

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

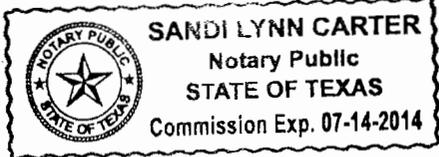
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____

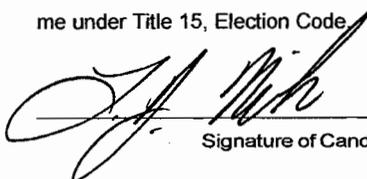
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ 2514 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 86 ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

18 AFFIDAVIT



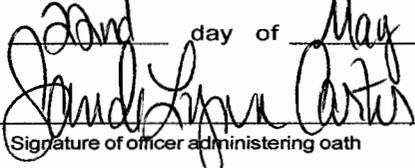
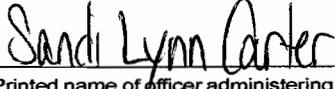
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

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


 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 TOBY JOE MILLER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/22	5 Payee name SCOTT SPAIN
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6 Amount (\$) 1000 ⁰⁰	7 Payee address; City; State; Zip Code 9413 NIELS THOMPSON DR, AUSTIN TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS/PUSH CARDS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TOBY MILLER	Office sought CONSTABLE P12	Office held
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Date 1/19/2012	Payee name SECURITY STATE BANK
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Amount (\$) 14 ⁰⁰	Payee address; City; State; Zip Code 7626 LOHMAN FORD RD., LAGO VISTA, TX 78645
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	Description (If travel outside of Texas, complete Schedule T) CHECKS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23	Payee name SCOTT SPAIN
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Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 9413 NIELS THOMPSON DR, AUSTIN TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) BANNERS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TOBY MILLER	Office sought CONSTABLE P12	Office held
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Date 3/30	Payee name TOBY MILLER
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Amount (\$) 1000 ⁰⁰	Payee address; City; State; Zip Code 7608 WHITE OAK DR. LAGO VISTA TX 78645
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) FILING FEE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TOBY MILLER	Office sought CONSTABLE P12	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED