Texas Ethics Commission   P.O. Box 12070   Austin, Texas 78711-2070   (512) 463-5800   (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

7867

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: 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST TOBY	MI J.	**OFFICE USE ONLY**
	NICKNAME	LAST MILLER	SUFFIX	Date Received

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #   Amount

Date Processed

Date Imaged

2012 MAY 22 PM 3:50
Dana DeBeauvoir
County Clerk
Travis County Texas
FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7608 WHITE OAK DR. LAGO VISTA TX. 78645

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 750-8466	EXTENSION

6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST JAMES	MI B.
	NICKNAME	LAST HUGHES	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7400 LOHMANS FORD RD #C, LAGO VISTA, TX 78645

8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 267-2272	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 12/01/2011 THROUGH Month Day Year 1/15/2012

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) CONSTABLE PCT. 2

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Revised 09/28/2011

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	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 ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
☐ additional pages		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	$ 1600⁰⁰
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1000⁰⁰
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1600⁰⁰
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

SANDI LYNN CARTER
Notary Public
STATE OF TEXAS
Commission Exp. 07-14-2014

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 of Candidate or Officeholder
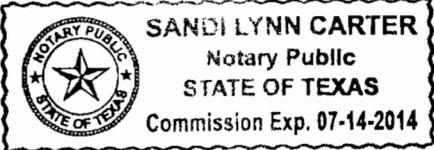
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to, and subscribed before me, by the said _____Toby J Miller_____, this the

__22nd__ day of __May__, 20 _12_, to certify which, witness my hand and seal of office.

Sandi Lynn Carter   _Sandi Lynn Carter_   _Notary Public_
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A:

2 FILER NAME TOBY JOE MILLER	**3** ACCOUNT # (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)	**8** In-kind contribution description (if applicable)
12/2011	TCSLEA PAC. **6** Contributor address; City; State; Zip Code P.O. Box 142025, AUSTIN TX 78714	1500 ºº	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2011	JUDY BINGHAM Contributor address; City; State; Zip Code 3528 BOULDER, ODESSA, TX 79762	100 ºº	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) SCHOOL TEACHER	Employer (See Instructions) ODESSA INDEPENDENT SCHOOL DIST

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor 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 contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor 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 contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor 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.

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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	TOBY J. MILLER	

4 Date	5 Payee name
6 Amount ($)	7 Payee address; City; State; Zip Code

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

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

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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

Revised 09/28/2011

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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	TOBY JOE MILLER	

4 Date	5 Payee name
12/24/2010	TRAVIS COUNTY

6 Amount ($)	7 Payee address; City; State; Zip Code
1000⁰⁰ [X] Reimbursement from political contributions intended	5501 AIRPORT BLVD. AUSTIN TX

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	POLLING EXPENSE	FILING FEE

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
[ ] Reimbursement from political contributions intended	

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 ($)	Payee address; City; State; Zip Code
[ ] Reimbursement from political contributions intended	

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 ($)	Payee address; City; State; Zip Code
[ ] Reimbursement from political contributions intended	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED