CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY R MR **OFFICEHOLDER** PATRICK NAME SUFFIX NICKNAME MILLER ZIP CODE RECEIVED STATE 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** MAILING 79120 PO BOX 31592 Ameliuo **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Ha **OFFICEHOLDER** (806) A20-7100 PHONE MS / MRS / MR MI 6 CAMPAIGN TREASURER ADRIAN Date Processed ML NAME SUFFIX NICKNAME Date Imaged MEANDER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE ZIP CODE 7 CAMPAIGN TREASURER 79110 **ADDRESS** /+ marille Wrangler Trail 8 203 (Residence or Business) EXTENSION AREA CODE 8 CAMPAIGN TREASURER PHONE 6710-3106 15th day after campaign 9 REPORT TYPE Runoff 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 13 2025 04 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Day Description Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Amarillo City Council 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME	20 Filer ID (Ethics Commission Filers)						
PATRICK R MILLER							
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 19,210.00						
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 2,000.00						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$						
4. SCHEDULE E: LOANS	S						
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO.	NTRIBUTIONS \$12,143,78						
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S						
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 FUN	NDS \$						
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$						
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$						
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED \$						

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	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELI	ICAL CONTRIBUTIONS (OTHER TH RANTEES OF LOANS, OR ECTRONICALLY)	HAN	s Ø
	2. TOTAL POLITICAL CONTE (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOAM	NS)	\$ 19,210.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$ Ø
	4. TOTAL POLITICAL EXPEN	NDITURES		\$12,143.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE	LAST DAY	\$27,752.02
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	S OF THE	\$ Ø
	rear, or affirm, under penalty of perjury uired to be reported by me under Title 15			rrect and includes all information
	Please com	nplete either option bel	ow:	
Notary Public, Notary ID # MynConnersistantExplace	State of Texas			
Sworn to and subscribed	before me by <u>Patrick</u> n	niller this t	the 25 th	day of April
2025 to certify	which, witness my hand and seal of office			Ablas.
Signature of officer administer	ing oath Printed name of	officer administering oath		Title of officer administering oat
		OR	PEN P	
(2) Unsworn Declaration	on			
My name is		, and my date of birt	h is	
	(street)	(city)		(zip code) (country)
Executed in	County, State of	, on the day of (m	onth)	, 20 (year)
		Signature of Ca	andidate/Offi	ceholder (Declarant)

SCHEDULE A1

	sted information is not applica	DIC, DO NOT II			Toport.
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 25
2 FILER NAME	ATRICK & MILLER				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03/25/225	Phillip & Judy Perim 6 Contributor address; 3209 Hawthovne, Dr.	city; Amevilly	State;	Zip Code 79109	\$75.00
8 Principal occuj	pation / Job title (See Instructions)		9 Emp	oyer (See Instruc	tions)
Date	Full name of contributor Donna Miller	out-of-state PAG	C (ID#:		Amount of contribution (\$)
03/11/2015	Contributor address;	City;	State;	Zip Code 79119	\$200.00
Principal occup	L818 Ung St. ation / Job title (See Instructions)	Amarillo		oyer (See Instruc	tions)
Date	Full name of contributor Floyd Anthony	out-of-state PAC	C (ID#:	✓ — — — — — — — — — — — — — — — — — — —	Amount of contribution (\$)
03/27/2025	Contributor address;	city; Amarillo	State;	Zip Code	\$100,00
Principal occup	910 S. Avandale St.	t 1 Astonalufo	Empl	0 oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	nation / Job title (See Instructions)	-	Emp	oyer (See Instruc	tions)
		~			
<u> </u>	ATTACH ADDIT	TIONAL COPIES	OF THIS	SCHEDULE AS N	REEDED

SCHEDULE A1

FILER NAME	Instruction Guide explains how t	o complete this	s form.		1 Total pages Schedule A1:
P			The Instruction Guide explains how to complete this form.		
	ATRICK & MILLER				3 Filer ID (Ethics Commission Filers
Date 03/15/1615	5 Full name of contributor Sandie Firestone 6 Contributor address; 8806 Wedgewood Ave	out-of-state PAI		Zip Code 79119	7 Amount of contribution (\$)
Principal occup	oation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/26/2025	Mark Bivins Contributor address; PO BOX 708	city: Amerillo	State;	Zip Code 79105	\$500.00
Principal occupa	ation / Job title (See Instructions)		Emplo	oyer (See Instruct	lions)
Date)3 /26 /2015	Full name of contributor Jannis Laird Contributor address;	out-of-state PAG	C (ID#:	Zip Code	Amount of contribution (\$)
	3312 Bedford Road	Amarillo		79106	
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAG	C (ID#:		Amount of contribution (\$)
03/27/2025	Contributor address;	city: Amarillo	State;	Zip Code . 79109	\$100.00
1	5704 Nicholas Dr.	Thereby (6	Empl	oyer (See instruc	tions)
				·	
		,			

}

SCHEDULE A1

The	Instruction Guide explains how to complete this form	7 Iotal pa	ges Schedule A1:
FILER NAME	ATRICK & MILLER	3 Filer ID	(Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:		of contribution (\$)
צרש) שן דר	Valerie Murphy 6 Contributor address; City; Sta 3710 Linda Dr. Amarillo 7	e; Zip Code \$75 \$79109	· · · · · · · · · · · · · · · · · · ·
Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)	
Date	Full name of contributor	Amoun	t of contribution (\$)
3/28/1025	Peter Stynes Contributor address; City; Sta 7906 Georgetown Dr. Amarillo T	e; Zip Code \$75 \$ 76119	. 00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	Amoun	t of contribution (\$)
33/128/1015	Contributor address; City; Sta	e; Zip Code \$70 X 74104	.00
Principal occur	eation / Job title (See Instructions)	nployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amoun	t of contribution (\$)
	Contributor address; City; Sta	e; Zip Code	
Principal occup	pation / Job title (See Instructions)	mployer (See Instructions)	
	<u> </u>		
			•

SCHEDULE A1

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2 FILER NAME	PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
03/19/2015	Tino Morales	C	4- 04 .
V J		ate; Zip Code	\$50.00
	8013 Lacona Dr. Amavillo T	X 79119	
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruct	dons)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/29/2025	Mirth Allcorn	C	d 0 0 00
orpalace		ate; Zip Code	\$ 20.00
	8200 Clava Allen Trl. Amavillo T	X 79118	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)'
Date	Full name of contributor)	Amount of contribution (\$)
03/29/2018	Sharri Fisher	Ç	\$20.00
0.101		ite; Zip Code	\$ 50.00
	7807 Pebblebrook Dr. Amarillo T	X 79119	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/30/2015	David & Alicia Woodburn Contributor address; City; Sta	ate; Zip Code	\$100.00
	2616 Juniper Dr. Amarillo T	X 79109	
Principal occup	<u> </u>	Employer (See Instruct	ions)
			•
			•
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS N	EEDED
i	Manufakutar je aut af etata DAC pjeses see instruction		

SCHEDULE A1

			_		
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	PATRICK R MILLEY	ι			3 Filer ID (Ethics Commission Filers)
4 Date 93/31/2015	5 Full name of contributor Deborah Whisena 6 Contributor address; 1204 S. Florida St. spation / Job title (See Instructions).	out-of-state PAG	State;		7 Amount of contribution (\$) \$\begin{align*} \pi 200.00 \\ \text{tions} \end{align*}
-	pation 7 505 the (See mandeners).		<i>y</i> 2p.		
Date 04 OI (Zers	Full name of contributor Chancy VI a Contributor address; 25001 South Soncy Rd.	City:	State;	Zip Code 7905	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Curyon		oyer (See Instruc	tions)
Date OT (OL) TOTAL Principal occur	Full name of contributor Richard Craig Contributor address; 2801 Teckla Blvd pation / Job title (See Instructions)	City;	State;	Zip Code 79106 oyer (See Instruc	Amount of contribution (\$) \$\Pi\chi_{150.00}\$ tions)
Date 54 02 7025	Full name of contributor Michele fortunate Contributor address;	Out-of-state PAC City;		Zip Code 79102	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	ATTACH ADDIT			CHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how t	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	PATRICE R MILLE	K		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
041047015	Leslie Owens 6 Contributor address; 2122 S. Hughus	city: A maril u	State; Zip Code	\$100.00
3 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04103/2025	Derek Parterfield Contributor address; 4806 Westway Trail	city; Amartllo	State; Zip Code	\$15.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
94/04/2018	James OHo Contributor address; 7907 Fenley Dr	city: Amarillo	State; Zip Code	\$50.00
Principal occup	nation / Job title (See Instructions)	<u> </u>	Employer (See Instruc	tions)
Date 04/04/7025	Full name of contributor Daniel Dobervich	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	city: A manillo	State; Zip Code	5 200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITION	ONAL COPIES	OF THIS SCHEDULE AS N	IEEDED reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	PATRICK K MILLE	*			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:		7 Amount of contribution (\$)
04[05]ws	Anne C. Vroom 6 Contributor address; 5535 Wengnah Dr	city; Dallus	State;	Zip Code 75219	\$100.00
8 Principal occu	pation / Job title (See Instructions)	varius	r	oyer (See Instruc	tions)
		t.			
Date	Full name of contributor	out-of-state PAC	C (1D#;		Amount of contribution (\$)
64105/wws	Contributor address;	City;	State;	Zip Code	\$200.00
	14 Edgewater Dr	Amarillo	TY)	79186	,
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	Out-of-state PAC			Amount of contribution (\$)
64/05/2025	Contributor address;				\$250.00
	15 Willow Bridge Dr	Amarillo	TX	79106	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
94105/wrs	Contributor address; [Edgewater	city; Awarillo	State;	Zip Code 7910(0	\$700.00
Principal occup	pation / Job title (See Instructions)	1100000110		oyer (See Instruct	tions)
		<u> </u>			
					·
		•			
	ATTACIIADDIT	IONAL COPIES	OE TUIS S	CHEDIII E AS N	FEDEN
	ATTACH ADDIT	, please see Instr	uction guid	de for additional (reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form		1 Total pages Schedule A1:
	Instruction Guide explains how	to complete this			
FILER NAME	PATRIUK R MILL	ÆR			3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	out-of-state PAG	: (ID#:		7 Amount of contribution (\$)
04/05/2025	Peggy A. Berg 6 Contributor address;	City;	State:	Zip Code	£ 100,00
	10 Teal Ct	Amarillo	_	79106	4 (60 / 60
Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#;		Amount of contribution (\$)
4/05/2025	Cheryl Clark Contributor address;	City;	State;	Zip Code	\$1,000.00
	3 Edgewater Dr	Amarillo	TK	79106	
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:		Amount of contribution (\$)
4/05/2025	Patricia Petersen Contributor address;	City;	State;	Zip Code	\$200.00
	5 Edgewater Dr	Amarille	TX	79106	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:	ر	Amount of contribution (\$)
)4(05/202s	Alan Abraham Contributor address;	City;	State;	Zip Code	\$75.00
	7205 SW 35th Ave	Amarillo	TY	79109	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
				e Maria de la Carte de la Cart	

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	PATRICE & MILLER	C			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:		7 Amount of contribution (\$)
04/07/2025	Menghan Collier 6 Contributor address; 5602 SW 4544 Aw	city; Amarillo		Zip Code 79(89	\$50.00
8 Principal occu	pation / Job title (See Instructions)			oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
04(07/2015	Contributor address;	City;	_	Zip Code	\$15,00
	4205 Woodfield	Amentlo	TX	79109	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instructi	ions)
Date	Full name of contributor	Out-of-state PAC) (ID#:)	Amount of contribution (\$)
04/07/2015	Heidi Lite Contributor address;	City;		Zip Code	\$ 25.00
	5601 Bul St, # 1002	Amanillo	TX	79109	
Principal occup	pation / Job title (See Instructions)			oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (1D#:		Amount of contribution (\$)
04/09/2025	Robert & Michele Kar Contributor address;	. .		Zip Code	\$75,00
	3002 S. Hayden	Amarillo	TF	79109	
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruct	ions)
		TIONAL COPIES			
	If contributor is out-of-state PAC				

SCHEDULE A1

•			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	PATRUE R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/1015	5 Full name of contributor out-of-state PAC Steven & Shelley Chaloupka	✓	7 Amount of contribution (\$)
0 12011 2005	6 Contributor address; City: 6 Teal Ct Amarillo	State; Zip Code 79106	\$200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions) ,
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/09/2025	Sue W. Lawnence Contributor address; City; 2217 S. Ong Amarillo	State; Zip Code	€ 100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	· ·	(ID#:)	Amount of contribution (\$)
04/10/2025	Jason Ault Contributor address; City; 3523 Plum Ln Amarillu	State; Zip Code	\$ 100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/11/2015	Contributor address; City;	State; Zip Code	\$15,00
Principal occup	1881 Steeplechese Or #507 Amaila	Employer (See Instruct	ions)
			•
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDIII FAS N	EEDED
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	eporting requirements.

SCHEDULE A1

		-			1 Total pages Schodulo A1
The	Instruction Guide explains how	to complete thi	is form.		1 Total pages Schedule A1:
2 FILER NAME	PATRICK 12 MILL	ER		!	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	AC (ID#:		7 Amount of contribution (\$)
	Sander Thamstshu	4			
04/14/2015	6 Contributor address;	City;	State; 2	Zip Code	£100.00
	1318 Carolyn 87	Amarille	TY	79107	
8 Principal occu	pation / Job title (See Instructions)		9 Employ	er (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	\C (ID#:)	Amount of contribution (\$)
Adiatane	Kathyn McNeil Contributor address;				
69/14/2015	l • -	City;	State; 2	Zip Code	4100.00
	4605 Cape Wlony	Amadilo	TY -	7alla	
Principal occup	pation / Job title (See Instructions)	 	Employ	rer (See Instruct	tions)
Date'	Full name of contributor	out-of-state PA	.C (ID#:		Amount of contribution (\$)
94/13/2025	Roy UrruHa Contributor address:	City;	State; Z	√ Zip Code	APIAN AA
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7213 Bayswater 1d	Amarth		•	€ 100.00
Principal occup	pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	IC (ID#:		Amount of contribution (\$)
04/13/2013	Helen Benten Contributor address;	City;	State; Z	ip Code	\$200.00
	2410 Wavethorne	Amarillo	TX -	79109	
Principal occup	pation / Job title (See Instructions)		Employ	er (See Instruc	tions)

SCHEDULE A1

				SCHEDULE A
If the reques	sted information is not applica	bie, DO NOT i i	nclude this page in th	ne report.
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	PATRICE R MILLI	er		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PA	C (ID#:	7 Amount of contribution (\$)
	John H. Enry		· /	
4/13/2018	6 Contributor address;	City;	State; Zip Code	\$30.00
, •	PA BOX 9637	Amarillo	TX 79105	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
94/13/2015	Charlie Sanchez		**/	
هماد) ایک	Contributor address;	City;	State; Zip Code	\$25,00
	1709 Si Hurrism	Amarillo	TY 79102	1
Principal occup	ation / Job title (See Instructions)		Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	.) Amount of contribution (\$)
Winner	Anette Carlisle			# 250.00
H1312018	Contributor address;	City;	State; Zip Code	4 Boios
	1216 S. Lamar	Awarillo	TX 79102	-
Principal occup	ation / Job title (See Instructions)	-	Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
94/13/2015	May Emeny			₩ 4 750.00
משורווי	Contributor address:	City;	State; Zip Code	4/2000
	PO BOY 148	Bushland	TX 79012	
Principal occup	eation / Job title (See Instructions)		Employer (See Instr	uctions)
				•
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS	S NEEDED

SCHEDULE A1

	sted information is not applicat				
The	Instruction Guide explains how	to complete thi	is form.		1 Total pages Schedule A1:
FILER NAME	PATRICK P MILLEY	ı.			3 Filer ID (Ethics Commission Filers)
4 Date O4[13] W.S.	5 Full name of contributor Adair & Dale Buck 6 Contributor address; 3015. Polk St. Ste. 40	□ out-of-state PA	N	Zip Code 79(1)	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruc	tions)
Date 14 13 1825	Contributor address;	City:	√ State;	Zip Code 75165	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date 14/14/2025	Full name of contributor Carson Leverett Contributor address;	out-of-state PA		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of contribution (\$)
Principal occup	3111 Crockett St pation / Job title (See Instructions)	Amarillo	Emplo	70109 oyer (See Instruc	tions)
Date	Full name of contributor James Whitton Contributor address; PO Boy 7844	out-of-state PA City:		Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
	ATTACH ADDIT If contributor is out-of-state PAC	IONAL COPIES	OF THIS S	CHEDULE AS N	IEEDED

SCHEDULE A1

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

Date S Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$)	FILER NAME	APPER & MILLER				3 Filer ID (Ethics Commission Filers
City: State: Zip Code \$25.00	Date	1	out-of-state PA	C (ID#:		7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Alle is no					
Principal occupation / Job title (See Instructions) Semployer (See Instructions)	الماله المال		•		Zip Code	\$25,00
Date Full name of contributor out-of-state PAC (ID#:		824 Mankattan	Amarillo			
Contributor address: City: State: Zip Code \$15,00	Principal occ	upation / Job title (See Instructions)	9 Emplo	oyer (See Instruc	ctions)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Contributor Dout-of-state PAC (ID#:	Date	Full name of contributor	ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Andrea Delean Contributor address: City: State: Zip Code T\$15,00 Amount of contribution (\$) Amount of contribution (\$) Fillo (1878) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Jim Schooler Contributor address: City: State: Zip Code Po Boy 7841 Amount of contribution (\$)	1/L1	James Campos				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Audrea Delean Contributor address; City; State; Zip Code TSD. 00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Full name of contributor Jim Schooler Contributor address; City; State; Zip Code T100.00 P0 Boy 7841 Amanllo TX 7914	19/16/10/1	Contributor address;	City;		•	\$15,00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Audrea Delean Contributor address; City; State; Zip Code 168 Sterling fr Amartlle		1903 S. Birmagham	Amarillo	TY	79103	
Andrea Delsen Contributor address; City; State; Zip Code 1168 Sterling Ir Amarillo Tx 79110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Jim Schooler Contributor address; City; State; Zip Code Po Boy 7841 Amarillo Tx 79114	Principal occu	pation / Job title (See Instructions)				tions)
Contributor address; City; State; Zip Code 168 Sterling Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1168 Sterling	Whi-lane	Audrea Deleon		,		4-14 40
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) All 17(701) Contributor address; City; State; Zip Code Po Boy 7841 Amanllo TX 7914	T(1/W(<i>G</i> (<i>D</i>)	Contributor address;	City;	State;	Zip Code	Q 50,00
Date Full name of contributor Out-of-state PAC (ID#:		1168 Sterling Dr	Amartllo	tx	79110	
7/17(2015 Jim Schooler Contributor address; City; State; Zip Code Po Boy 7841 Amarillo TX 79114	Principal occu	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Po Boy 7841 Amarillo TX 79114		Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
Po Boy 7841 Amarillo TX 79114	Date	Time Schooler			✓	Alna ma
1000 1801	л	SILAL SOMBARA		State;		7180,00
<u> </u>	л		City;		Talin	
	л	Contributor address;		Τĸ	1744	
	4/17(201s	Contributor address;	Amarillo	Emplo		ctions)
	4/17(201s	Contributor address;	Amarillo	Emple		ctions)
·	4/17(201s	Contributor address;	Amarillo	Emple		ctions)
•	4 17(vors	Contributor address;	Amarillo	Emple		etions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1.
2 FILER NAME	PARRILL R MILLER				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Randy Taley	out-of-state PAC	 C (ID#:)	7 Amount of contribution (\$)
04/11/2015	6 Contributor address:	city;		Zip Code 79015	\$ 100.00
8 Principal occu	upation / Job title (See Instructions)		9 Emplo	oyer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	==== C (ID#:		Amount of contribution (\$)
04/11hors	Susan E. Stakes Contributor address;	City;		Zip Code	\$ 25,00
	2610 S. ong	Amarillo	ΤX	79109	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	lions)
Date	Full name of contributor	out-of-state PAC) (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC) (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruct	tions)
14					
	ATTACH ADDIT	IONAL COPIES			

SCHEDULE A1

		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.
2 FILER NAME	PATRICK P. MILVER	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Rebecca R. McCoy	
09 [17 ws	6 Contributor address; City; State; Zip Code	\$ <i>75,00</i>
	7314 Versailles Dr Amarillo TO 79121	·
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Value & Aufon	, who on the standard (b)
balnives	Kebetta K. McCry Contributor address; City; State; Zip Code	\$ 250.00
5 1 100.		4 Division
	7214 Versailles Or Amarillo TX 7914	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Vickie Lee	
84 (17/20cs	Contributor address; City; State; Zip Code	£25.00
	1018 S. Lamar Amarillo TX 72102	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
, morpar occup		,
Date	Full name of contributor	Amount of contribution (\$)
O clin	Cindy Reynolds	ACA 00
04/17/128	Contributor address; City; State; Zip Code	\$50.00
	1016 Sterling or Amarillo TX 79110	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)
		•
	ATTACH ADDITIONAL CODIES OF THE COHEDINE ACM	EEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional a	

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	PATRICK R MILLER			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Mr. & Mrs. Bill Gli	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
otluluis	6 Contributor address; 5707 Berget Dr.	city: Amarille	State: Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions)	-	9 Employer (See Instruc	, ctions)
Date	Full name of contributor	out-of-state PA	C (ID#;)	Amount of contribution (\$)
04/17/2025	Charles Fisher Contributor address;	City;	State; Zip Code	\$100.00 ·
	7807 Pebblebnub Dr	Amaille	TX 79119	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	stions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04/thurs	Tevesa Gemons Contributor address;	City;	State; Zip Code	\$150.00
	PO Box 9044	Amen'll,	TX 79105	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
64/17/2028	Or, tred A. Smyder Contributor address;	City;	State; Zip Code	\$200.00
	2508 S. Van Buren	Awarill.	TX 79/09	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
				•
			Ç	,
	ATTACH ADDIT	IONAL COPIES , please see Inst	OF THIS SCHEDULE AS Nuction guide for additional	NEEDED reporting requirements.

SCHEDULE A1

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

	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
FILER NAME	PATPERCY R MILLE	 ip		3 Filer ID (Ethics Commission Filers
	5 Full name of contributor Sandra K. Turner 6 Contributor address: 815 Eyrle Dr. Ste 2 Apation / Job title (See Instructions)	City;	State; Zip Code FL 32765 9 Employer (See Instruc	7 Amount of contribution (\$) \$\&\begin{align*} 300,00 \\ \end{align*}
Date	Full name of contributor Donald E. Powell Contributor address;	out-of-state PAC	(ID#:)	Amount of contribution (\$)
en inicus		city: fmarillo	State: Zip Code TXX 791#5	\$500.00
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
47[17]202g	Contributor address: Sbll SW 40th Ave	city; Amaillo	State; Zip Code	Ф1,145.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 64/17/2018	Full name of contributor William & Jesturg Contributor address;	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)
	ألسفدها	Amarille	TX 79(09	41, 300,00
	pation / Job title (See Instructions)		Employer (See Instruct	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	PANEUR K MILLE			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor 5agrario Mejia Gon	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
04/1612013	6 Contributor address;	City;	State; Zip Code	\$250.00
	8106 Victory or	Amarille	TX 79119	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAG	C (1D#:)	Amount of contribution (\$)
04/16/2016	Julie Attubury Contributor address;	City;	State; Zip Code	\$200.00
	PO BOX 8211	Amarilla	to 79114	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
041/8/2018	Trudie Hall Contributor address;	City;	State; Zip Code	\$250.00
	1504 Cnockett	Amarillo	TX 79102	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor		C (ID#))	Amount of contribution (\$)
04 (181202	Christopher Wrampe	<i>meier</i>		
o ilianos	Contributor address;	city; Amarillo	State; Zip Code	\$250.00
				L .

SCHEDULE A1

PATRICLE MILLER Date 5 Full name of contributor out-of-state PAC (ID#:	The	Instruction Guide explains how	to complete thi	is form.		1 Total pages Schedule A1.
Date Full name of contributor David Cleavings: Contributor address; City; State: Zip Code Full name of contributor Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor David Cleavings: Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Cindi Balla Contributor address; City: State: Zip Code Full name of contributor Cindi Balla Contributor address; City: State: Zip Code Full name of contributor Cindi Balla Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Amount of contribution (S Full name of contributor Contributor address; City: State: Zip Code Amount of contribution (S Full name of contributor Oul-of-state PAC (IDF: Amount of contribution (S Sasa Willis Contributor address: City: State: Zip Code Full name of contributor Sasa Willis Contributor address: City: State: Zip Code Full name of contributor Sasa Willis Contributor address: City: State: Zip Code Full name of contributor Amount of contribution (S	FILER NAME	Patronice & MILLER				3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor David Cleavinger Contributor address; City; State; Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Cindi Balla Contributor address; City; State; Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Amount of contribution (See Instructions) Contributor address; City; State; Zip Code Full name of contributor Out-of-state PAC (ID#: Amount of contribution (See Instructions)		5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor David Cleavings Contributor address; City; State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Cindi Bulla Contributor address; City; State: Zip Code Full name of contributor Cindi Bulla Contributor address; City; State: Zip Code ABOA Lepizgfar Sq Amarila Ty 7949 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Cirdi Bulla Contributor address; City; State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$ Sasa Willis Contributor address; City; State: Zip Code Full name of contributor Out-of-state PAC (ID#:	∪ //≀ոքր#Խ	†				\$ 25.00
Date Full name of contributor out-of-state PAC (ID#:			timunitie	, <u> </u>		
David Cleavings Contributor address; City; State; Zip Code 5999 FM 809 Wilderde TV 79098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Cindi Bulla Contributor address; City; State; Zip Code ASDA Lewington Sq. Amarille Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$ Full name of contributor Out-of-state PAC (ID#:	Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ations)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Cindi Bulla Contributor address; City; State; Zip Code ABUL Lexington Sq. Amarille Principal occupation / Job title (See Instructions) Employer (See Instructions) State: Zip Code TV 7919 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
Contributor address; City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Cindi Bulla Contributor address: City: State: Zip Code TV 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Contributor address: City: State: Zip Code Sign Of Contributor (See Instructions)		David Cleavinger				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Pate Full name of contributor	04/19/2013	···u	City;	State;	Zip Code	15000,00
Date Full name of contributor out-of-state PAC (ID#:		5994 FM 809	Wildordo	TP	79098	4 200 -
Cindi Bulla Contributor address; City; State: Zip Code ASDA Lexington Sq Amarillo TV 7944 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ HISTORY Contributor address; City; State; Zip Code Stor. 00	Principal occup	pation / Job title (See Instructions)	<u> </u>	Empl	oyer (See Instruc	itions)
Contributor address; City; State; Zip Code ABUT Lexington Sq. Amarille TV 7944 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor	ut-of-state PA	C (ID#:		Amount of contribution (\$)
Contributor address; ASIA Lexity State: Zip Code ASIA Lexity Sq. Amarile TV 79119 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ Susan Will's Contributor address; City; State; Zip Code Stor, 00	Aliotame	Cindi Bulla				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$ Susan Will's Contributor address; City; State; Zip Code \$100.00	1 (some	Contributor address;	City;	State;	Zip Code	\$ 100.00
Date Full name of contributorout-of-state PAC (ID#:		4804 Lexonagton Sa	Amarillo	TP	7949	
Susan Willis Contributor address; City; State; Zip Code \$100.00	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	itions)
Contributor address; City; State; Zip Code \$100,00	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code \$100,00	14/18/2025	Susan Willis				
	i iti io i			State;	Zip Code	\$100.00
5500 Andrews Ave Amarillo TX 79106		5500 Andrews Ave	Amarilo	77	79106	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occur	·	-	Empl	oyer (See Instruc	itions)

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME	,				1 Total pages Schedule A1:
PATRICLE R MILLER 4 Date 5 Full name of contributor out-of-state PAC (ID#:	The	Instruction Guide explains how to cor	nplete this form.		Total pages concerns
John Hinte Gentibutor address: City: State: Zip Code \$75,00		HPILL R MILLER			3 Filer ID (Ethics Commission Filers)
Cantributor address: City: State: Zip Code \$75,00	4 Date	<u> </u>	t-of-state PAC (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Ref Dison Contributor address; City: State: Zip Code Affil Cape Colony Dr Amurillo Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Daniel Doublay Contributor address; City: State: Zip Code Daniel Doublay Contributor address; City: State: Zip Code Ty 79199 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor David Johnson Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Figo, 00 Figo, 00	04/19/2018	6 Contributor address; C			\$75,00
Date Full name of contributor		15015, Rust St Hyma			
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	9 Emp	loyer (See Instructi	ions)
Contributor address; City: State: Zip Code T100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City: State: Zip Code T100.00 Z501 S. Van Buren Amountly TY 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Pfinghors David Johnson Contributor address; City: State: Zip Code \$100.00	Date		t-of-state PAC (ID#:		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: 2501 S. Van Burna Amarillo TY 79100 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor	84/191202s	Contributor address; C		<u> </u>	\$100.00
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)		ABIL Cape Colony Dr Aw	uaritle T70	14114	
Hallors Contributor address; City; State; Zip Code 7 9100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Principal occup	eation / Job title (See Instructions)	Empl	loyer (See Instructi	ons)
Principal occupation / Job title (See Instructions) Date Full name of contributor Officiations Contributor address; City; State; Zip Code 810 S. Avendale Amarillo TX 79106	Date		t-of-state PAC (ID#:		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Officiations Contributor address; City; State; Zip Code 810 S. Avendale Amarillo TX 79106	04 /19/200 C	Daniel Dowder			Kinn on
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	atterime)	_	ity; State;	Zip Code	4100,00
Date Full name of contributor OH (1911-01-State PAC (10#:		2501 S. Van Buren Aug	urillo TY	79109	
04(19/1025 David Johnson Contributor address; City; State; Zip Code 810 S. Avendale Amurillo TX 79106	Principal occup	pation / Job title (See Instructions)	Empl	loyer (See Instructi	ons)
Contributor address; City; State; Zip Code 810 S. Avendale Amurillo TX 79106	Date	Full name of contributor ☐ ou	i-of-state PAC (ID#:		Amount of contribution (\$)
	04/19/2025	,	.ty; State;	Zip Code	\$100.00
		810 S. Avendale Am	earillo TX	79106	
	Principal occup		Empl		ons)

SCHEDULE A1

·					-
The	Instruction Guide explains how	to complete thi	is form.		1 Total pages Schedule A1:
FILER NAME	PATPICK P MIN	ER			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
14/19/2025		City; Amarillo	State;	Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)	- 1 A-coursell	9 Emplo	79169 Oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	.C ()D#:)	Amount of contribution (\$)
4/19/2028	Krystal Burns Contributor address;	City;		Zip Code	\$100,00
Principal occup	5002 Charles pation / Job title (See Instructions)	Amarillo	Emplo	79116 oyer (See Instruct	tions)
Date	Full name of contributor	aut-of-state PA	C (ID#:		Amount of contribution (\$)
4/19/2015	Kathryn Frye Contributol address; 7202 Apollo Trail	city; Amarilo	State;	Zip Code	\$25,00
Principal occup	pation / Job title (See Instructions)			oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
4phpas	Chang Via Contributor address; 25001 S. Song Rd	City;		Zip Code 79015	\$100.00
Principal occup	pation / Job title (See Instructions)			oyer (See Instruct	lions)
			<u> </u>	-	
	ATTACH ADDIT	IONAL COPIES	OF THIS S	CHEDULE AS N	
	If contributor is out-of-state PAC				

SCHEDULE A1

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

FILER NAME	nstruction Guide explains how	to complete thi	is form.		1 Total pages Schedule A1:
D	ATRICK P. MULER	,			3 Filer ID (Ethics Commission Filers
	5 Full name of contributor	Dul-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
04/21/2015 "	6 Contributor address;	Clty;	State;	Zip Code	\$ 200.00
	2301 Harmony	Amarillo	TX	79106	,
Principal occupa	ation / Job title (See Instructions)		9 Empl	loyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	AC (ID#:		Amount of contribution (\$)
otizions	Denise Chesnut Contributor address;	City;	State; Zip Code		\$100,00
	3000 S. Hayden St	Amarillo	TK	79109	
Principal occupat	tion / Job title (See Instructions)		Empl	oyer (See Instruc) Citions)
Date	Full name of contributor	ut-of-state PA	te PAC (ID#:)		Amount of contribution (\$)
offulus .	Sonja Gyross Contributor address; City; State; Zip Code		Zip Code	\$ 25.00	
	7913 Pilgrim Dr	Amerillo	Tr	79119	
Principal occupat	tion / Job title (See Instructions)		Empl	oyer (See Instruc	otions)
Date	Full name of contributor	out-of-state PA	AC (ID#:		Amount of contribution (\$)
4/21/2018	Marie Ballengee			/	\$750.00
•	3 Ted Court	city; Aynarillo	State;	Zip Code 79106	4 120.00
	tion / Job title (See Instructions)	111	-1	oyer (See Instruc	l ctions)
	•				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

SCHEDULE A1

·					
The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1.
2 FILER NAME	TRUE R MILLER				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Down a Miller	out-of-state PA	C (ID#:	,	7 Amount of contribution (\$)
94121201s	6 Contributor address; 2818 S. Onq	city: Amarillo	State;	Zip Code 79[09	₹200.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
04/21/20S	Helen Bentan Contributor address;	City;	State;	Zip Code	\$300.00
	2410 Hawthirne	Amarille	TX_	79109	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	dions)
Date	Full name of contributor out-of-state PAC (ID#:) Glen Brosier Contributor address; City; Staté; Zip Code 14 17 S. Hughes Amarillo TX 79109			Amount of contribution (\$)	
oalulous					\$100.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
04 (NICOS	Contributor address; SII Bowie &	city;	State;	Zip Code	€100.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	PATRICK & MILLER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	> (ID#:)	7 Amount of contribution (\$)
	Caperaia Swift	-	
04/22/2023	Geogra Swiff 6 Contributor address; City;	State; Zip Code	\$50.00
	2901 SW 210th Are Amarillo	TX 79109	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
04/22/2015	Amarille Asseciative of REACTORS .I.M. Contributor address; City;	JC PAC	\$2,000.00
			1 - 1
	5601 Enterprise Cir, Amerillo	TX 79106	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
04/13/2018	Tom & Karen Walters	_	
יייין נעוןךע	Contributor address; City;	State; Zip Code	\$ 250.00
	1 Edgewater Or Amanillo	TX 79106	
Principal occup	ation / Job st itle (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
941131US	Dee Miller		
्र भ [ा] ।	Contributor address; City;	State; Zip Code	₹ 100.00
	5315 Berget Dr Amarillo	TY 79106	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

								
Tf	ne Instruction Guide explains	m.	1 Total pages Schedule A2:					
2 FILER NAM					3 Filer ID (Ethics Commission Filers)			
	PATRICL & MILLE	R						
4 TOTAL O	F UNITEMIZED IN-KINI	O POLITICAL (CONTRI	BUTIONS	\$ Ø			
5 Date	6 Full name of contributor	out-of-state PAC	(ID#:)		9 In-kind contribution		
	The This Moment Par	trock Event		Contribution \$	description			
04/10 has	In This Moment Parties & Events 7 Contributor address; City; State; Zip Contributor				42,000.00	Venue Resemblin		
	707 S. Polle St	2,,		79101		 		
45	1	-				de of Texas. Complete Schedule T.		
Business			structions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUI	DICIAL)		13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDIC	CIAL)		15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
,								
16 If contributor	is a child, law firm of parent(s)	(if any) (FOR JUD	ICIAL)	•		•		
\ \								
7.4	Full name of contributor	ut-of-state PAC ((1D#:)	Amount of	In-kind contribution		
Date					Contribution \$	description		
	Contributor address;	City;	State;	Zip Code	1			
				1	Check if travel outside	de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-J	UDICIAL) (See Ins	structions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUI	DICIAL)	· —	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDIO	CIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s)	(if any).(FOR JUD	ICIAL)	<u> </u>				
	, , , , , , , , , , , , , , , , , , ,	(•					
				<u> </u>				
		•						
)								
		·						
	ATTACH	ADDITIONAL CO	PIES OF 1	HIS SCHEDL	JLE AS NEEDED			
ı	If contributor is out-of-state	PAC, please see	e Instructi	on gulde for	additional reporting	g requirements.		

SCHEDULE F1

	EXP	ENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services		rage Expense «Memorials Expense	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)		
Credit Card Payment	The Inst	ruction Guide explain	s how to co	omplete this form.		•	
1 Total pages Schedule F1:	2 FILER NAME ATIVIL	R Miner			3 Filer ID (Ethic	s Commission Filers)	
4 Date 03/15/1015	5 Payee name Squaresom						
6 Amount (S)	7 Payee address;			City;	State;	Zip Code	
\$1.03	225 Variok	street, 1274	Floor	NewYork	M	10014	
8	(a) Category (See Catego	ories listed at the top of this s	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees			Processing			
	(c) Check if travel	outside of Texas, Complete Sc	thedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office	holder name		Office sought		Office held	
Date	Payee name		<u> </u>				
03/25/2025	Squarespue,	Inc					
Amount (\$)	Payee address;			City;	State;	Zip Code	
\$ 0.75	225 Varide	St , run floor	ľ	Newlock	M	10014	
	Category (See Categor	ies listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Fees			Processi	ng		
	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 / Office	holder name		Office sought		Office held	
Date	Рауее пате		<u></u>				
03/26/2025	Squarespace	iInc					
Amount (\$)	Payee address;			City;	State;	Zip Code	
414.80	225 Varick	84, 12th 1	Ploor	Newlork	M	10014	
	Category (See Categor	ies listed at the top of this sc	hedule)	Description		•	
PURPOSE OF EXPENDITURE	Fees			Processin	9		
	Check if travel	outside of Texas, Complete Sci	hedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name	-	Office sought		Office held	
	ATTACH ADI	DITIONAL COPIES	OF THIS S	SCHEDULE AS NEED	DED		

SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME PATRICE P. MILLER		3 Filer ID (Ethics C	commission Filers)
4 Date	5 Payee name	····	<u> </u>	
03/26/2015	Squarespace, Inc. 7 Payee address.			
6 Amount (\$)	<u> </u>	City;	State;	Zip Code
\$15.00	225 Various St, 12th Fla	or New York	M	70014
8	(a) Category (See Categories listed at the top of the	is schedule) (b) Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	(c) Check if travel outside of Texas. Complete	Schedule T, Check if Austi	n, TX. officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office saught	Of 1	fice held
Date	Payee name			<u> </u>
03/26/2018	Squarespue, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 0.75	225 Venick St, 12th P1	our New York	M	10014
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF EXPENDITURE	Fee	Processing	7	
	Check if travel outside of Texas. Complete	Schedule T. Check if Austir	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			<u>-</u>
03/26/2025	Squarespace, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
♦1.03	225 Variok St, 12Th F	loor New York	- NY	10014
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	O	ffice held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

				CALEGO	KIESF	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By		Fees Office Ove Food/Beverage Expense Polling Ex Git/Awards/Memorials Expense Printing Ex		Office Over Polling Exp		Transportation Ec Travel In District	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District			
Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Service				ages/Contract Labor		other (enter a category not listed above)		
	· · · · · · · · · · · · · · · · · · ·	The Instr	ruction Guide	explains h	now to co	implete this form.				
1 Total pages Schedule F1:		_	MILLE	K			3 Filer ID (Eti	nics Commission Filers	;)	
4 Date	5 Payeena	ame								
03/27/2025	Squa	respace	e, Inc							
6 Amount (\$)	7 Payee ad	dress	 			City;	State;	Zip Code		
\$3.20	บร	Variot	87,12	th Plou	1	NewYork	NY	10014		
8	(a) Categor	y (See Catego	ries listed at the	top of this sche	edule)	(b) Description				
PURPOSE	٠. ا				ĺ	5 .				
OF EXPENDITURE	Fee	. S				trocessin	9			
	(c)	Check if travel o	outside of Texas, C	Complete Sched	iule T.	Check if Austi	n, TX, officeholder liv	ing expense		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officel	nolder name		·	Office sought		Office held		
Date	Payee na	ıme	···			****				
03/27/2015	Squa	respue,	Inc							
Amount (\$)	Payee ac	idress;				City;	State;	Zip Code		
\$3,00	225	Varid	k 87, 12	th Mon	01	NewYork	N	16014		
	Category	(See Categori	es listed at the to	op of this sched	dule)	Description				
PURPOSE OF EXPENDITURE	Feek					Processing	3			
	Check if travel outside of Texas, Complete Schedule T.			ule T.	Check if Austir	n, TX, officeholder livi	ing expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeh	nolder name			Office sought		Office held		
Date	Payee na	ame		,	<u></u> .	=		f	==:-	
03/28/2028	Squar	respace,	Inc							
Amount (\$)	Payee ad	idress;				City;	State;	Zip Code		
92.48	225	Vanid	St, 12t	n Floor	(New YOR	= NM	10014		
	Category	(See Categoria	es listed at the to	p of this sched	fule)	Description				
PURPOSE OF EXPENDITURE	Fee	۶. 				Processing	Ò			
		Check if travel or	utside of Texas. Co	omplete Schedt	ule T.	Check if Austin	n, TX, officeholder livi	ng expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officel	holder name	•		Office sought		Office held		
	AT	TACH ADD	ITIONAL C	OPIES OF	THISS	CHEDULE AS NEE	DED			

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) YATRICK 4 Date 03/26/2025 City: 6 Amount (\$) State; Zip Code W 225 Varide St, 12th 9/000 NewYork (borp (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** FRES Processing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Squarespace, Inc Payee address; US Varide St, 12th Ploor 03/28/2025 City: State: Zip Code Amount (\$) New York MY 19014 52.25 Description Category (See Categories listed at the top of this schedule) Processing PURPOSE Ces **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Squarespace, Inc 03/28/2025 Zip Code Amount (\$) 225 Variok St, 12th Floor 10014 \$ 2,48 NewYell Description Category (See Categories listed at the top of this schedule) Processina **PURPOSE** Pres EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested inf	formation is not applicable, DO NOT incl	ude this page in the re	port.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Accounting/Banking Fees Office		· · · · · · · · · · · · · · · · · · ·	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME PATRICK & MILLEY	r	3 Filer ID (Ethics Commission Filers)
4 Date	J rayas nams		
03/28/2015	Squarespace, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$0.88	225 Varide St 112th Ploor	r Now York	NY 10014
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Processi	ng
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/28/2015	Squarespace, Inc		-
Amount (\$)	Payee address	City;	State; Zip Code
\$ 0.60	225 Variole St, 10th Ploo	New York	NY 18014
	Category (See Categories listed at the top of this schedu	lle) Description	
PURPOSE OF EXPENDITURE	Fees	Processis	7
	Check if travel outside of Texas. Complete Schedul	te T. 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	Payee name		
03/31/2025	Squarespace, Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$6.10	225 Vanide St, 12th Floor	New York	NY 10014
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Fees	Processing	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin,	TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

		EXPENDITURE CA	ATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Fees Office Over Food/Beverage Expense Polling Exp Gitt/Awards/Memorials Expense Printing Exp			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide ex	plains how to co	omplete this form.		
1 Total pages Schedule F1:		ATRICK & MILLER	1		3 Filer ID (Ethi	cs Commission Filers)
4 Date 03/3\ (UU)	5 Payeen:			, .	1	
6 Amount (\$)	7 Payee a	idress.		City;	State;	Zip Code
\$6.00	* 2	25 Vantok St,	12th Floo	New to	k W	10014
8	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	fe	તક		Processiv	ry	
	(c)	Check if travel outside of Texas, Comp	elete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
03/31/2025	Whi	they Russell Pri	othy			
Amount (\$)	Payee ad	•	J	City;	State;	Zip Code
\$ 1,044.61	PO BO	x 664		Amarillo	TX	79105
	Category	(See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	PriMi	ng		Yard Signs		
		Check if travel outside of Texas, Comp	lete Schedule T.	Check if Austin	n, TX, officeholder Ilvin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame	<u> </u>			
04/01/2025	Squar	espace, Inc				,
Amount (\$)	Payee ac			City;	State;	Zip Code
\$1.03	2251	larrok St, 12th Pl	906	New York	NY	10014
	Category	(See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Fee			Processire,	7	
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	ı, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COP	IES OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gitt/Awards/Memorials Expense at Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polfing 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)		
Oldar data to dynian.	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME PATPUL R MINER		3 Filer ID (Ethio	s Commission Filers)	
4 Date 94 /91 /7ms	5 Payee name Squares 140 Inc				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$0.75	225 Variet St, 12th Floor	r New York	M	10014	
8	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description			
PURPOSE OF EXPENDITURE	Pecs	Pracesory			
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austir	n, TX, officeholder livín	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/01/2028	Squarespace, Iru				
Amount (\$)	Payee address,	City;	State;	Zip Code	
\$7.50	225 Variok St, 12th Fli	nor New York	M	10014	
	Category (See Categories listed at the top of this scho	edule) Description			
PURPOSE OF EXPENDITURE	tees	Processing	••		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/01/wws	Squarespace, Inc				
Amount (\$)	Payee address;	City;	State;	Zip Code	
47,65	225 Variof St, 12th floor	NurYok	NY	10014	
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE OF EXPENDITURE	Fees	Processing			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED		

SCHEDULE F1

Advertising Expense		Event Expense	ITURE CATE	Loan Repa	FOR BOX 8(a) syment/Reimbursement	Solicitation/Fundral		
Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Fees Food/Beverage E: Gift/Awards/Mem Legal Services		Polling Exp Printing Ex		Travel In District Travel Out Of Distri	ipment & Related Exper ict gory not listed above)	nse
Credit Card Payment		The Instruction	on Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NA	ATRUS (2 Mine	in		3 Filer ID (Ethio	cs Commission Filers	\$)
4 Date								
04 (oyzors	54	me Uovespace	. Ino					
6 Amount (\$)	7 Payee ad	dress;	1		City;	State;	Zip Code	
43,20	225	Variet 4	H, pun F	toor	New YMC	M	10014	
8	(a) Category	/ (See Categories lis	sted at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fee	5			Processing			
	(c)	Check if travel outside	of Texas, Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought		Office held	
Date	Payee nar	me						
04/042025	Squar	espace, I	h C					
Amount (\$)	Payee add	dress;	-		City;	State;	Zip Code	_
\$3,00	225	Variok St	f, 17th Floo	1	New York	174	10014	
	Category	(See Categories list	ted at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees				Provessm	9		
		Check if travel outside	of Texas, Complete S	schedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholds	er name		Office sought		Office held	
Date	Payee na	me						
94(04 10 15	Sque	respue, I	lnc					
Amount (\$)	Payee add	dress			City;	State;	Zip Code	
\$3.00	215	Varide	st, puth 1	700	NewYelle	MA	70014	
	Category	(See Categories list	ted at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Fee	<u>es</u>			Processing			
		Check if travel outside	of Texas, Complete S	ichedule T.	Check if Austin	, TX. officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officehold	er name		Office sought		Office held	
	ATT	ACH ADDITIO	ONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P al Committee Legal Services S	oan Repayment/Reimbursement iffice Overhead/Rental Expense olling Expense rinting Expense alaries/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 h	ow to complete this form.			
1 Total pages Schedule F1:	PATRICE R MILLER		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
04 JOY 2025	Squares Live				
6 Amount (\$)	225 Varick St, 12th Mour	New York	State; Zip Code M 100H		
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description			
PURPOSE OF EXPENDITURE	Fees	Processing			
	(c) Check if travel outside of Texas, Complete Sched	ule T. Check if Austin	ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
04/03/425	Squarespace, Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$0.45	225 Vantok St, 12th Moor	New York	NG 10014		
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	fees	Processins	Processins		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
84/03/2025	Squarespace, Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$0.74	Squarespace, Inc. Payee address; What of 11th f	loor Newtolk	NY 10014		
	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	Feds	Processing			
	Check if travel outside of Texas, Complete Schedu	leT. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED		

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Accounting/Banking Fees Office Consulting Expense Food/Beverage Expense Polling Contributions/Donations Made By Gift/Awards/Memorials Expense Printin		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)		
Credit Card Payment	The Instruction Guide explains	how to complete this form.	, ,	•	
1 Total pages Schedule F1:	2 FILER NAME PATHUL P MILLER	,	3 Filer ID (Ethics	Commission Filers)	
4 Date 94 194 12075	5 Payee name 59 www.space, Juc				
6 Amount (\$)	7 Payee address	City;	State;	Zip Code	
\$1.50	225 Variot 84, 12th Plan	New York	NY	10014	
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Pees	Processing			
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		· · · · · · · · · · · · · · · · · · ·		
1941 041201s	Squarespace, Inc				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,75	225 Varide St, 12th floor	New York	M	10019	
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Fees	Process	Check if Austin, TX, officeholder living expense		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austir			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
04/04/202s	Squarespace, Inc				
Amount (\$)	Payee address;	City;	State;	Zip Code	
¢ 6.10	Squares face, Inc Payee address: What st, 19th floor	oor NewYork	M	1001	
	Category (See Categories listed at the top of this school	edule) Description			
PURPOSE OF EXPENDITURE	Fees	Processing			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX. officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED		

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir al Committee Legal Services Sal	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense stiing Expense aries/Wages/Contract Labor	Transportation Eq Travel In District Travel Out Of Dis	icitation/Fundraising Expense nsportation Equipment & Related Expense vel In District ivel Out Of District er (enter a category not listed above)		
	The Instruction Guide explains ho	w to complete this form.				
1 Total pages Schedule F1	PAYMUR MILLER		3 Filer ID (Eth	ics Commission Filers)		
4 Date 94/84 hors	5 Payee name 59 unresynce, Inc					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$6.00	225 Varick St, 12th Plo	DO NOW YIR	M	10014		
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description				
PURPOSE OF EXPENDITURE	Fees	Processing				
	(c) Check if travel outside of Texas. Complete Schedule	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living exp				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name		-			
04/05/2025	Squarespore, Inc					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$3.00	225 Variok St, 12th Plear	NewYork	NY	60014		
	Category (See Categories listed at the top of this schedul	le) Description				
PURPOSE OF EXPENDITURE	Fees	Processive)			
Ì	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	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					
04/05/202s	Squarespace, Inc					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$3,20	225 Variety St. 12th Floor	Nove	MY	10014		
	Category (See Categories listed at the top of this schedul	le) Description	•			
PURPOSE OF EXPENDITURE	Fees	Processin	Processins			
ĺ	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	, TX. officeholder livi	ng expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEE	DED			

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 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

Credit Card Payment	The instruction Guide explains how to d	complete this form.	Other (enter a caleg	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME PATRUK K MILKER		3 Filer ID (Ethic	s Commission Filers)
Date 04 (07 / 2008) 6 Amount (\$)	5 Payee name Squerespace, Inc 7 Payee address; US Varick St, MM P1001	New Yilk	State;	Zip Code [00]Z}
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Proussing		
Complete <u>ONLY</u> if direct	(c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living	Office held
expenditure to benefit C/OH	l			1
Date	Payee name			
04/07/2015	Squarespile Inc Payee address;			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.75	Payee address; 225 Vartok St, 17th Plan	vew lake	አላ	10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Processiv	<i>J</i>	
	Check if travel outside of Texas. Complete Schedule T.	Office sought	n, TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Onice sought		onice rield
Date	Squarespace, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$0.74	225 Variet St, 12th Floor	Now York	M	100128
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Proces	ssirs	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Constributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Pood/Beverage Expense Pood/Beverage Expense Production	an Repayment/Reimbursement fice Overhead/Rental Expense lifing Expense inting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1.	The Instruction Guide explains he 2 FILER NAME PATRICH Y M WEP		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
14/67/2015	7 Payee address;	City;	State;	Zip Code
\$ 0.45	225 Varide St, 1274 Froot		M	10014
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	fees	Processing		
	(c) Check if travel outside of Texas. Complete Schedu	leT. Check if Austin	n, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/07/2015	Squarespace, Inc. Payee address;			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 0.75 ·	225 Variete St, 12th Floor	New York	NH	10014
	Category (See Categories listed at the top of this schedu	de) Description		
PURPOSE OF EXPENDITURE	Pees	to wasing		
	Check if travel outside of Texas, Complete Schedul	eT. Check if Austin	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	Payee name	-		
94107/202s	Squerespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.03	225 Varick St, 12th Pla	or New York	NY	10014
	Category (See Categories listed at the top of this schedu	le) Description		
PURPOSE OF EXPENDITURE	Fees	Processine	, ,	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	ı, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

II me reduested im	offilation is not applicable, DO NOT includ	c tino page in the r	cport.		_
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			_
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politici Credit Card Payment	Fees Office Food/Severage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
CHOICOID Fayings	The Instruction Guide explains how t	to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME PATRICL & MILLER		3 Filer ID (Ethi	ics Commission Filers)	_
4 Date 94 (07)2015	Meta Platforms, Inc				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$2,00	1 Meta Way	Menle Pork	CA	94025	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Advertising				
	(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/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Date	,				
64 107 12028	Meta Matforms, Inc	City;	State;	Zip Code	
Amount (\$)	Payee address;	Oity,	Olalo,	Zip oods	
\$2,00	.1 Meta Way	Menlo Parla	CA	94018	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austl	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Pavee name			;;	_
04/07/2015	Meta Platforms, Inc				
Amount (\$)	Payee address;	City;	State;	Zip Code	
₹2,00	1 Meta Way	Menlo Park	CA	94025	
<u></u>	Category (See Categories listed at the top of this schedule)	Description	_		
PURPOSE OF EXPENDITURE	Advertising				
· ·	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/Ol					

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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER_NAME PATERICE IL MILL Meta Platforms, City: Zip Code Menlo Park \$2.00 1 Meta Way (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Meta Platforms, Inc 64/07/2015 Zip Code State: City; 94025 CA \$3,00 1 Meta Way Menlo Park Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Meta Platforms, Inc 04/07/2018 City; CA Memlo Park \$ 5,00 1 Meta Wm Description Category (See Categories listed at the top of this schedule) PURPOSE Advertisins OF **EXPENDITURE** Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

it the requested it it	of mation is not applicable, DO NOT mei	uue uus page m me re	port.		
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Poor Sitt/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense alling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME PATRUC & MILVER	_	3 Filer ID (Ethics Commission Filers)		
4 Date 64/01/07/5	Meta Platforms, Inc				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$5.00	1 Meta Way	Menlo Park	CA 94025		
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising				
	(c) Check if travel outside of Texas. Complete Schedu	leT. Check if Austin	stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held \		
Date	Payee name				
04/07/2025	Mota Platforms, Inc				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$8 ,00	1 Meta Way	Menlo Park	CA 99075		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled Adverts) \(\sigma \) Check if travel outside of Texas. Complete Scheduled		ı, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее пате				
04/01/2015	Meta Platforms, Inc				
Amount (\$)	Payee address;	City;	State; Zip Code		
472.00	1 Meta Way	Menlo Panz	CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le} Description			
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME PATRICE & MILLER 04/07/2025 Zip Code State: 6 Amount (\$) 2155 £ GoDoddyWay AZ 85284 \$15.46 (b) Description (a) Category (See Categories listed at the top of this schedule) 8) smain **PURPOSE** Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Meta Platforms, Inc 09/08/2025 Zip Code City; State: 94815 CA 1 Meta Way 9 18,00 Menlo Park Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Meta Platforms, Inc 04/08/2025 Zip Code City; Amount (\$) 921025 CA Menlo Parlo \$17.06 1 Meta Way Description Category (See Categories listed at the top of this schedule) PURPOSE Advertising EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME PATRIX & MILLEN Alpha Media LLC 04/08/2015 Zip Code City; State: 6 Amount (\$) 3505 Olsen Blvd # 117 79109 44,996.00 TX Amaril. (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertision EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 04/09/2015 Meta Platforms, Inc City; Zip Code State: Amount (\$) 中30.00 1 Meta Way Mede Park Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 04/09/2025 Amanillo Globe News Zip Code City: State; Amount (\$) 79101 \$ 4,936.90 600 S. Tyler St, Ste 600 Amarile Description Category (See Categories listed at the top of this schedule) PURPOSE OF Advertising EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

Travel In District Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Ciedicoaorayment	The Instruction Guide explains how to	complete this form,			
1 Total pages Schedule F1:	2 FILER NAME PATRUE /2 MINER		3 Filer ID (Ethics Commission Filer		
4 Date 04 101/2014	5 Payee name Syumespue, In				
5 Amolini (5) 62.48	7 Palee address: 225 Varrobst, Nun Ploor	New YAK	State; Zip Code VY 10014		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	5		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	neck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office saught	Office held 1		
Date	Payee name	**			
04/09/2025	Sq Ugyestace, Inc Payee address;	_			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$2.25	225 Variok St, 12th Ploor	NewYHE	M looks		
	Category (See Calegories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Processing	5		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/09/1025 04/09/1025	Meta Platforms, Inc				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$27.00	l Meta Way	MeMo Parla	CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austia	in, TX. officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF					
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		

SCHEDULE F1

	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District		
Candidate/Officeholder/Politic Credit Card Payment	•	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
	The Instruction Guide exp	lains how to complete this form.	1		
1 Total pages Schedule F1:	PATRUL R M	IVER	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	,			
04/10/2025	Meta Platforms,	Inc.			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
433.00	1 Meta Way	Menlo Park	CA 94025		
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising				
	(c) Check if travel outside of Texas. Comple	ite Schedule T. Check if Austi	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
Data	Payee name				
Date	4				
B4 (1012023	Squarespec, Inc				
Amount (\$)	Payee address;	City;	State; Zip Code		
ФЗ.00	225 Variok St, 12th	Plow New York	NY 10014		
	Category (See Categories listed at the top of th	nis schedule) Description			
PURPOSE OF EXPENDITURE	Fees	Processing	•		
	Check if travel outside of Texas, Complet	te Schedule T. Check if Austi	Check if Austin, TX, officeholder living expense		
Ormalista ONIV it diseat	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/Oh					
Date '	Payee name				
04/10/201s	Squares pace, Inc. Payee address;				
Amount (\$)	Payee address;	City;	State; Zip Code		
63.20	225 Varice St, 12t	n Moor NewYork	WY 10014		
	Category (See Categories listed at the top of th	1 /3			
PURPOSE OF EXPENDITURE	Fees	Processin	7		
	Check if travel outside of Texas. Complet	te Schedule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODI	ES OF THIS SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME PATRICE P MINER 5 Pavee name 6 Amount (\$) Zip Code ayee address; City; City; Wark St, 12M HOOr New York 10014 50.74 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Processing PURPOSE FRAS EXPENDITURE Check if Austin, TX, officeholder fiving expense Check if travel outside of Texas, Complete Schedule T. (c) Office held Office squaht Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Meta Platforms, Inc 04/11/2025 State: Zip Code City; Mento Parle CA 1 Meta Way \$37,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertisins OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Meta Platforms, Inc 04/11/2025 Zip Code City; Mallo Park 9407.5 1 Meta Way £ 41.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advedising EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

				
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor r to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME PATRICK & MILL	EK	3 Filer ID (Ethic	s Commission Filers)
4 Date 04/U/U/S	5 Payee name Squarespace, Inc			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$0.45	225 Variok St, 12th F	loor NewYork	NY	10014
8	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Processin	7	
	(c) Check if travel outside of Texas, Complete Schedule	T. Check if Austin	n, TX, officeholder living	ј ехрепѕе
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/14/2015	Squirepace, Inc.			
Amount (\$)	Payee address	City;	State;	Zip Code
\$3,20	225 Variole St, TM. Ploor	New York	M	10014
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Fees	frocessins	>	
	Check if travel outside of Texas, Complete Schedule	T. Check if Austic	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/142025	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.00	225 Variok St, 19th Floor	NewYork	NY	10014
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Fees	Process	ing	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX. officeholder living	expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED	

SCHEDULE F1

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F		Office Ove Polling Ex ense Printing Ex	крепѕе	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District		
Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		/ages/Contract Labor	Otner (enter a cate)	gory not listed above)	
		The Instruction Guide	explains now to c	ompiete this form.	r		
1 Total pages Schedule F1:	2 FILER N	PATEUS & MI	UER		3 Filer ID (Ethio	cs Commission Filers)	
4 Date	5 Payeen	ame					
0A11212025	Sq	varespace. Inc					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
€3.00	w	s Variot St. 19	th Moor	Wew York	MY	100149	
8	(a) Catego	ry (See Categories listed at the t	op of this schedule)	(b) Description			
PURPOSE	<u>ر</u> ا			Ο	-A		
OF EXPENDITURE	Tee	<u> </u>		Processiv	<u></u>		
	(c)	Check if travel outside of Texas. C	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
84/12/202s	Squ	wespace, Inc	,				
Amount (\$)	. Payee a	ddress;		City:	State:	Zip Code	
\$ 3.20	n	5 Variok St	,12th floo	r New Yor	4 N.d	10011	
	Categor	y (See Categories listed at the to	p of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fee	5		Processing	>		
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austi	n, TX, afficeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	=	date / Officeholder name		Office sought		Office held	
Date	Payeen						
04/14/2018	Squ	crespue, Inc	, 				
Amount (\$)	Payee a		_	City;	State;	Zip Code	
\$14.80	vis	Variok St,	12th 1100	New YORK	NY	10014	
	Categor	y (See Categories listed at the to	p of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fe.	ef		Process	ring		
		Check if travel outside of Texas, Co	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name	·	Office sought		Office held	
			ODIEC OF THE	COUEDINE ACATE			
	ΓA	TACH ADDITIONAL C	OFIESOFIHIS	SCHEDULE AS NE	בטבט		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Palling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1. 2 FILER NAME PATRICK P Squarespace, Inc 04/14/2025 City: Zip Code 6 Amount (\$) 225 Vande St, 12th floor NewYork **415.00** (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Rrocessing Pees OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Meta Platforms, Inc. DA 1191201S State: Zip Code City; 1 Meta Way Menlo Park **446.00** Description Category (See Categories listed at the top of this schedule) PURPOSE Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Meta Platforms, Inc 04/19/2015 Amount (\$) Zip Code Menlo Park CA 94825 MetaWay 490.00 Category (See Categories listed at the top of this schedule) Description PURPOSE OF Advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME DA/14/2025 Zip Code 1 Meta Way Pulle 44175 451.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH 04/15/2025 Walmart Zip Code Amount (S) 4610 S. Coulter St Amarill. 79119 \$15.96 Description Category (See Categories listed at the top of this schedule) Two Cheesecakes **PURPOSE** Food Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Sam's Club 09/15/2025 Zip Code City: 8952 Westgate Pkwy W Amarillo Description PURPOSE Three Cheesecakes Food Expuse EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explai	ns how to complete this form.				
1 Total pages Schedule F1:	PATRICK & MILLER		3 Filer ID (Ethics	S Commission Filers)		
4 Date 64/(5)1015	5 Payee name Mcta Platforms, Inc					
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code		
4 57.00	1 Meta Way	Menlo Pak	CA	94015		
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising					
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
94/15/2015	Squaresquee, Ire	•				
Amount (\$)	Payee address;	City;	State:	Zìp Code		
429.30	20 Varidest, 12th Pl	our New York	NY	10014		
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	Fees	Processia	.5			
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/15/2025	Squarespace, Inc					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$30.00	225 Varrele St, 12th	Mor New York	NY	10014		
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	fees	Processin	7			
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME PATRICK Zip Code 10014 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** gracessin OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Рауее пате Squarestace Inc City; State: Zip Code 225 Varide St, 12th Floor New York \$1.03 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees roccssin OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Zip Code 10014 \$ 10.45 Category (See Categories listed at the top of this schedule) **PURPOSE** Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Controlutions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code New York S 1.74 (a) Category (See Categories listed at the top of this schedule) 8 Processing PURPOSE ters EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Squarespace, Inc 04/11/2025 Zip Code Amount (\$) 225 Caride St, Mr. Place Nurverk [09]4 \$1,45 Description PURPOSE Processing Ges OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Date Squarespace, Inc

Payee address:

Novak St. 17th Hoor New York Zip Code 10014 Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 Zip Code 205 Varick 87, 124 Floor (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete QNLY if direct expenditure to benefit C/OH Payee name Symmetry In Zip Code 225 Variot St, 12th Plear New Yell Description Category (See Categories listed at the lop of this schedule) frocessing **PURPOSE** Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Bri Cagle 64/18/2025 State: Zip Code City; \$ 750.00 2009 S Famin Amarillo PURPOSE Buttons Fees OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Giff/Awards/Memorials Expense

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

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

Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME 04/18/2023 Zip Code 6 Amount (\$) 225 Variet St, 10th Floor **\$**1.55 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Processiva tees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Layunespul, Inv 62/18/2015 Zip Code VS Varide St, 12th Place 10014 \$7,50 Description Category (See Categories listed at the top of this schedule) 10 cessing PURPOSE Fees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Sylvespall, Inc.
Payee address; Zip Code Las Varick St, 12th Floor Description Yroussing PURPOSE tees OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T, Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

If the requested into	ormation is not applicable, DO NOT men	de the page in the re-			
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/8everage Expense Pol y Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense thing Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME PATRICLE & MILLER		3 Filer ID (Ethics Commission Filers)		
4 Date 94/18/18/18	5 Payee name Squarespace, the		State; Zip Code		
6 Amount (\$)	7 Payee address; I WS Variob St, 12th F	low New Pulc	M 10014		
8	(a) Category (See Categories listed at the top of this sched				
PURPOSE OF EXPENDITURE	Pers	Processing)		
	(c) Check if travel outside of Texas, Complete Schedul	eT. Check if Austin	. TX. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
84/15/2018	Squarespect, Inc		71 0 4		
Amount (\$)	Payee address,	City;	State; Zip Code		
₹7,55	WS Varide St, 19th Hoor	New York	NY 10014		
	Category (See Categories listed at the top of this schedu	de) Description			
PURPOSE OF EXPENDITURE	Fees	Processi	C		
	Check if travel outside of Texas, Complete Schedul	le T. Check if Auslin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04118/2015	Squarespace, Inc		Zia Codo		
Amount (\$)	Payee address;	City;	State; Zip Code VY 10014		
\$7.50	225 Varide St, 12th F		10 (10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Procession	5		
	Check if travel outside of Texas, Complete Schedu	de T. Check if Austin	n, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	_						
		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)	7	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	orials Expense	Office Ove Polling Ex Printing E Salaries/V		Solicitation/Fundraic Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1	2 FILER	ATPLY F	Miner			3 Filer ID (Ethic	s Commission Filers)
4 Date 94/18/2018	5 Payeen		· •				
6 Amount (\$)	7 Payee a		- ••••		City;	State;	Zip Code
47,50	125	Variok St	, 12th F1	oor	New York	λΥ	10014
8	(a) Categor	y (See Categories lis	sted at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	fer	e5			Processing	7	
	(c)	Check if travel outside	of Texas, Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholde	er name		Office sought		Office held
Date	Payee na	ime					
09/16/2018	Squ	irespace _l	Inc				
Amount (\$)	Payee ad	dress;		_	City;	State;	Zip Code
17.55	225	Varrele St	t, 12th Fl	por	New York	NΥ	10014
	Category	/ (See Categories list	ed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	fee	25			Processin	9	Managara .
		Check if travel outside	of Texas, Complete S	chedule T.	Check if Austir	ı. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholde	er name		Office sought		Office held
Date	Payee n	ame					
04/18/2025	SIN	hresya(l,	Inc				
Amount (\$)	Payee a	ddrese,	of Cd	,	City;	State;	Zip Code
\$0.75	2251	land 87	, rurrl	00r 	N-W York		10014
	Category	(See Categories list	ed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Fu	es			Processi	つ	
		Check if travel outside	of Texas. Complete S	chedule T.	Check if Austin	, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officehold	er name		Office sought		Office held
	AT	TACH ADDITIO	NAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Travel In District Food/Beverage Expense Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1 Zip Code VIS Variet St, 19th Floor 10014 \$1.03 (a) Category (See Categories listed at the top of this schedule) 8 Pricessing PURPOSE 1995 EXPENDITURE Check if Austin. TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete QNLY if direct expenditure to benefit C/OH Pavee name Squarespace, Inc Zip Code \$ 6,00 Description Category (See Categories listed at the top of this schedule) Processiv PURPOSE Tees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Shuarespace, Zip Code 10014 Description

PURPOSE OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX. officeholder living expense

Office sought

SCHEDULE F1

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

If the requested in	Offication is flot applicable; 2 0 110 1				
	EXPENDITURE CATEGORIES	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	d Committee Legal Services Salaries	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1	PATRICE & MILLER		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
04/18/2025_	Squarespace, Lnc			Zin Code	
6 Amount (S)	7 Payee address;	City;	State;	Zip Code	
43.20	225 Varick St, 12th Floor	Now for	NY	10014	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	8ces	Proces:	sim)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
	Candidate / Officeholder name	Office sought		Office held	
9 Complete ONLY if direct expenditure to benefit C/Ol					
Date	Payee name				
84/18/201S	Squarespace, In	City;	State:	Zip Code	
Amount (\$)	Payee address.	•	a 1.0		
\$3,00	225 Varide St, 12th Floor	New York	, YV)	(0014	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Processing	7		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austh	n. TX, officeholder living	r living expense	
	Candidate / Officeholder name	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/Of					
Date	Payee name				
04/18/2018	Squarespace, Inc				
Amount (\$)	Payee address;	City;	State;	Zip Code	
43,20	225 Varide St, 12th Floo	- New look	MY	19014	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	fracessi:	9		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX. officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

		EXPENDIT	TURE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	By al Committee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ials Expense	Office Overling Experinting Experinting Experinting Experintes (Maries Maries M		Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1	2 FILER N					3 Filer ID (Ethic	cs Commission Filers)
, total pages concess.	F	ATPUL P	MILLER				
4 Date OA/(512018	5 Payee n	ame Wylsydu,	Inc				
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code
\$3.00	ws	Variet 5	t, 12th A	001	New York	NY	10019
8	(a) Categor	y (See Categories liste	ed at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	fee	6			Processin	5	
	(c)	Check if travel outside o	f Texas, Complete Sch	redule T.	Check if Austin	. TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		late / Officeholder	пате		Office sought		Office held
Date	Payee na	ame					
PA 11917025	Squ	carespace 1	Inc				
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
\$ 2.48	Ws	Varrele St	,12th P	1001	NewYork	<i>۱</i> ۲۷	[00]4
	Category	/ (See Categories listed	at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	Fu	s			Processing		
		Check if travel outside o	Texas, Complete Sch	nedule T.	Check if Austin	. TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder	name		Office sought		Office held
Date	Payee n						
04/19/2018	Squ	vrespace.	Inc				
Amount (\$)	Payee a	ddress;	_ ,		City;	State;	Zip Code
\$2.25	228	Varide 8	1,12th f	leor	New York	M	10014
	Categor	/ (See Categories lister	at the top of this sch	hedule)	Description		•
PURPOSE OF EXPENDITURE	fee	5			Processing	• 	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX. officeholder living expense

Office sought

SCHEDULE F1

	EXPENDITURE CATE	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y 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)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME PATRICL & MILLE	p	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10 K1 1917025	Squarespace Just		71.0
6 Amount (\$)	7 Payed address;	City;	State; Zip Code
\$3.20	225 Varide St, 12th Floo	New York	NY (0014
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	fees	Proces	Strey
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/19/2025	Sanarespace, Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
63,00	225 Varide St, 12th ft	not New 144	N4 1001/1
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Fees	brocessing)
	Check if travel outside of Texas, Complete Sc.	hedule T. Check if Aust	in. TX, officeholder living expense
Ct. ONLY if disease	Candidate / Officeholder name	Office sought	Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/OF			
Date	Payee name		
04/anors	Squarespace, Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3,20	228 Varrele	St, 17th Plan New Po	n W 10017
	Category (See Categories listed at the top of this so	hedula) Description	
PURPOSE OF EXPENDITURE	Fees.	Proce	essive
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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/Bankling
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gdt/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1	2 FILER NAME PATRICE R MILLER		3 Filer ID (Ethics C	ommission Filers)	
4 Date 04 (19/1018	5 Payee name Symmispace Inu 7 Payee address				
6 Amount (\$)	4.4	City;	State;	Zip Code	
43,00	225 Varioust, 17th floor	New York	NY _ I	00/4	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	fees	Processing)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, afficeholder living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Of ,	fice held 	
Date	Payee name				
94/19/2025	Payee address:	_		<u> </u>	
Amount (\$)	Payee address;	City;	State;	Zip Code	
53,20	228 Varidost, 124 Elder	New 8/k	V?	loore	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Processive	<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Of	fice held	
Date	Payee name				
04/19/2025	Squarespace, Inc				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$3,00	225 Varret St, 12th floor	New York	NY	Long	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Process	mg		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n, TX. officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	C	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME PATRICK & MILLER 04 119/WS Zip Code 6 Amount (\$) 228 VarideSt, 12th Plan 10014 \$3,00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Proussing PURPOSE Tex EXPENDITURE Check if Auslin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Payee address: 225 Variet 87,124 Ploor 04/19/2018 Zip Code 10014 \$3,20 Description Category (See Categories listed at the top of this schedule) PURPOSE -198 OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Squaresym, Inc.
Payee address; Zip Code 225 Vanielest, 12th fleor \$3,00 Description Category (See Categories listed at the top of this schedule) PURPOSE Fees Processing EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Travel In District Food/Beverage Expense Polling Expense Grt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule Ft | 2 FILER NAME PATRICK R MULEP 4 Date 04[[9[1015] 6 Amount (S) Zip Code \$ 3,20 1.0014 8 **PURPOSE** 1885 EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 04/19/2015 Squarespace, Inc Zip Code Amount (\$) 41.03 225 varide 87,124 Floor 10014 **PURPOSE** Fus **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Sqharesjace, To C 04 (11/102S Amount (\$) Zip Code State; US Varrolest, 19th Floor \$0,75 Description Category (See Categories listed at the top of this schedule) Pracessing PURPOSE Ell EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

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 Gitt/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.

	2 EN ED MANAG		3 Filer ID (Ethic	s Commission Filers)
Total pages Schedule F1	PAMELY R MIWER			
Date	5 Payee name			
99 W/UUS Amount (\$)	7 Payee address;	City;	State;	Zip Code
4 3,00	225 Yanick \$t, 19th Flar	Newyole	M	10014
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Brovessing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пате			
A121/1015	Squrespece, Inc Payee address:			
Amount (\$)		City;	State;	Zip Code
\$3,w	225 Yarrok St, 12th Floor	Now York	ργ	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fres	Processing		
<u></u>	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	Payee name			
04/2/2028	Squarapace, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
23,00	225 Varide St, 12th Place	New look	NY	1009
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fers	Bracessin	2	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED	

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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1; 2 FILER NAME 4 Date 04 12/2015 Zip Code New Lose WS Varick St, 12th Pleas 100 4 第3.20 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Processing PURPOSE tees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Squarespect, Inc.
Payee address: Zip Code Amount (\$) tona 225 Varrok St, 12th Place \$ 6.00 Description Category (See Categories listed at the top of this schedule) rocessive PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH 04/21/2018 Squarespace, Inc Zip Code State: City: €(.10 225 Variet St, 1th Floor 10014 Category (See Categories listed at the top of this schedule) PURPOSE Feel EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees O Food/Severage Expense Pi Gift/Awards/Memorials Expense Pi I Committee Legal Services S:	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.				
1 Total pages Schedule F1	2 FILER NAME PATRICK P. MUER		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
0412/2018	Squarespace, Inc	Other	State;	Zip Code		
6 Amount (\$)	7 Payee address	City;	i ki			
41.03	225 Variet St, 17th Ploo	Newfork	PM	10014		
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description				
PURPOSE OF EXPENDITURE	Fees	Processing				
EXPERIENCE	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	Check if Austin, TX, officeholder living expense			
	Candidate / Officeholder name	Office sought		Office held		
9 Complete ONLY if direct expenditure to benefit C/OF	=					
Date	Payee name					
04/21/2025	Squespee, In C			Zip Code		
Amount (\$)	Payee address:	City;	State;			
\$0.75	225 Vande St, 12th Place	New York	NY	10014		
	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE OF EXPENDITURE	Fees	Processive	7			
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austic	a, TX, officeholder living	expense		
Carlot Oall V if dignet	Candidate / Officeholder name	Office sought		Office held		
Complete ONLY if direct expenditure to benefit C/Oh						
Date	Payee name					
0412212025	Vistalout					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$ 126.21	100 Hayden Ave	Lexington	MA	02421		
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Car Magn.	4 3			
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	Check if Austin, TX. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED			

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

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/Fundralsing 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. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 4 Date 04 123 hors 6 Amount (\$) LA Menlo Parle 1 Meta Way \$ 63.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T, Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City. Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025