

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>72</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>PATRICK</b>	MI <b>R</b>
	NICKNAME	LAST <b>MILLER</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>PO BOX 31592</b> APT / SUITE #:      CITY: <b>Amarillo</b> STATE: <b>TX</b> ZIP CODE: <b>79120</b>		
	AREA CODE: <b>(806)</b> PHONE NUMBER: <b>420-7100</b> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ADRIAN</b>	MI
	NICKNAME	LAST <b>MEANDER</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>8203 Wrangler Trail</b> CITY: <b>Amarillo</b> STATE: <b>TX</b> ZIP CODE: <b>79110</b>		
	AREA CODE: <b>(806)</b> PHONE NUMBER: <b>670-3106</b> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	10 PERIOD COVERED      Month      Day      Year      THROUGH      Month      Day      Year <b>03</b> <b>25</b> <b>2025</b> <b>04</b> <b>23</b> <b>2025</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>05</b> <b>03</b> <b>2025</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Amarillo City Council, Place 1</b>
14 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	

GO TO PAGE 2

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

PATRICK R MILLER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 19,210.00

2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 2,000.00

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 12,143.28

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 19,210.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 12,143.28

CONTRIBUTION  
BALANCE

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

\$ 27,752.02

OUTSTANDING  
LOAN TOTALS

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

\$ 0

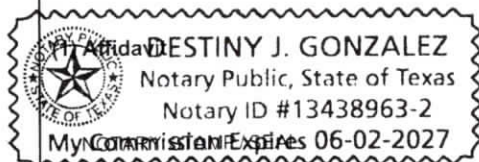
18 SIGNATURE

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.

*Patrick Miller*

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Patrick miller this the 25<sup>th</sup> day of April,  
2025, 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

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25</b>
2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip &amp; Judy Periman</b> ✓ 6 Contributor address; City; State; Zip Code <b>3209 Hawthorne Dr. Amarillo TX 79109</b>	7 Amount of contribution (\$) <b>\$75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Miller</b> ✓ Contributor address; City; State; Zip Code <b>2818 Ong St. Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/21/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Floyd Anthony</b> ✓ Contributor address; City; State; Zip Code <b>910 S. Avondale St. Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>PATRICK L MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sandie Firestone</b>	7 Amount of contribution (\$) <b>\$25.00</b>
6 Contributor address; City; State; Zip Code <b>8806 Wedgewood Ave Amarillo TX 79119</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mark Bivins</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 708 Amarillo TX 79105</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jannis Laird</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>3312 Bedford Road Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/27/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Eric Berg</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>5704 Nicholas Dr. Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <b>PATRICK R MILLER</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/28/2025</b>		5 Full name of contributor <b>Valerie Murphy</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <b>\$75.00</b>	
		6 Contributor address; City; State; Zip Code <b>3710 Linda Dr. Amarillo TX 79109</b>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>03/28/2025</b>		Full name of contributor <b>Peter Stynes</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <b>\$75.00</b>	
		Contributor address; City; State; Zip Code <b>7906 Georgetown Dr. Amarillo TX 79119</b>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>03/28/2025</b>		Full name of contributor <b>Donella O'Gorman</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <b>\$20.00</b>	
		Contributor address; City; State; Zip Code <b>1500 Parr St. Amarillo TX 79106</b>			
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 (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/29/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tino Morales</b> <span style="float: right;"><b>C</b></span> <hr/> 6 Contributor address; City; State; Zip Code <b>8013 Lacona Dr. Amarillo TX 79119</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mirth Allcorn</b> <span style="float: right;"><b>C</b></span> <hr/> Contributor address; City; State; Zip Code <b>8200 Clara Allen Trl. Amarillo TX 79118</b>	Amount of contribution (\$) <b>\$20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/29/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sharri Fisher</b> <span style="float: right;"><b>C</b></span> <hr/> Contributor address; City; State; Zip Code <b>7807 Pebblebrook Dr. Amarillo TX 79119</b>	Amount of contribution (\$) <b>\$20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/30/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David &amp; Alicia Woodburn</b> <span style="float: right;"><b>✓</b></span> <hr/> Contributor address; City; State; Zip Code <b>2616 Juniper Dr. Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Deborah Whisenand</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>1204 S. Florida St. Amarillo TX 79102</b>		
8 Principal occupation / Job title (See Instructions).		9 Employer (See Instructions)
Date <b>04/01/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Chancy Via</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>25001 South Soncy Rd. Canyon TX 79015</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/01/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard Craig</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>2801 Teckla Blvd Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/02/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michele Fortunato</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1710 S. Harrison Amarillo TX 79102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>Patrick R Miller</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/02/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Leslie Owens</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>2122 S. Hughes Amarillo TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/03/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Derek Porterfield</b>	Amount of contribution (\$) <b>\$15.00</b>
Contributor address; City; State; Zip Code <b>4806 Westway Trail Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/04/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Otto</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>7907 Fenley Dr Amarillo TX 79121</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/04/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Daniel Dobervich</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>4106 Shelby Dr Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>PATRICK K MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Anne C. Vroom</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>5535 Wenonah Dr Dallas TX 75209</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/05/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Weir</b> ✓	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>14 Edgewater Dr Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/05/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James &amp; Kyla McDowell</b> ✓	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>15 Willow Bridge Dr Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/05/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Becky G. Dodson</b> ✓	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>6 Edgewater Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Peggy A. Berg</b> ✓ 6 Contributor address; City; State; Zip Code <b>10 Teal Ct Amarillo TX 79106</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/05/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Cheryl Clark</b> ✓ Contributor address; City; State; Zip Code <b>3 Edgewater Dr Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/05/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Patricia Peterson</b> ✓ Contributor address; City; State; Zip Code <b>5 Edgewater Dr Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/05/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Alan Abraham</b> ✓ Contributor address; City; State; Zip Code <b>7205 SW 35th Ave Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/07/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Meaghan Collier</b> 6 Contributor address; City; State; Zip Code <b>5602 SW 43rd Ave Amarillo TX 79109</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/07/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kay Porter</b> Contributor address; City; State; Zip Code <b>4205 Woodfield Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/07/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Heidi Rice</b> Contributor address; City; State; Zip Code <b>5601 Bell St, #1002 Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/09/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert &amp; Michele Kauffman</b> Contributor address; City; State; Zip Code <b>3002 S. Hayden Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/09/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Steven &amp; Shelley Chaloupka</b> ✓ 6 Contributor address; City; State; Zip Code <b>6 Teal Ct Amarillo TX 79106</b>	7 Amount of contribution (\$) <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/09/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sue W. Lawrence</b> ✓ Contributor address; City; State; Zip Code <b>2217 S. Ong Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/10/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jason Ault</b> Contributor address; City; State; Zip Code <b>3523 Plum Ln Amarillo TX 79121</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/11/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Penny Zavala</b> Contributor address; City; State; Zip Code <b>1801 Steeplechase Dr #507 Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/12/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sander Thametsku</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>1318 Carolyn St Amarillo TX 79107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kathryn McNeil</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4605 Cape Colony Amarillo TX 79114</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Roy Urrutia</b> ✓	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>7213 Bayswater Rd Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Helen Benton</b> ✓	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>2410 Hawthorne Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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4 Date <b>04/13/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John H. Early</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 9637 Amarillo TX 79105</b>	7 Amount of contribution (\$) <b>\$30.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/13/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charlie Sanchez</b> Contributor address; City; State; Zip Code <b>1709 S. Harrison Amarillo TX 79102</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Anette Carlisle</b> Contributor address; City; State; Zip Code <b>1216 S. Lamar Amarillo TX 79102</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mary Emery</b> Contributor address; City; State; Zip Code <b>PO BOX 148 Bushland TX 79012</b>	Amount of contribution (\$) <b>\$750.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>PATRICK P MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/13/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Adair &amp; Dale Buckner</b> 6 Contributor address; City; State; Zip Code <b>3015 Polk St, Ste. 412 Amarillo TX 79101</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sylvia Perkins</b> Contributor address; City; State; Zip Code <b>711 McMurry Dr Waxahatchee TX 75165</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carson Leverett</b> Contributor address; City; State; Zip Code <b>3222 Crockett St Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Whitton</b> Contributor address; City; State; Zip Code <b>PO Box 7844 Amarillo TX 79104</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/16/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael Carrillo</b>	7 Amount of contribution (\$) <b>\$25.00</b>
6 Contributor address; City; State; Zip Code <b>824 Manhattan Amarillo TX 79107</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Campos</b>	Amount of contribution (\$) <b>\$15.00</b>
Contributor address; City; State; Zip Code <b>1903 S. Birmingham Amarillo TX 79103</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Andrea DeLeon</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1168 Sterling Dr Amarillo TX 79110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim Schooler</b> ✓	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>Po Box 7841 Amarillo TX 79114</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Patrick R. Miller</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randy Tooley</b> 6 Contributor address; City; State; Zip Code <b>Canyon TX 79015</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/17/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan E. Stokes</b> Contributor address; City; State; Zip Code <b>2610 S. Ong Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>PATRICK R MILLEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca R. McCoy</b> ✓ 6 Contributor address; City; State; Zip Code <b>7214 Versailles Dr Amarillo TX 79121</b>	7 Amount of contribution (\$) <b>\$25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca R. McCoy</b> ✓ Contributor address; City; State; Zip Code <b>7214 Versailles Dr Amarillo TX 79121</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vickie Lee</b> ✓ Contributor address; City; State; Zip Code <b>1018 S. Lamar Amarillo TX 79102</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/17/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Reynolds</b> ✓ Contributor address; City; State; Zip Code <b>1016 Sterling Dr Amarillo TX 79110</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID# (Ethics Commission Filers)
4 Date <b>04/17/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Mr. &amp; Mrs. Bill Glover</b> ✓ 6 Contributor address; City; State; Zip Code <b>5707 Berger Dr. Amarillo TX 79106</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Fisher</b> ✓ Contributor address; City; State; Zip Code <b>7807 Pebblebrook Dr Amarillo TX 79119</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Teresa Clemons</b> ✓ Contributor address; City; State; Zip Code <b>PO Box 9044 Amarillo TX 79105</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/17/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dr. Fred A. Snyder</b> ✓ Contributor address; City; State; Zip Code <b>2508 S. Van Buren Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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1 Total pages Schedule A1:

2 FILER NAME

Patrick R Miller

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/2023

5 Full name of contributor

Sandra K. Turner

☐ out-of-state PAC (ID#:

✓

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City;

State;

Zip Code

815 Eyrie Dr, Ste 2

Oviedo

FL

32765

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/17/2023

Full name of contributor

Donald E. Powell

☐ out-of-state PAC (ID#:

✓

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

PO Box 468

Amarillo

TX

79105

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2023

Full name of contributor

Karmyn Seaburg

☐ out-of-state PAC (ID#:

✓

Amount of contribution (\$)

\$1,145.00

Contributor address;

City;

State;

Zip Code

5611 SW 40th Ave Amarillo TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2023

Full name of contributor

William G. Seaburg

☐ out-of-state PAC (ID#:

✓

Amount of contribution (\$)

\$1,365.00

Contributor address;

City;

State;

Zip Code

5611 SW 40th Ave Amarillo TX 79109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME <b>PATRICK K MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sagrario Mejia Gonzalez</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>8106 Victory Dr Amarillo TX 79114</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/18/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie Attebury</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>PO Box 8211 Amarillo TX 79114</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trudie Hall</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1504 Crockett Amarillo TX 79102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Wrampelmeier</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>2602 S. Parker Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Patrick R Miller</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryan White</b>	7 Amount of contribution (\$) <b>\$25.00</b>
6 Contributor address; City; State; Zip Code <b>630A Kalee Dr Amarillo TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Cleavinger</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>5994 FM 809 Wildorado TX 79098</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindi Bulla</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4804 Lexington Sq Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Willis</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>5500 Andrews Ave Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>04/19/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Hartz</b> 6 Contributor address; City; State; Zip Code <b>1501 S. Rust St Amarillo TX 79102</b>	7 Amount of contribution (\$) <b>\$75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pat Dison</b> Contributor address; City; State; Zip Code <b>4811 Cape Colony Dr Amarillo TX 79119</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Dowdy</b> Contributor address; City; State; Zip Code <b>2501 S. Van Buren Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Johnson</b> Contributor address; City; State; Zip Code <b>810 S. Arundale Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>04/19/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kay Kennedy</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>2028 S. Austin St Amarillo TX 79109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Krystal Burns</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>5002 Charles Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathryn Frye</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>7202 Apollo Trail Amarillo TX 79108</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chaney Via</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>25001 S. Soncy Rd Canyon TX 79015</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>04/21/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Nair</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>2301 Harmony Amarillo TX 79106</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/21/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Chesnut</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3000 S. Hayden St Amarillo TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/21/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sonja Gross</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>7913 Pilgrim Dr Amarillo TX 79119</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/21/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ✓ <b>Marie Ballengee</b>	Amount of contribution (\$) <b>\$750.00</b>
Contributor address; City; State; Zip Code <b>3 Teal Court Amarillo TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>PATRICIA R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/21/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Donna Miller</b> ✓ 6 Contributor address; City; State; Zip Code <b>2818 S. Ong Amarillo TX 79109</b>	7 Amount of contribution (\$) <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/21/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Helen Benton</b> ✓ Contributor address; City; State; Zip Code <b>2410 Hawthorne Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/21/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Glen Brosier</b> ✓ Contributor address; City; State; Zip Code <b>2417 S. Hughes Amarillo TX 79109</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/21/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Wayne L. Holder</b> ✓ Contributor address; City; State; Zip Code <b>1511 Bowie St Amarillo TX 79102</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/22/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Georgia Swift</b> ✓ 6 Contributor address; City; State; Zip Code <b>2401 SW 26th Ave Amarillo TX 79109</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/22/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Amarillo Association of REALTORS INC PAC</b> ✓ Contributor address; City; State; Zip Code <b>5601 Enterprise Cir, Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/23/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tom &amp; Karen Walters</b> ✓ Contributor address; City; State; Zip Code <b>1 Edgewater Dr Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/23/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dee Miller</b> ✓ Contributor address; City; State; Zip Code <b>5315 Berget Dr Amarillo TX 79106</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>PATRICK R MILLER</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>04/10/2025</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>In This Moment Parties &amp; Events</u>	8 Amount of Contribution \$ <u>42,000.00</u>	9 In-kind contribution description <u>Venue Reservation</u>
7 Contributor address; City; State; Zip Code <u>707 S. Polk St Amarillo TX 79101</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Business Owner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any).(FOR JUDICIAL)			

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 MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>43</b>	2 FILER NAME <b>PATRICK R MINER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/25/2025</b>	5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$1.03</b>	7 Payee address; <b>225 Varick Street, 12TH Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/25/2025</b>	Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$0.75</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/26/2025</b>	Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$14.80</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK P MILLER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/26/2025</b>	5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$15.00</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/26/2025</b>	Payee name <b>Squarespace, Inc</b>			
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Amount (\$) <b>\$0.75</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/26/2025</b>	Payee name <b>Squarespace, Inc</b>			
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Amount (\$) <b>\$1.03</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/27/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$3.20</b>	7 Payee address: <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>03/27/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$3.00</b>	Payee address: <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <b>03/28/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$2.48</b>	Payee address: <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/28/2025</b>		5 Payee name <b>Squarespace, Inc.</b>			
6 Amount (\$) <b>\$2.25</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>03/28/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$2.25</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>03/28/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$2.48</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/28/2025</b>		5 Payee name <b>Squarespace, Inc.</b>			
6 Amount (\$) <b>\$0.88</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>03/28/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$0.60</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>03/31/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$6.10</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/31/2025</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$6.00</b>		7 Payee address: <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>03/31/2025</b>		Payee name <b>Whitney Russell Printing</b>			
Amount (\$) <b>\$1,044.61</b>		Payee address; <b>PO BOX 664</b>		City; <b>Amarillo</b>	State; <b>TX</b>
				Zip Code <b>79105</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Yard Signs</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>04/01/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$1.03</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/01/2025</b>	5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$0.75</b>	7 Payee address; <b>225 Varot St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/01/2025</b>	Payee name <b>Squarespace, Inc</b>			
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Amount (\$) <b>\$7.50</b>	Payee address; <b>225 Varot St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/01/2025</b>	Payee name <b>Squarespace, Inc</b>			
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Amount (\$) <b>\$7.55</b>	Payee address; <b>225 Varot St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **PATRICK R MILLER** 3 Filer ID (Ethics Commission Filers)

4 Date **04/02/2025** 5 Payee name **Squarespace, Inc**

6 Amount (\$) **\$3.20** 7 Payee address; City; State; Zip Code  
**225 Varick St, 12th Floor New York NY 10014**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Fees** (b) Description **Processing**  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **04/02/2025** Payee name **Squarespace, Inc**

Amount (\$) **\$3.00** Payee address; City; State; Zip Code  
**225 Varick St, 12th Floor New York NY 10014**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fees** Description **Processing**  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **04/02/2025** Payee name **Squarespace, Inc**

Amount (\$) **\$3.00** Payee address; City; State; Zip Code  
**225 Varick St, 12th Floor New York NY 10014**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fees** Description **Processing**  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/04/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$ 3.20</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>04/03/2025</b>	Payee name <b>Squarespace, Inc.</b>		
Amount (\$) <b>\$0.45</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; Zip Code <b>NY 10014</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date <b>04/03/2025</b>	Payee name <b>Squarespace, Inc.</b>		
Amount (\$) <b>\$0.74</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; Zip Code <b>NY 10014</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILVER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/04/2015</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$1.50</b>		7 Payee address; <b>225 Varot St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/04/2015</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$1.75</b>		Payee address; <b>225 Varot St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/04/2015</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$6.10</b>		Payee address; <b>225 Varot St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <b>PATRICK R MILLER</b>			3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/04/2025</b>		5 Payee name <b>Squarespace, Inc</b>				
6 Amount (\$) <b>\$16.00</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>			City; <b>New York</b>	State; <b>NY</b>
8  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name			Office sought	Office held
Date <b>04/05/2025</b>		Payee name <b>Squarespace, Inc</b>				
Amount (\$) <b>\$3.00</b>		Payee address; <b>225 Varick St, 12th Floor</b>			City; <b>New York</b>	State; <b>NY</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name			Office sought	Office held
Date <b>04/05/2025</b>		Payee name <b>Squarespace, Inc</b>				
Amount (\$) <b>\$3.20</b>		Payee address; <b>225 Varick St, 12th Floor</b>			City; <b>New York</b>	State; <b>NY</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name			Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/07/2025</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$1.50</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date <b>04/07/2025</b>					
Payee name <b>Squarespace, Inc</b>					
Amount (\$) <b>\$1.75</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date <b>04/07/2025</b>					
Payee name <b>Squarespace, Inc</b>					
Amount (\$) <b>\$0.74</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1.		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/07/2025</b>		5 Payee name <b>Squarespace, Inc.</b>			
6 Amount (\$) <b>\$ 0.45</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/07/2025</b>		Payee name <b>Squarespace, Inc.</b>			
Amount (\$) <b>\$ 0.75</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/07/2025</b>		Payee name <b>Squarespace, Inc.</b>			
Amount (\$) <b>\$1.03</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK P MILLER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/07/2025</b>	5 Payee name <b>Meta Platforms, Inc</b>
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6 Amount (\$) <b>\$2,00</b>	7 Payee address; <b>1 Meta Way</b>	City; <b>Menlo Park</b>	State; <b>CA</b>	Zip Code <b>94025</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/07/2025</b>	Payee name <b>Meta Platforms, Inc</b>
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Amount (\$) <b>\$2,00</b>	Payee address; <b>1 Meta Way</b>	City; <b>Menlo Park</b>	State; <b>CA</b>	Zip Code <b>94025</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/07/2025</b>	Payee name <b>Meta Platforms, Inc</b>
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Amount (\$) <b>\$2,00</b>	Payee address; <b>1 Meta Way</b>	City; <b>Menlo Park</b>	State; <b>CA</b>	Zip Code <b>94025</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/07/2025</b>		5 Payee name <b>Meta Platforms, Inc</b>			
6 Amount (\$) <b>\$2.00</b>		7 Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; <b>CA</b>
				Zip Code <b>94025</b>	
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/07/2025</b>		Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$3.00</b>		Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; <b>CA</b>
				Zip Code <b>94025</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/07/2025</b>		Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$5.00</b>		Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; <b>CA</b>
				Zip Code <b>94025</b>	
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/07/2025</b>	5 Payee name <b>Meta Platforms, Inc</b>
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6 Amount (\$) <b>\$5.00</b>	7 Payee address; <b>1 Meta Way</b>	City; <b>Menlo Park</b>	State; <b>CA</b>	Zip Code <b>94025</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/07/2025</b>	Payee name <b>Meta Platforms, Inc</b>
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Amount (\$) <b>\$8.00</b>	Payee address; <b>1 Meta Way</b>	City; <b>Menlo Park</b>	State; <b>CA</b>	Zip Code <b>94025</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/07/2025</b>	Payee name <b>Meta Platforms, Inc</b>
---------------------------	--

Amount (\$) <b>\$12.00</b>	Payee address; <b>1 Meta Way</b>	City; <b>Menlo Park</b>	State; <b>CA</b>	Zip Code <b>94025</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/07/2025</b>		5 Payee name <b>GoDaddy</b>			
6 Amount (\$) <b>\$25.46</b>		7 Payee address; <b>2155 E GoDaddyWay</b>		City; <b>Tempe</b>	State; <b>AZ</b>
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Domain</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/08/2025</b>		Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$18.00</b>		Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; <b>CA</b>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/08/2025</b>		Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$27.06</b>		Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; <b>CA</b>
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/08/2025</b>		5 Payee name <b>Alpha Media LLC</b>			
6 Amount (\$) <b>\$4,996.00</b>		7 Payee address; <b>3505 Olsen Blvd #117</b>		City; <b>Amarillo</b>	State; Zip Code <b>TX 79109</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/09/2025</b>		Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$30.00</b>		Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; Zip Code <b>CA 94025</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/09/2025</b>		Payee name <b>Amarillo Globe News</b>			
Amount (\$) <b>\$4,936.90</b>		Payee address; <b>600 S. Tyler St, Ste 600</b>		City; <b>Amarillo</b>	State; Zip Code <b>TX 79101</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/09/2015</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$2.48</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/09/2015</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$2.25</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/09/2015</b>	Payee name <b>Meta Platforms, Inc</b>	
Amount (\$) <b>\$27.00</b>	Payee address; <b>1 Meta Way</b>	City; State; Zip Code <b>Menlo Park CA 94025</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/10/2025</b>		5 Payee name <b>Meta Platforms, Inc.</b>			
6 Amount (\$) <b>\$33.00</b>		7 Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; <b>CA</b>
				Zip Code <b>94025</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/10/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.00</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/10/2025</b>		Payee name <b>Squarespace, Inc.</b>			
Amount (\$) <b>\$3.20</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/11/2025</b>	5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$0.74</b>	7 Payee address; <b>225 Varick St, 12th floor New York</b>		City; <b>NY</b>	State; Zip Code <b>10014</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
Date <b>04/11/2025</b>	Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$37.00</b>	Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; Zip Code <b>CA 94025</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				
Date <b>04/11/2025</b>	Payee name <b>Meta Platforms, Inc</b>			
Amount (\$) <b>\$ 41.00</b>	Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; Zip Code <b>CA 94025</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name      Office sought      Office held				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/11/2015</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$0.45</b>	7 Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/12/2015</b>	Payee name <b>Squarespace, Inc.</b>	
Amount (\$) <b>\$3.20</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/12/2015</b>	Payee name <b>Squarespace, Inc.</b>	
Amount (\$) <b>\$3.00</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK B MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/12/2015</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$3.00</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/12/2015</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.20</b>		Payee address; <b>225 Varick St, 12th floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/14/2015</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$14.80</b>		Payee address; <b>225 Varick St, 12th floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1.	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/19/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$15.00</b>	7 Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>04/19/2025</b>	Payee name <b>Meta Platforms, Inc.</b>		
Amount (\$) <b>\$46.00</b>	Payee address; City; State; Zip Code <b>1 Meta Way Menlo Park CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>04/19/2025</b>	Payee name <b>Meta Platforms, Inc</b>		
Amount (\$) <b>\$46.00</b>	Payee address; City; State; Zip Code <b>1 Meta Way Menlo Park CA 94025</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2025</b>	5 Payee name <b>Meta Platforms, Inc</b>	
6 Amount (\$) <b>\$51.00</b>	7 Payee address; <b>1 Meta Way</b>	City; State; Zip Code <b>Menlo Park CA 94025</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/15/2025</b>	Payee name <b>Walmart</b>	
Amount (\$) <b>\$25.96</b>	Payee address; <b>4610 S. Coulter St</b>	City; State; Zip Code <b>Amarillo TX 79119</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <b>Two Cheesecakes</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/15/2025</b>	Payee name <b>Sam's Club</b>	
Amount (\$) <b>\$56.94</b>	Payee address; <b>8952 Westgate Pkwy W</b>	City; State; Zip Code <b>Amarillo TX 79124</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <b>Three Cheesecakes</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/15/2025</b>	5 Payee name <b>Meta Platforms, Inc</b>	
6 Amount (\$) <b>\$ 57.00</b>	7 Payee address; <b>1 Meta Way</b>	City; State; Zip Code <b>Menlo Park CA 94025</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>04/15/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$29.30</b>	Payee address; <b>225 Varro St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <b>04/15/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$30.00</b>	Payee address; <b>225 Varro St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/15/2025</b>	5 Payee name <b>Squarespace, Inc</b>
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6 Amount (\$) <b>\$0.75</b>	7 Payee address: <b>225 Varnd St, 12th Floor</b>	City: <b>New York</b>	State: <b>NY</b>	Zip Code <b>10014</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/15/2025</b>	Payee name <b>Squarespace, Inc</b>
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Amount (\$) <b>\$1.03</b>	Payee address: <b>225 Varnd St, 12th Floor</b>	City: <b>New York</b>	State: <b>NY</b>	Zip Code <b>10014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/15/2025</b>	Payee name <b>Squarespace, Inc</b>
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Amount (\$) <b>\$0.45</b>	Payee address: <b>225 Varnd St, 12th Floor</b>	City: <b>New York</b>	State: <b>NY</b>	Zip Code <b>10014</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/15/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$0.74</b>	7 Payee address <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/16/2025</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$0.45</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/16/2025</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$0.74</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK R MUEER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/16/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$1.50</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>04/16/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$1.75</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <b>04/18/2025</b>	Payee name <b>Bri Cagle</b>		
Amount (\$) <b>\$25.00</b>	Payee address; <b>2009 S Fannin</b>	City; State; Zip Code <b>Amarillo TX 79109</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Buttons</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

PATRICK R MILLER

4 Date 5 Payee name  
04/18/2023 Squarespace, Inc

6 Amount (\$) 7 Payee address; City; State; Zip Code  
\$7.55 225 Varick St, 12th Floor New York NY 10014

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
Fees Processing  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name  
04/18/2023 Squarespace, Inc  
Amount (\$) Payee address; City; State; Zip Code  
\$7.50 225 Varick St, 12th Floor New York NY 10014

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
Fees Processing  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name  
04/18/2023 Squarespace, Inc  
Amount (\$) Payee address; City; State; Zip Code  
\$6.10 225 Varick St, 12th Floor New York NY 10014

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
Fees Processing  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK P MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$6.00</b>	7 Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/18/2025</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$7.55</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/18/2025</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$7.50</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICIA K. MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2015</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$7.50</b>	7 Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date <b>04/18/2015</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$7.55</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date <b>04/18/2015</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$0.75</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK MILLER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/18/2025</b>	5 Payee name <b>Squarespace, Inc</b>		
6 Amount (\$) <b>\$1.03</b>	7 Payee address City; State; Zip Code <b>225 Varick St, 10th Floor New York NY 10014</b>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name <b>04/18/2025 Squarespace, Inc</b>			
Amount (\$) <b>\$6.00</b>			
Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name <b>04/18/2025 Squarespace, Inc</b>			
Amount (\$) <b>\$6.10</b>			
Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/18/2015</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$3.20</b>		7 Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/18/2015</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.00</b>		Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>04/18/2015</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.20</b>		Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/19/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$3.00</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/19/2025</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$2.48</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/19/2025</b>	Payee name <b>Squarespace, Inc</b>	
Amount (\$) <b>\$2.25</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/19/2015</b>	5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$3.20</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <b>04/19/2015</b>	Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.00</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <b>04/19/2015</b>	Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.20</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; <b>New York</b>	State; <b>NY</b>	Zip Code <b>10014</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

PATRICK R MILLER

3 Filer ID (Ethics Commission Filers)

4 Date

04/19/2025

5 Payee name

Squarespace, Inc

6 Amount (\$)

\$3.00

7 Payee address

225 Varick St, 12th Floor New York NY 10014

8

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Fees

(b) Description

Processing

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

04/19/2025

Payee name

Squarespace, Inc

Amount (\$)

\$3.00

Payee address;

225 Varick St, 12th Floor New York NY 10014

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees

Description

Processing

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

04/19/2025

Payee name

Squarespace, Inc

Amount (\$)

\$3.00

Payee address;

225 Varick St, 12th Floor New York NY 10014

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Fees

Description

Processing

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/19/2025</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$3.00</b>		7 Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/19/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.00</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/19/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.00</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/19/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$3.00</b>		Payee address; <b>225 Varick St, 12th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK R. MUEEP</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/19/2025</b>	5 Payee name <b>Squarespace, Inc.</b>	
6 Amount (\$) <b>\$3.20</b>	7 Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>04/14/2025</b>	Payee name <b>Squarespace, Inc.</b>		
Amount (\$) <b>\$1.03</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>04/19/2025</b>	Payee name <b>Squarespace, Inc.</b>		
Amount (\$) <b>\$0.75</b>	Payee address; City; State; Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK R MILLER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>04/12/2025</b>	5 Payee name <b>Squarespace, Inc</b>	
6 Amount (\$) <b>\$ 3.00</b>	7 Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Processing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>04/12/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$3.20</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <b>04/12/2025</b>	Payee name <b>Squarespace, Inc</b>		
Amount (\$) <b>\$3.00</b>	Payee address; <b>225 Varick St, 12th Floor</b>	City; State; Zip Code <b>New York NY 10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Processing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/21/2025</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$3.20</b>		7 Payee address: City: State: Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>04/21/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$6.00</b>		Payee address: City: State: Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>04/21/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$6.10</b>		Payee address: City: State: Zip Code <b>225 Varick St, 12th Floor New York NY 10014</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME <b>PATRICK P. MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/21/2025</b>		5 Payee name <b>Squarespace, Inc</b>			
6 Amount (\$) <b>\$1.03</b>		7 Payee address <b>225 Varick St, 10th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Processing</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/21/2025</b>		Payee name <b>Squarespace, Inc</b>			
Amount (\$) <b>\$0.75</b>		Payee address; <b>225 Varick St, 10th Floor</b>		City; <b>New York</b>	State; <b>NY</b>
				Zip Code <b>10014</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/22/2025</b>		Payee name <b>VistaPrint</b>			
Amount (\$) <b>\$126.21</b>		Payee address; <b>100 Hayden Ave</b>		City; <b>Lexington</b>	State; <b>MA</b>
				Zip Code <b>02421</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Car Magnets</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>PATRICK R MILLER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/23/2025</b>	5 Payee name <b>Meta Platforms, Inc</b>			
6 Amount (\$) <b>\$63.00</b>	7 Payee address; <b>1 Meta Way</b>		City; <b>Menlo Park</b>	State; Zip Code <b>CA 94025</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED