount of contribution (\$)

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3.29.12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elmer + Barbara Reinhardt

Contributor address; City; State; Zip Code

8115 S. View Rd  
Austin, TX 78737

Amount of contribution (\$)

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tim + Debbie Sparkman

Contributor address; City; State; Zip Code

3087 Fm 535  
Red Rock, TX 78662

Amount of contribution (\$)

\$30<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

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 (\$)

(If travel outside of Texas, complete Schedule T)

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

PLEGGED CONTRIBUTIONS

N/A

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

Damon J. Miller

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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.

**LOANS**

N/A

**SCHEDULE E**

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Damon J. Miller	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	---------------------------------	--

4 Date 4-4-12	5 Payee name Tennessee Print Masters
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6 Amount (\$) \$468.17	7 Payee address; City; State; Zip Code 2151 Denton Ave. Cookeville, TN. 38501
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) fundraising & advertising exp	(b) Description (If travel outside of Texas, complete Schedule T) t-shirts + vehicle magnets
--------------------------	---	---

9 Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Damon J Miller</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	--

4 Date <b>3-11-12</b>	5 Payee name <b>The Home Depot</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>28.09</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1200 Home Depot Blvd Sunset Valley, TX 78745</b>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising exp</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>for nails 1" plastic round signs</b>
--------------------------	--	--

Date <b>3-11-12</b>	Payee name <b>Lowe's</b>
------------------------	-----------------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6400 Brodie LANE Austin, TX 78745</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising exp</b>	Description (If travel outside of Texas, complete Schedule T) <b>1X2X8 WOOD for signs</b>
------------------------	--	--

Date <b>3-17-12</b>	Payee name <b>Lowe's</b>
------------------------	-----------------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6400 Brodie Ln Austin, TX 78745</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising exp</b>	Description (If travel outside of Texas, complete Schedule T) <b>black cable ties for signs</b>
------------------------	--	--

Date <b>3-17-12</b>	Payee name <b>The Home Depot</b>
------------------------	-------------------------------------

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1200 Home Depot Blvd. Sunset Valley, TX 78745</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising exp.</b>	Description (If travel outside of Texas, complete Schedule T) <b>spray paint + cable ties</b>
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Damon J Miller</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	--

4 Date <b>3-17-12</b>	5 Payee name <b>McCoys</b>
--------------------------	-------------------------------

6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>13324 Highway 71 W Bee Caves, TX 78738</b>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising exp.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>T-Posts/for signs</b>
--------------------------	---	---

Date <b>3-22-12</b>	Payee name <b>Tennessee Print Masters</b>
------------------------	--

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2151 Denton Ave Cookeville TN 38501</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising exp.</b>	Description (If travel outside of Texas, complete Schedule T) <b>yard signs</b>
------------------------	---	--

Date <b>3-30-12</b>	Payee name <b>Tennessee Print Masters</b>
------------------------	--

Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2151 Denton Ave Cookeville TN 38501</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <u>1</u>	<b>2</b> FILER NAME <u>Damon J. Miller</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>1</b>	2 FILER NAME <b>Damon J. Miller</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

*Damon J. Miller*

3 ACCOUNT # (Ethics Commission Filers)

<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
	..... <b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	<b>7</b> Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

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

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

Damon J. Miller

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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