

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) <b>7947</b>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR. TOBY J.</i> NICKNAME LAST SUFFIX <i>MILLER</i>	<b>OFFICE USE ONLY</b> Date Received: <i>2012 OCT - 1 AM 11:25</i> Date Hand-delivered or Postmarked: Receipt #/ Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>7608 WHITE OAK DR. LAGO VISTA TX 78645</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 750-8466</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MR. JAMES.</i> NICKNAME LAST SUFFIX <i>HUGHES</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7400 LOHMAN FORD RD. LAGO VISTA, TX 78645</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 267-2272</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>7 / 21 / 2012</i> <i>9 / 27 / 2012</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 6 / 2012</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>TRAVIS COUNTY CONSTABLE PCT. 2</i>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

TOBY 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ -0-

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

\$ 2950<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 2645<sup>15</sup>

CONTRIBUTION  
BALANCE

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

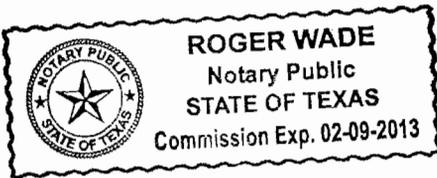
\$ 305<sup>00</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ -0-

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.

Toby J. Miller  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Roger Wade  
Signature of officer administering oath

ROGER WADE  
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:	
2 FILER NAME <i>TOBY MILLER</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/22/2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GEORGE JOHNSON</i>	7 Amount of contribution (\$) <i>50<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>623 BUCKSKIN DR., ROUND ROCK TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>OFFICE / CLERICAL WORKER</i>		10 Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date <i>8/20/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GLENN BASS</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11011 DOMAIN DR. #8134 AUSTIN TEXAS 78758</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>JUSTICE OF THE PEACE</i>		Employer (See Instructions) <i>TRAVIS COUNTY</i>	
Date <i>9/7/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUDITH ANN BINGHAM</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3528 BOULDER ODESSA, TX 79762</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>SCHOOL TEACHER</i>		Employer (See Instructions) <i>ECTOR COUNTY ISD</i>	
Date <i>9/7/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRAVIS COUNTY SHERIFF'S ASSOC.</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4708 SNAKE EAGLE CV. AUSTIN, TX 78758</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>POLITICAL ACTION COMMITTEE</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>9/16/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>YOLANDA MONTEMAYOR</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1013 CEDAR GLEN AUSTIN TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>UNK.</i>		Employer (See Instructions) <i>N/A</i>	

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:	
2 FILER NAME <i>TOBY MILLER</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/25/2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DOUG + JULIE HARTMAN</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3345 BEE CAVE RD. #203 AUSTIN TX. 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>UNK.</i>		10 Employer (See Instructions) <i>N/A</i>	
Date <i>9/25/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID + CLAUDETTE HARTMAN</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3345 BEE CAVE RD. #203 AUSTIN TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/25/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOBY + KRISTINE MILLER</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7608 WHITE OAK DR. LAGO VISTA, TX 78645</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>DEPUTY SHERIFF / POLICE OFFICER</i>		Employer (See Instructions) <i>TRAVIS COUNTY / CEDAR PARK</i>	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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**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: <b>1 of 2</b>		2 FILER NAME <b>TOBY MILLER</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/21/2012</b>		5 Payee name <b>VISTA PRINT</b>			
6 Amount (\$) <b>\$57.56</b>		7 Payee address; City; State; Zip Code <b>95 HAYDEN AVE. LEXINGTON, MA 02421</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <del>PUSH CARDS</del> <b>DOOR MAGNETS</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>TOBY MILLER</b>		Office sought Office held	
Date <b>8/21/2012</b>		Payee name <b>VISTA PRINT</b>			
Amount (\$) <b>\$557.36</b>		Payee address; City; State; Zip Code <b>95 HAYDEN AVE LEXINGTON MA. 02421</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>PUSH CARDS / BUSINESS CARDS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>TOBY MILLER</b>		Office sought Office held	
Date <b>9/11/2012</b>		Payee name <b>VISTA PRINT</b>			
Amount (\$) <b>\$ 376.36</b>		Payee address; City; State; Zip Code <b>95 HAYDEN AVE LEXINGTON, MA 02421</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>PUSH CARDS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>TOBY MILLER</b>		Office sought Office held	
Date <b>9/11/2012</b>		Payee name <b>SUPER CHEAP SIGNS</b>			
Amount (\$) <b>\$1564.00</b>		Payee address; City; State; Zip Code <b>9804 GRAY BLVD AUSTIN, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN SIGNS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>TOBY MILLER</b>		Office sought Office held	

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**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.

<b>1</b> Total pages Schedule F: <i>2 of 2</i>	<b>2</b> FILER NAME <i>TOBY MILLER</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>9/2/2012</i>	<b>5</b> Payee name <i>GRAPHICS LAND</i>	
<b>6</b> Amount (\$) <i>\$89.95</i>	<b>7</b> Payee address; City; State; Zip Code <i>8061 186TH ST. TINLEY PARK, IL 60487-9313</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>BUMPER STICKERS</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>TOBY MILLER</i>	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (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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