CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	PATRIUK	Ř	OFFICE USE ONLY
NAME	NICKNAME	MILLER	SUFFIX	PECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 3		city; state; zip code willo TX 79120	APR 03 2025 CITY SECRETARY'S
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 420-7100	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M / L NICKNAME	A DRIAN LAST MEANDER	MI SUFFIX	Date Processed 4 3 25
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / S	city: Amarillo	TX 79110
8 CAMPAIGN TREASURER PHONE	AREA CODE	670 -3106	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before el	Evereded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O1	Day Year / 02 / 2025	THROUGH 03	Day Year / 2015
11 ELECTION	Month Day 05 / 03	Year Primary 1015 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Amarillo City C	ouncil, Place 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	SEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR POLITICAL EXPENDITURES IN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	1	GO TO	PAGE 2	



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

C/OH NAME		ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,275.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,357.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,917.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ %
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	corgect and includes all information
	Patrik Miller	
	Signature of Candidat	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	Palish Marilan	day of April
20 A , to certify	Which, witness my hand and seal of office. La Toya Louis	Banking Officer
Signature of officer administr	ering oàth Printed name of officer administering oath	Title of officer administering oath
10) 11	OR	
(2) Unsworn Declarati	on	TOVA WITTELLAND
My name is		tary Public, State of Texas
My address is	,, My Commis	otary ID #12920855-1 sign Expires 12-21,2028
J		. 20
ecuted in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		lesion Eiloso)
19 FILER NAME	20 Filer ID (Ethics Cor	mussion cilers)
PATRICK R MILLER	,	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 29,275.73
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s 9,357.82
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s`
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A1

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

					\
The	Instruction Guide explains ho	w to complete this	s form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK	R MILLER				3 Filer ID (Ethics Commission Filers)
4 Date. 01 07 2015	5 Full name of contributor	Amarillo	State;	Zip Code 79114 oyer (See Instru	7 Amount of contribution (\$) \$1,000.00
					I
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/15/2025	Samuel B. Lovelady Contributor address; 2617 Crackett	city: Amorillo	state;	zip Code 79109	\$500.00
Principal occu	pation / Job title (See Instructions)	Empl	oyer (See Instru	ctions)
Date	Full name of contributor Laura Street	out-of-state PA	C (ID#:		Amount of contribution (\$)
01/15/2025	Contributor address; 7800 New England PKWY	city; A marillo	State;	Zip Code 79119	\$1,000.00
Principal occu	pation / Job title (See Instructions)	Emp	oyer (See Instru	Ictions)
Date	Full name of contributor John Altebury	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/15/2025	Contributor address;	City;	State;	Zip Code	\$500.00
	3804 Deann Dr.	Amarillo	TX	79121	
Principal occu	pation / Job title (See Instructions	s)	Emp	oyer (See Instru	uctions)
			'		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE' A1

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

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The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1: 37
2 FILER NAME	PATRICK R MILLER	•			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(10)#:		7 Amount of contribution (\$)
01/15/2025	Lisa Veggeberg 6 Contributor address;				\$200.00
outsland	6 Contributor address;	City;	State;	Zip Code	\$ 240.00
	7219 Versailles	Amarillo	TX	79121	3 ⁄
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(1D#;		Amount of contribution (\$)
Olistons	Contributor address;	City;	State;	Zip Code	\$15.00
	1903 S Birmingham	Amarillo	XT	79103	✓
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
01/16/2025	Kay Kennedy			,	An a
<i>V</i> • •	Contributor address;	City:	State;	Zip Code	\$25,00
	2028 S Austin #506	Amarillo	TX	79109	'V
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
01/16/2025	Thomas Hill				A
o y rot coos	Contributor address; 1010 MassachuseHs Avenue NW	chy: Washington		Zip Code 2000\	€ 75.00 √
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
			DE TINO 1	SOURDINE ACT	ernen
	ATTACH ADDITI	ONAL COPIES (JF 1 HIS \$	SCHEDULE AS N	IEEDED

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 37
2 FILER NAME	RICK R MILLER				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:		7 Amount of contribution (\$)
01/16/2015	Adam Jenkins 6 Contributor address; 2400 S Polk SH#119	city; Amarīllo	State;	Zip Code 79119	\$100.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (iD#:		Amount of contribution (\$)
91/17/2025	Claudia Hicks Contributor address; 1912 Aspen St	city: Amerillo	State;	Zip Code 79[06	\$15,00
Principal occuj	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)
Date	Full name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/17/2025	Sonia Farya Contributor address; 3512 Bremond Dr.	city; Amarillo	State;	Zip Code	\$100.00
Principal occup	pation / Job title (See Instructions)		· · · · · · · · · · · · · · · · · · ·	oyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/17/2028	Adam Reynaga Contributor address; 7206 Pace St	city: Amarillo		Zip Code 79[18	\$25,00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
	·		1		

SCHEDULE A1

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

The	Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1: 37
2 FILER NAME	A A A				3 Filer ID (Ethics Commission Filers)
<u> </u>	TRICK R MILLER				
4 Date	5 Full name of contributor	out-of-state P/			7 Amount of contribution (\$)
Albal.	Margaret Jenkins 6 Contributor address;			*************	7-1 000 00 /
01/18/2025	6 Contributor address;	City;	State;	Zip Code	\$1,000.00
	2402 Julian Blud.	Amarille	TX 7	19102	
8 Principal occu	pation / Job title (See Instructions)		9 Employ	er (See Instruc	ctions)
Date	Full name of contributor	out-of-state P	AC (1D#:		Amount of contribution (\$)
	Dr. Monica Hart				
0419/2025	Dr. Monica Hart Contributor address;	City;	State;		\$1,000.00
•	8401 Kinderhook Cour	Amarillo	XY	79119	·
Principal occup	l pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:	.)	Amount of contribution (\$)
	Christopher Wrampelm	in			
0/19/2025	Christopher Wrampelm, Contributor address;	City;	State;		\$ 250.00
	2602 Parker	Amarillo	TX .	79109	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal occup	pation / Job title (See Instructions)	••	Employ	er (See Instruc	ctions)
Date	Full name of contributor	out-of-state P	AC (ID#:		Amount of contribution (\$)
Ollaniams	William Glover				1
01/2012025	Contributor address;	City;	State; 2	Zip Code	\$250.00
	5707 Berget Dr.	Amarillo	TX	19106	·
Principal occup	pation / Job title (See Instructions)		Employ	er (See Instru	tions)
				f n	
<u>-</u>	ATTACH ADDIT				

SCHEDULE A1

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

The	Instruction Guide explains how	w to complete this	form.		1 Total pages Schedule A1:37
				<u> </u>	3 Filer ID (Ethics Commission Filers)
FILER NAME	0 M				2 Life to (Effice Countingsion Lucia)
Date	R MILLER				7 Amount of contribution (\$)
	5 Full name of contributor	out-of-state PAC	; (ID#:		_
1/25/2025	Jennifer Huntington 6 Contributor address;	City;	State;	Zip Code	\$100.00
	1216 5 Bonham	Awarillo	TX	79102	
Principal occu	pation / Job title (See Instructions	;)	9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)
		_			
) /26/1015	Contributor address;	City;	State;	Zip Code	\$800.00 -
•		_		_	4 000.00
	3217 Bowie	Amarillo	. 1 / .	7410 [
Principal occup	pation / Job title (See Instructions))	Emp	loyer (See Instruc	tions)
		<u> </u>	<u> </u>		
Date	Full name of contributor	out-of-state PA	C (1D#:)	Amount of contribution (\$)
Milanian	Sulvia Perkins				
01/30/2025	Sylvia Perkins Contributor address;	City;	State;	Zip Code	\$100.00 ~
	711 McMurry	Waxahachie	TX	75165	
Principal occup	pation / Job title (See Instructions	>	Emp	loyer (See Instruc	ctions)
nu-			<u> </u>	· •	
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
e. 1 .	Jacqueline Hamilton	<u> </u>			
91/12/2015	Contributor address;	City;	State;	Zip Code	\$25.00
	ICAL August 1	Amarillo	7-10	7917A	
	1501 Angus Trl		17	- 101	
	pation / Job title (See Instructions	;)	Emp	oloyer (See Instruc	LIONS)
Principal occu					

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SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete th	is form.	1 Total pages Schedule A1: 37	
Z FILER NAME				3 Filer ID (Ethics Commission Filers	
PATRICK	R MILLER				
4 Date	5 Full name of contributor	out-of-state P	AC (ID#:)	7 Amount of contribution (\$)	
1/26/2025	Shane Williams 6 Contributor address;	City;	State; Zip Code	\$75.00	
11101000	2213 Parker St	Amarillo	TX 79109	4 15.00	
3 Principal occu	Inpation / Job title (See Instructions	s)	9 Employer (See Instru	ictions)	
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)	
0172912025	Sharpn Shanks Contributor address; 2205 S Hughes St	city: Amarillo	State; Zip Code	\$25,00 /	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ictions)	
Date	Full name of contributor	out-of-state F	AC (ID#:	Amount of contribution (\$)	
01/29/2025	Ritherd Todd Contributor address;	City;	State; Zip Code	\$100.00	
	2319 Victoria St	Amarillo	TX 79106		
Principal occu	pation / Job title (See Instructions	*)	Employer (See Instru	uctions)	
Date	Full name of contributor	out-of-state F	PAC (ID#:	Amount of contribution (\$)	
01/30/2025	Valence Murphy Contributor address;	City;	State; Zip Code	\$ 75.00	
	3710 Linda Drive	Amapille	TD 79109		
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instru	uctions)	

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: \$7\$ 2 FILER NAME PATRIX R MIWER 4 Date 5 Full name of contributor Ginger & Kevin Nolson 6 Contributor address; 36 IS Polk \$1,5tz 101 Avarillo 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Substant State Sup Code Ty	•					
PATRIX (MILLER 4 Date 5 Full name of contributor out-of-state PAC (ID#:	The	Instruction Guide explains how t	o complete thi	s form.		1 Total pages Schedule A1: 37
Gringer & Kevin Nelson Gringer & Kevin Nelson Grinder & Grin	2 FILER NAME	PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)
State Zip Code TX 79101 State Zip Code Zip C	4 Date	1 =		C (1D#:		7 Amount of contribution (\$)
Date Full name of contributor	02/01/2025	6 Contributor address;	City;		•	₹300.00
Swan Stakes City: State: Zip Code \$20.00	8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Coloributor address; City: State: Zip Code 2122 S. Hughes St. Amarillo TX 79[19]	Date		out-of-state PA	C (ID#:		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 3/6/3 S. Poberts Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date 02/02/03 Leslie Owens Contributor address; City; State; Zip Code 2/122 S. Hughes St. Amarillo TX. 79/09 \$ 100.00	0405/2015				_	\$20.00
Date Full name of contributor Out-of-state PAC (ID#:		2610 5 Ong	Amerillo	ΤX	100	
Contributor address; City; State; Zip Code \$200.00	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
Contributor address; City; State; Zip Code 36/3 S. Roberts Aman'llo TX 79/18 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Les lie Owens Contributor address; City; State; Zip Code 2/122 S. Hughes St. Amarillo TX 79/19	Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Pull name of contributor Les lie Owens Contributor address; City; State; Zip Code 2122 S. Hughes St. Amarillo TX 79109	02/05/2025	1 4	City;	State;	Zip Code	\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Les lie Owens Contributor address; City; State; Zip Code 2122 S. Hughes St. Amarillo TX 79[19]		3613 S. Raberts	Amarillo	TX	79118	
02/02/0016 Leslie Owens Contributor address; City; State; Zip Code 2122 S. Hughes St. Amarillo TX 79109	Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions) ,
Contributor address; City; State; Zip Code \$ 100.00 2122 S. Hughes St. Amarillo TX 79109	Date	1 1 1 1	out-of-state P/	AC (ID#:		Amount of contribution (\$)
2122 S. Hughes St. Amarillo TX 79109	02/02/2015		City:	State	Zin Code	\$ 100.00
J J		· ·			•	
	Principal occu				_	l actions)
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	ATRICK & MILLER	,	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2015	5 Full name of contributor out-of-state PAG Jacqueline Hamilton 6 Contributor address; City; 3145 North Lotus Ave Emicago	States 7 in Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions) .
Date 02/04/2025	Full name of contributor out-of-state PAGE Edward Dowdy . Contributor address; City; G20 S Taylor St., Stc 104 Amarillo	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
02/07/2015	Full name of contributor out-of-state PAI Heidi lice Contributor address; City; 5601 Bell St #1002 Amarille	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 02/07/1015	Full name of contributor out-of-state PAC Clint Ester Contributor address; City; 1615 S. Bryan PI.#3 Amarillo	C (ID#:) State; Zip Code TX 79102	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)

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SCHEDULE A1

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

FILER NAME	PATRICK R MILLER			3 Filer ID (Ethics Commission Filers
Date 2 10 2015	5 Full name of contributor Guadalupe Ranch 6 Contributor address; 60 BOX 3147 Ipation / Job title (See Instruction	city; Amanillo	State; Zip Code TX 79116 9 Employer (See Instr	7 Amount of contribution (\$) \$\delta_1000.00 uctions)
				T
Date)2/11/2015	Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$) \$250.00
- , , , , , ,	Po Box 1230	City: Amarillo	TX 79105	
Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
02/14/2005	Timothy Ingalls Contributor address; PO Box 1230	city; Amarillo	State; Zip Code	\$200.00
Principal occu	pation / Job title (See Instruction	s)	Employer (See Instr	uctions)
Date 02/14/2015	Full name of contributor Tevesa Kenedy			Amount of contribution (\$)
, -, , , , , , , , , , , , , , , , , ,	Contributor address;	city; Amarillo	State; Zip Code	4 50.00
	pation / Job title (See Instruction	s)	Employer (See Instr	ructions)

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SCHEDULE A1

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

	Instruction Guide explains how	to complete this	s form		1 Total pages Schedule A1: 37
	instruction Guide explains now	to complete this	5 101111.		21
FILER NAME					3 Filer ID (Ethics Commission Filers
<u> </u>	ATRICK & MILLER				
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:		7 Amount of contribution (\$)
02/15/2015	Kathy & Dan Dowdy				
aplialon	6 Contributor address;	City;		Zip Code	\$ 150.00
	25015. Van Buren St.	Amarillo	TX	79109	
3 Principal occu	pation / Job title (See Instructions)		1	oyer (See Instruc	tions)
.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Date	Full name of contributor	out-of-state PA	.C (ID#:		Amount of contribution (\$)
		_	,		, another of contribution (c)
02/15/2015	Danna & Bennie Garcia	·		Zip Code	\$10.00
	Contributor address;	City;	State; ▼√	79110	,,,
	4106 S. Tyler	Amarillo	ΤX	1-110	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
				<u>-</u>	
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Robert Roulston				
02/15/2015	Robert Roulston Contributor address;	City;	State;	Zip Code	\$20.00
	6907 Columbia Ln	Amarille	ΤX	79109	
	<u> </u>	Marili	1		rtione)
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	cuonsy
Date	Full name of contributor		C 40#	-	Amount of contribution (\$)
	Vall Ti	out-of-state PA	(C (ID#	/	, , , , , , , , , , , , , , , , , , , ,
02/15/2025	INUTHY I NOWAS	Olhan	Ctoto	Zin Codo	\$100.00
	Contributor address;	City;		Zip Code	
	1028 Bowie St.	Amarillo	TX	79102	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)
,					
1					

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SCHEDULE A1

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

struction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 37
ATRICK R MILLER	. 	-	3 Filer ID (Ethics Commission Filers)
Full name of contributor		C (ID#:	7 Amount of contribution (\$)
	_		\$100.00
ation / Job title (See Instructions)	1 transfills	9 Employer (See Inst	ructions)
Full name of contributor	out-of-state PA	C (ID#:) Amount of contribution (\$)
Sherry Morrison Contributor address; 2609 S Hughes St			\$590.00 V
tion / Job title (See Instructions)		Employer (See Inst	ructions)
Full name of contributor David Martinez		AC (ID#:	Amount of contribution (\$)
Contributor address; AU Arch Tervace	Amarillo	State; Zip Code	#25.00 J
ation / Job title (See Instructions)		Employer (See Inst	tructions)
Full name of contributor	out-of-state P/	AC (ID#:	Amount of contribution (\$)
Contributor address;	City;	State; Zip Code	\$15.00
ation / Job title (See Instructions)		Employer (See Ins	tructions)
	ATRICK R MILLER Full name of contributor Jerry & Sharon Mine Contributor address; 1108 Broadmoor St. Intion / Job title (See Instructions) Full name of contributor Sherry Morrison Contributor address; 2009 S Hybres St. Tion / Job title (See Instructions) Full name of contributor David Martiner Contributor address; AU Arch Terrace Ition / Job title (See Instructions) Full name of contributor David Martiner Contributor address; AU Arch Terrace Ition / Job title (See Instructions) Full name of contributor James Campos Contributor address;	ATRICK & MILLER Full name of contributor	Full name of contributor out-of-state PAC (ID#: Terry & Sharon Miner Scontributor address; City; State; Zip Code TX 79106 TX T9106 TX T9106 TX T9107 TX TY TX TX TX TX TX TX

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SCHEDULE A1

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The	Instruction Guide explains how	to complete th	ls form.	1 Total pages Schedule A1: 37
2 FILER NAME			· -	3 Filer ID (Ethics Commission Filers)
	PATRICK R MILLER			
4 Date	5 Full name of contributor	out-of-state P/	AC (ID#:	7 Amount of contribution (\$)
. .	Andrea Deleon			
02/16/2025	Andrea Delean 6 Contributor address;	City;	State; Zip Code	450 on V
	1168 Sterling Drive	Amarillo	TX 79110	₹50.00 ~
8 Principal occu	pation / Job title (See Instructions))	9 Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state P	AC (ID#:	Amount of contribution (\$)
i	: Adam Jenkins.			
02/16/2025	Contributor address;	City;	State; Zip Code	T \$100.00 A
• •	2400 S Polk Street #	119 Amaril	o TX 79109	V
Principal occup	pation / Job title (See Instructions)		Employer (See Instr	uctions)
Date	Full name of contributor	out-of-state P	AC (ID#:	Amount of contribution (\$)
02/17/2025	Bob & Susan Wenge Contributor address;	r		
ouprijour	Contributor address;	City;	State; Zip Code	T \$100.00
	3729 Kileen Dr	Arnavillo	TX 79109	
Principal occu	pation / Job title (See Instructions)		Employer (See Instr	ructions)
Date	Full name of contributor	out-of-state P	AC (ID#:	Amount of contribution (\$)
_	I inda Allen			\$100.00
04/17/2015	Contributor address;	City;	State; Zip Code	0100.00
·	2701 S. Milam St	Amarillo	TX 79109	
Principal occu	pation / Job title (See Instructions))	Employer (See Inst	ructions)
			1	

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

SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 37
2 FILER NAME	PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date Θ2 Π W/5	5 Full name of contributor out-of-state PA Robin Gilliand 6 Contributor address; City; 2607 Wolflin Ave Amarille	State; Zip Code	7 Amount of contribution (\$) \$2,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l stions)
Date 02/17/2015	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	4800 Hawken St Amarillo pation / Job title (See Instructions)	TX 79118 Employer (See Instruc	ctions)
Date 02/18/2015	Full name of contributor out-of-state PA Trudie Hall Contributor address; City; 1504 Crockeff St Amarillo	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
02/18/2015	Full name of contributor out-of-state PA John Hihtz Contributor address; City; 1501 S Rusk St Amarillo	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tctions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
FILER NAME	ATRICK R MILLER		3 Filer ID (Ethics Commission Filers
\$ Date	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$40.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 02/12/1015	Full name of contributor out-of-state PAI Brent Beasley Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	8400 Jill Ct. Amurillo pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date OURIUNS	Black Historical Cultural Center Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	901 N Hayden Amarillo Dation / Job title (See Instructions)	7X 79107 Employer (See Instruc	tions)
Date 02/17/2005	Kristine Fuller Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
1	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

PATRICE NAME PATRICE NAME PATRICE NAME TATRICE NAME TO BOX 1538 Principal occupation / Job title (See Instructions) Pate Full name of contributor Out-of-state PAC (ID#:	PATRICK R MILLER Date Date 5 Full name of contributor	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 37
Date 5 Full name of contributor Out-of-state PAC (IDR: 17 Amount of contribution (\$)	Date 5 Full name of contributor	FILER NAME	TRICK R MILLER			3 Filer ID (Ethlcs Commission Filers)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; PB Box 82 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code PD Box 82 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Full name of contributor Contributor address; City: State; Zip Code 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 address; City: State; Zip Code Amount of contribution (\$) Full name of contributor Contributor address; City: State; Zip Code Amount of contribution (\$)	Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; PB Box 82 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code PD Box 82 Principal occupation / Job title (See Instructions) Employer (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 State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Susiness Owner Date Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: Contributor address: City: State: Zip Code Full name of contributor Contributor address: Contributor address: 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 address: City: State: Zip Code	142012025	6 Contributor address;		_	\$200.00
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Full name of contributor City; State; Zip Code TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Tanka Raker Contributor address; City; State; Zip Code \$20.00 4605 Jowney & Anarillo TX 79110	Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) OUNIMS Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code \$20.00 Amount of contribution (\$)	Principal occup			9 Employer (See Instru	ctions)
Contributor address: City: State: Zip Code PD Box 82 Bushland TX 79012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Contributor address: City: State: Zip Code State: Tip Code TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Self Date Full name of contributor Business Owner Date Full name of contributor Out-of-state PAC (ID#:	Contributor address: City: State; Zip Code PD Box 82 Bushland TX 79012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kendall Sculder Contributor address; City: State; Zip Code State Pac (ID#:	Date		out-of-state PA	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Pate Full name of contributor	Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Kendall Sculder Contributor address; City: State: Zip Code Sloss Worth St Dallas TX 75214 Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Tankla Raker Contributor address; City: State: Zip Code 4005 Jowney St Anarillo TX 79110	मागाण	*****************************	City;		\$200.00
Date Full name of contributor out-of-state PAC (ID#:)	Date Full name of contributor out-of-state PAC (ID#:		PO Box 82	Bushland	TX 79012	
Rendall Sculder Contributor address; City; State; Zip Code TX 75214	Rendall Sculder Contributor address; City; State; Zip Code State; Zip Code State; Zip Code TX 75214	Principal occup	ation / Job title (See Instructions)		Employer (See Instru	actions)
Contributor address; City; State; Zip Code Frincipal occupation / Job title (See Instructions) Business Owner Date Full name of contributor Contributor address; City; State; Zip Code 4005 Jowney A Amarillo TX 79110	Contributor address; City; State; 2p Code 5635 Worth St Dalles TX 75214 Principal occupation / Job title (See Instructions) Business Owner Date Full name of contributor Out-of-state PAC (ID#:	_		☐ out-of-state PA	C (ID#:	
Business Owner Self	Business Owner Self	· 1 0 (000)			· · · · · · · · · · · · · · · · · · ·	# 100.00 P
OZIVIUUS Janda Raker Contributór address; City; State; Zip Code \$20.00 4605 Journey & Amarillo TX 79110	OZIVIVUS Janda Raker Contributor address; City; State; Zip Code \$20.00 4605 Journey & Amarillo TX 79110	Principal occup	<u> </u>			uctions)
4605 Journey St Anarillo TX 79110	4605 Journey St Anarillo TX 79110	•	1	out-of-state PA	C (ID#:	
		orphyros	Contributor address;	_		\$20.00
**************************************	Transpar decapation, dec due (ese menanta)	Principal occur	<u> </u>		- 1	uctions)
		T Intolpal cood	, , , , , , , , , , , , , , , , , , , ,	_		

SCHEDULE A1

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! FILER NAME		"" "	
FILER NAME	nstruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 37
P	ATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
n. 1. In .aC ''	6 Contributor address; City;	State; Zip Code	\$75.00
Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		.c (ID#:)	Amount of contribution (\$)
' 1	Lisa MaHeson, Contributor address; City;	State; Zip Code	\$50.00
	7208 Queens Place Amarilla	Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
02/21/2015	Karen Morris Contributor address: City; 2611 Mockingbird Ln Amarillo	State; Zip Code TX 79199	\$100.00
	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state P/	AC (ID#:)	Amount of contribution (\$)
ozprhors	Erica Scalf Contributor address; City: 6108 Adirondack TVI Amarillo	State; Zip Code TX 79196	\$50.00
	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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	PATRICK & MILLER				
4 Date	5 Full name of contributor	out-of-state PA	AC (1D#:		7 Amount of contribution (\$)
02/28/2025	6 Contributor address;	City;		Zip Code	\$1,000.00
	A Frog Leap Lane	Amarillo	TX	79118	
B Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	AC (ID#:		Amount of contribution (\$)
oyuspors	Contributor address;	City;	State;	Zip Code	\$100.00
	4303 Omelia St	Anumille	ΤX	79106	4 (00 100
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
128/2025	Allen Durrett Contributor address;	City;	State;	Zip Code	. \$100.00 \(\sigma \)
	1700 S. Washington St	Amarillo	TX	79102	41000
Principal occu	pation / Job title (See Instructions)	- Inves	Emplo	byer (See Instru	actions)
Date	Full name of contributor	out-of-state P/	AC (ID#:		Amount of contribution (\$)
2/14/1025	Ellen Green	City;	State;	Zip Code	\$100.00
. (***	952 Rincon St	Mountain Vi	4	94140	& foo. 0
Principal occu	pation / Job title (See Instructions)			oyer (See Instru	uctions)
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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	PATRICK R MILLER			3 Filer ID (Ethics Commission Filers)
4 Date 62/12/1075	5 Full name of contributor Claude He, L. Landes	out-of-state PAC	; (ID#:	7 Amount of contribution (\$) \$500.00
		Ancarillo	779106	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See In	structions)
-Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)
०२ १४ १४४५	Contributor address; 7907 Fenley Dr	city; Amarillo	State; Zip Code	\$75.00
Principal occup	pation / Job title (See Instructions)		Employer (See In	istructions)
Date	Full name of contributor	-	C (ID#:	Amount of contribution (\$)
02/27/2015	Phillip & Terri With	City;	State; Zip Code	\$50.00
	2804 S. Harrison	Amarillo	TX 79109	
Principal occu	pation / Job title (See Instructions)		Employer (See In	nstructions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
01/18/1015	Claudia Stravato	City;	State; Zip Code	···· \$100.00
Principal occu	1300 S. Jackson #601 pation / Job title (See Instructions)	truevillo !	TX 7911	nstructions)
			' .	

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SCHEDULE A1

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The	Instruction Guide explains how	to complete th	ils form.	1 Total pages Schedule A1: 37
2 FILER NAME	PATRICE & MILLER			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jannis Laird 6 Contributor address;	out-of-state P/	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$)
ערטייטן שאוט ט	3312 Bedford Rd	Amarillo	TX 79106	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8 Principal occup	pation / Job title (See Instructions) /		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
07/17/1015	Paul & Jenny Harpoll Contributor address: 7703 Pebble brook Dr	city; Amarillo	State; Zip Code	\$260,73
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 02 18 1015	Full name of contributor Valence Mumply Contributor address;	Clty;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)	Amarillo	Employer (See Instruc	citions)
Date 03 02 1075		out-of-state P City:	PÂC (ID#:) State; Zip Code TW 79161	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	1	Employer (See Instruc	ctions)
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SCHEDULE A1

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ii tile reques	ited (intermediate for applicable) 22 112 1 iii		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
2 FILER NAME	PATRICE R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Sharon Shark5	: (ID#:)	7 Amount of contribution (\$)
03/02/2025	6 Contributor address; City; 2205 S. Hughes St. Amastlo	State; Zip Code	\$ 15.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
03/05/2015	Dr. Fred A. Swyder Contributor address; City;	State; Zip Code	\$100.00
	2508 S. Van Buren Amarillo	TX 79109 Employer (See Instruc	tions)
Principal occup	pation / Job title (See Instructions)	Employer (See msddc	uona)
Date	· -	C (ID#:)	Amount of contribution (\$)
03/05/2015	Claudia & Harold Stuart contributor address; City; 7816 Cavade Dr. Amarillo	State; Zip Code TX 79121	€100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
03/05/2025	Mary Jane & David Johnson Contributor address; City; 810 S. Avondale St. Amarillo	State; Zip Code	\$200,00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		1	
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 87
FILER NAME	PATRIX R MILLER		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
13195(2075	6 Contributor address; City; 2405 S. Van Burch Arnavillo	TX 79109	•
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
3/08/2025	Don & Dorothy Patterson Contributor address: City: 2401 S. Hayden St. Amarillo	State; Zip Code	\$250.00
	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	-la 1 Clar	(ID#:)	Amount of contribution (\$)
03/09/2015	Contributor address; City;		\$85,00
4	<u> </u>	TX 79107	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Dr Richard F. McKay	(ID#:)	Amount of contribution (\$)
03 10 2025	Contributor address; City;	State; Zip Code TX 79[02	\$ 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

SCHEDULE A1

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			1 Total pages Cahadula Atr C 2
	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 37
FILER NAME	PATPUX R. MILLER		3 Filer ID (Ethlcs Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(10#:)	7 Amount of contribution (\$)
03/10/2013	6 Contributor address; City; 2813 Ong Ayuanile	State; Zip Code	-4 pov. 00
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	, dions)
Date	Full name of contributor Out-of-state PAC		Amount of contribution (\$)
03 10/20e8	Dr. Bill & Professor Emerita Margie Contributor address; City:	NOTHEROY! State; Zip Code	\$100,00
•	2400 S. Hughes St. Amarillo		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
03/11/2015	Contributor address; City;	State; Zip Code	\$100.00
	711 McMurry Waxahaehic	TX 75165	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
03/05/2025	Contributor address; City;	State; Zip Code	\$100,00 \
	7414 Ledgestine Dr. Amarillo	TX 79119	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 37
2 FILER NAME	PATRICK R MILLER		•		3 Filer ID (Ethics Commission Filers)
4 Date 03 05 7005	5 Full name of contributor Emily Masters	out-of-state PAC City;	State;	Zip Code	7 Amount of contribution (\$) - \$200,00
8 Principal occu	pation / Job title (See Instructions)			oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	C (1D#:		Amount of contribution (\$)
03/07/2025	Sheve Urban Contributor address; 6307 Calumet Rdr	City;		•	\$100.00
Principal occup	pation / Job title (See Instructions)	1 / Iscortacts		yer (See Instru	actions)
Date	Full name of contributor	ut-of-state PAC	C (ID#:	,	Amount of contribution (\$)
03/07/2025	Contributor address; 5601 Bell St. #10n	city; Aman (10	State;	Zip Code 79119	\$25.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instru	uctions)
Date 02107/2006	Full name of contributor David Cleavinger	out-of-state PA	C (1D#:		Amount of contribution (\$)
V/(01/20 <i>[5</i>)	Contributor address; 6313 (Renwood Dr.	city; Amarillo	State;	Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instr	uctions)
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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:37
2 FILER NAME	PATRICE R MINER			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Tames Alten	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
03 (98/2005	6 Contributor address;	city: Amanilla	State; Zip Code	\$100,00
8 Principal occu	pation / Job title (See Instructions)	1	9 Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/10/2025	Contributor address;	City;	State; Zip Code	\$50,00
	10ADS Admirest.	Amaillo	TX 79118	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor		.C (ID#:)	Amount of contribution (\$)
03/14/2025	Brian & Judy Ellerbe Contributor address: 9158 Yesfenlay Ln.E.	chy: Amarillo	State; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor Duylene McCowen		AC (ID#:)	Amount of contribution (\$)
03/14/2025	Contributor address;	city; Amanillo	State; Zip Code	\$75.00
Principal occu	PO Box 1886 spation / Job title (See Instructions)	Munito	Employer (See Instru	ctions)
	,			

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SCHEDULE A1

if the reques	ited information is not applicable	le, DO NOT III	Clude till	s page in the	report.
The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1: 37
2 FILER NAME	PATRICK & MILLER	 -			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	 C (ID#:		7 Amount of contribution (\$)
03/14/2025	Kevin & Roxann Ball 6 Contributor address; 7505 Bayswafer Rd.	city; Aman'llo	State;	Zip Code 79 9	\$50.00
8 Principal occu	pation / Job title (See Instructions)		9 Emple	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)
03/14/2025	Contributor address;	City;	State;	Zip Code	\$20.00
	PO Box 10092	Amarillo	TX	79116	
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
03/14/2025	Mark Bivins Contributor address;	City;	State;	Zip Code	\$500.00
	PO Box 708	Amarillo	TX	79105	
Principal occup	pation / Job title (See Instructions)	<u> </u>	Empl	oyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
03/15/2019	Doug & Alice Hyo Contributor address;	City;		Zip Code	\$100.00
	19300 High Lonesome P	t. Canyon	- (<i>K</i>	79015	
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instru	ctions)
				-	
	ATTACH ADDIT	IONAL CODIES	OF THIS	SCHEDIU E AS	NEEDED

SCHEDULE A1

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

struction Guide explains how to c	complete this	form.		1 Total pages Schedule A1:37
trice R MILLER				3 Filer ID (Ethics Commission Filers)
	out-of-state PAC	(ID#:		7 Amount of contribution (\$)
Sharon Reagan				4
,1				\$100,00
181 Laurel Leaf Lane	Canyon	Ţχ	79015	V
tion / Job title (See Instructions)		-		tions)
Full name of contributor	out-of-state PAC	; (ID#:		Amount of contribution (\$)
Kathy & Stan Murris Contributor address;	City;	State;	Zip Code	\$100.00 /
6308 Calumet Rd. f	magillo	TX	79106	, · · · · · · · · · · · · · · · · · · ·
ion / Job title (See Instructions)		·		tions)
Full name of contributor	out-of-state PAC	; (ID#:		Amount of contribution (\$)
Larry Lang Contributor address;	City;	State;	Zip Code	\$100.00
13621 Silverpointe Rd. 1	Amerille	Ţχ	79174	√
tion / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
Robert Juba				
Contributor address;	City;	State;	Zip Code	4500,00 V
550 S. Avondale	Amarillo	TX	79106	
tion / Job title (See Instructions)		Emp	oyer (See Instruc	ctions)
		<u> </u>		
	Contributor address; 181 Laurel Leaf Lane tion / Job title (See Instructions)	Contributor address; City; IS Laurel Leaf Lane Canyan tion / Job title (See Instructions) Full name of contributor	Contributor address; City; State; State; Laurel Leaf Lane Canyan TX	Contributor address; City: State: Zip Code 181 Lawel Leaf Lane Caryan TX 79015 tion / Job title (See Instructions) Full name of contributor Contributor address; City: State: Zip Code 1318 Calumet I.d. Amarilla Contributor (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Larry Lang Contributor address; City: State: Zip Code 13601 S; Nurpointe Rd. Amarilla TX 79174 tion / Job title (See Instructions) Employer (See Instruction / Job title (See Instructions) Employer (See Instruction / Job title (See Instructions) Full name of contributor Full name of contributor Contributor address; City: State: Zip Code Robert Juba Contributor address; City: State: Zip Code Robert Juba Contributor address; City: State: Zip Code TX 79106

SCHEDULE A1

The	Instruction Guide explains how to cor	mplete this	form.		1 Total pages Schedule A1:37
FILER NAME			· · · · · ·	-	3 Filer ID (Ethlos Commission Filers
	PATRICE K MILLER				
Date	5 Full name of contributor	ut-of-state PAC	(ID#:		7 Amount of contribution (\$)
	Kevin Persons				
03/14/2025	6 Contributor address; C		State;	Zip Code	\$100.00 V
	7906 Tradition Parkway A	marillo	XT	79119	•
Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ions)
Date	Full name of contributor	ut-of-state PAC	(ID#:		Amount of contribution (\$)
	: James Otto				. ,
03/15/2025	1	 Dity;	State;	Zip Code	\$100.00
•		unille	TX	79121	
Principal occu	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Donna Hill				an de la companya de
03/15/2025		City;	State;		\$100,00 \square
	1014 S. Croekett St. A.	ymanille	TX	79102	
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	ut-of-state PAC	(ID#:		Amount of contribution (\$)
on Lielane	Jacy Jenks				√
03/15/2025		City;	State;	Zip Code	\$100.00
	7706 Banghman An	navilla	TX	79121	
	<u> </u>		Emp	loyer (See Instruc	ctions)
Principal occu	pation / Job title (See Instructions)		I		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:37
FILER NAME PATRICK & MILLER	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
03/16/2005 6 Contributor address; City; State: Zip Code 1168 Sterling Dr. Amarillo TX 79110	#50.00 v
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/16/2005 Curt Mortgomery Contributor address! City: State; Zip Code 100 North Timbercreek Dr. Amarillo TX 79/18	\$75.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
Date Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	AS NEEDED onal reporting requirements.

SCHEDULE A1

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

	_	<u> </u>			
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:37
2 FILER NAME	TRICK R. MILLER				3 Filer ID (Ethics Commission Filers)
4 Date 03 17 2025	5 Full name of contributor Puff Nit405 6 Contributor address; P0 Box 2194	out-of-state PAC		Zlp Code 79105	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		· · · · · · · · · · · · · · · · · · ·	oyer (See Instruc	stions)
Date	Full name of contributor Bill Scabera Contributor address;	out-of-state PAC	; (ID#:		Amount of contribution (\$)
03/17/2025	Contributor address; 5611 SW 40TH Ave.	city: Amurillo		Zip Code 79109	\$25,00
Principal occu	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	ctions)
Date 03/17/2025	Full name of contributor Bea Owen Contributor address; 2041 Payker St.	Out-of-state PAG	State;	-	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)		·;	oyer (See Instruc	tions)
Date 03/17/1005	Full name of contributor Juliann Fultor	out-of-state PA		Zin Codo	Amount of contribution (\$)
	PO Boy, 82	Bushland	TX	79012	₹ 100,00
Principal occu	pation / Job title (See Instructions)	=	Empl	oyer (See Instru	cuons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

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The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:27
2 FILER NAME	Π				3 Filer ID (Ethics Commission Filers)
	PATRICK R MILLER		<u>.</u>		
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
_	Diann Anderson				_
03/17/2025	6 Contributor address;	City;	State;	Zip Code	\$25.00:
	1505 Bowie St.	Amerillo	TX	79102	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
					
Date	Full name of contributor	out-of-state PAC			Amount of contribution (\$)
	: Kathie Grant & Darr	ell Croftor	الم		
03/17/2015	Contributor address;	City;	State;	Zip Code	\$ 20.00
37[1 (20)	1	-			c
	3601 S. Austin St.	/marillo	. [L	<i>f</i> (0)	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
<u> </u>			<u> </u>	MP1	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Panhandle Democrats			,	
03/17/2025	Contributor address;	City;	State;	Zip Code	\$300.00
•		Amarillo			
	PO Box 7232	Amounte	1 10	17117	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)
			<u> </u>		
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
	Susan Stalces				Alman
03/17/2025	Contributor address;	City;	State;	Zip Code	\$100,00
	2610 S. Ong St.	Amarillo	TY	79109	
Principal cont	pation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Emp	loyer (See Instru	ctions)
r molpai occu	pendit i bee inter (eee men eenere)			-	
	 =		<u> </u>		
1					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

PATRICK & MILLER Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount 7 Amount	nt of contribution (\$)
Date 5 Full name of contributor	nt of contribution (\$)
Date Full name of contributor July Hintz Contributor address; City: State: Zip Code Frincipal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Date Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Date Full name of contributor Contributor address; City: State: Zip Code Full Code Full name of Contributor Contributor address; City: State: Zip Code Full Code	
Date July Hintz Contributor address; City; State; Zip Code [50] S. Rusk St., Amarilly TX 70102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amorilly 73/18/2005 Contributor address; City; State; Zip Code 6100	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	
03/18/WIS Pat Dison Contributor address; City: State; Zip Code 6/06	
4811 Cape Colony Dr. Amarillo TX 79119	nnt of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Dr. Neal Wossaman	unt of contribution (\$)
OS/18/2015 Contributor address; City: State; Zip Code \$5	ب 00،00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

SCHEDULE A1

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

The Instruction Guide ex	plains how to complete this	form.	1 Total pages Schedule A1: 37
FILER NAME PATRICIA R	MILLER		3 Filer ID (Ethics Commission Filers)
1 Date 5 Full name of contr	ibutor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2809 S. M	ss; city; onroe St. Amurillo	TX 79109	\$ (00.00
8 Principal occupation / Job title (See I	nstructions)	9 Employer (See Instru	
Date Full name of control Bev Harr		(ID#:)	Amount of contribution (\$)
03/18/2015 Contributor addres 7802 Stuyy	esant Ave. Amarillo		
Principal occupation / Job title (See la	nstructions)	Employer (See Instru	ictions)
Date Full name of contr	ributor	C (ID#:	Amount of contribution (\$)
03/19/2015 Amorillo Associa Contributor addre 560/ Enterpris	ution of REALTORS, Investigation of REALTORS, Investigation of the control of the	State; Zip Code	\$4,000.00
Principal occupation / Job title (See	instructions)	Employer (See Instru	uctions)
Date Full name of con	. 1	C (ID#:	Amount of contribution (\$)
03/21/2025 Johnny & Contributor addr 7720 Stup	oss; city; JeSant Ave Amarillo	State; Zip Code	\$100.00
Principal occupation / Job title (See		Employer (See Instr	ructions)
AT If contributor is or	TACH ADDITIONAL COPIES	OF THIS SCHEDULE A	S NEEDED nal reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:57
FILER NAME	ATRICK & MILLER	<u> </u>		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC	C (ID#:	7 Amount of contribution (\$)
03/20/2015	Evic Zi Mmerman 6 Contributor address; 1815 SW 28 th Ave	city; Amayillo	State; Zip Code	\$100.00
Principal occur	pation / Job title (See Instructions)		9 Employer (See Instr	uctions) .
Date	Full name of contributor Sonya Berg	out-of-state PAG	C (ID#:	Amount of contribution (\$)
03/20/2015	Sonya Berg contributor address; 10 Sunflower Pl	city: Amarfillo	State; Zip Code	\$50,00 J
Principal occup	pation / Job title (See Instructions)		Employer (See Instr	ructions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
03/20/2015	Benita GNETYETO Contributor address;	City;	State; Zip Code	·· \$25,00 J
Principal occur	pation / Job title (See Instructions)	Amarillo	Employer (See Inst	ructions)
Date	Full name of contributor	out-of-state PA	AC (ID#:	Amount of contribution (\$)
03/20/2025	James Campos Contributor address;	City;	State; Zip Code	\$15.00
	1903 S. Birmingham St.	Amarillo	TX 79103	<u> </u>
	pation / Job title (See Instructions)		Employer (See Ins	tructions)

SCHEDULE A1

PATRICK R MINER Date 5 Full name of contributor	The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1. 37
Date S Full name of contributor Out-of-state PAC (ID#: 7 Amount of contribution (\$)	FILER NAME	PATRICK R MILLE	pe.			3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupa	Date	5 Full name of contributor			7 Amount of contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:	03/21/2025	6 Contributor address; ASVA Lexington Square		TX	79119	
Emily Nance Contributor address; City: State: Zip Code 3908 Dzark Trail Amarillo TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Awta Woods Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Celia Welsch Contributor address; City: State: Zip Code Celia Welsch Contributor address; City: State: Zip Code 3501 Carl for Pr. Amarillo TX 79109	Principal occu	pation / Job title (See Instructions)		9 Emplo	yer (See Instru	ctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Awita Words Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Celia Welsch Contributor address; City; State; Zip Code Employer (See Instructions) Amount of contribution (S) Celia Welsch Contributor address; City; State; Zip Code Fill name of contributor Celia Welsch Contributor address; City; State; Zip Code Fill name of contribution (S) Amount of contribution (S) TX 79109			out-of-state PA	.C (1D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date	03/22/2025		4	~ .	-	\$50:00 ·
Avita Woulds Contributor address: City: State; Zip Code \$25,00 309 Callahan St. Amarillo TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	Principal occup	<u> </u>	Librarilità			ctions)
Contributor address; City; State; Zip Code \$25,00 309 Callahan St. Amarille TX 79106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	Date		out-of-state P/	PAC (ID#:)		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Celia Welsch Contributor address; City; State; Zip Code \$15,00 350 Carlfan Pr. Amaillo TX 79109	03/23/2015	Contributor address;			-	\$25.00
Celia Welsch Contributor address; City; State; Zip Code \$15,00 350 Carlton Pr. Amarillo TX 79109	Principal occu	<u> </u>		Empl	oyer (See Instru	actions)
03/23/2015 Contributor address; City; State; Zip Code \$15,00 350/Carlton Pr. Amarillo TX 79/09	Date	1	out-of-state P	AC (ID#:		Amount of contribution (\$)
Virtuality (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	03/23/2015	Contributor address;			-	\$15,00
	Principal occu					uctions)
			(

SCHEDULE A1

<u> </u>		T
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37
2 FILER NAME	PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:) Shayla M. Harris 6 Contributor address; City: State; Zip Code 1945 NW 13TH Ave Amerillo TX 79107	7 Amount of contribution (\$)
	ation / Job title (See Instructions) 9 Employer (See Instru	ections)
Date	Full name of contributor	Amount of contribution (\$)
03/21/2015	Carl Altschwager Contributor address; City: State; Zip Code 73/4 Andover Dr. Amarillo TX 79/19	「今50,00 レ
	ation / Job title (See Instructions) Employer (See Instru	
Date 03/11/1015	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	36145, Hughes Amarillo TX 79110 ation / Job title (See Instructions) Employer (See Instru	uctions)
Date 63/14/1015	Full name of contributor Out-of-state PAC (ID#:	1
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

SCHEDULE A1

		form	1 Total pages Schedule A1: 37
The !	Instruction Guide explains how to complete this	<u>)</u>	3 Filer ID (Ethics Commission Filers)
2 FILER NAME	PATRICE R MILLER		
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
93/24/2015	6 Contributor address; City;	State; Zip Code	\$100.00
	III DALINCHESTON PORT		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
03/14pms	Mr. & Mrs. Bill Glover Contributor address; City: 5707 Berget Dr. Amarillo	State: Zip Code TX 79106	\$250,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/24/2025	Dale k Sue Wingg Contributor address; City;	State; Zip Code	\$50.00
	6706 Stoneham Amarillo	TX 79109	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	stions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
03/12/1015	Carolyn Weir Newton contributor address; City: 2300 Anna Street Amarillo	State; Zip Code	\$ 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS struction guide for additiona	NEEDED I reporting requirements.

SCHEDULE A1

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1. 37
	High parion, Ontal Suprair	3 Filer ID (Ethics Commission Filers)
FILER NAME	PATRICK R MILLER	3 FREE ID (ERRICS COMMISSION (1800)
Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
	1 1 1 1 1 1	h v a
2 2 2 2 2 -	MARKING 6 Contributor address; City; State; Zip Code	\$ 15.00
3/24/2025	6 Contributor address; City; State; Zip Code	V
	POBON 52 Canyon TX 79015	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
•		
	To a company to the c	4 - 4 - 5 - contribution (E)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
	ention / leb title (See Instructions) Employer (See Instruc-	ctions)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	onone,
Date	Full name of contributor	Amount of contribution (\$)
Date		
	Contributor address: City: State; Zip Code	•
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
·		
		100
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
		l
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ictions
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additiona	al reporting requirements.

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (British & Carego	, ,,
Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
Date 01 02 1025	5 Payee name (SS) Postmoster			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$75.00	USPS, 2301 Ross St.	Amorillo	TX	79120
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	PO BOX		
	(c) Check if travel outside of Texas. Complete Schedule T,	Check if Aust	tin. TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/12/2015	GoDaddy			
Amount (\$)	Payee address;	Cîty;	State;	Zip Code
\$54.32	2155 E Godaddy Way	Tempe	AZ	85284
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Domain N	ame	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01 15 2025	City of Amarillo			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00	Col S. Buchanan	Amarillo	TX	79101
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Filing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, 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 OF THIS	S SCHEDULE AS NE	EDED	<u> </u>
	• ** ** · · · · · · · · · · · · · · · ·			

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense By Gift/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 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:	1 = -		3 Filer ID (Ethics Commission Filers)
56	PATRICK R MILLER		
01/16/2025	5 Payee name Whit-Co		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$20.34	1513 S. Tyler St.	Amarillo	TX 79101
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Banking (Checks)	Checks	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01117/225	Whitney Russell Printin	٩	
Amount (\$)	Payee address;	Clty;	State; Zip Code
\$1,690.23	PO BOX 664	Amarillo	TX 79105
,	Category (See Categories listed at the top of this sch	edule) Description	****
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs, Pe	esh Cards, Rodium Signs
	Check if travel outside of Texas, Complete Sch	edule T, Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
		<u> </u>	
Date	Payee name		
F 01/15/2025	Eri Lagie	MAN	
Ampount (\$)	F ee address;	City;	Starte; Zip Code
- \$ 10.00	2009 Is. Fannin St.	Amerillo	Ax 779101
	Category (See Categories listed at the top of this sch	nedatie) Description	V
PURPOSE OF EXPENDITURE	Fees	Buffors:	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, 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 NE	EDED '

SCHEDULE F1

	EXPENDITURE CATEG	ORIES 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 Expense Travel In District Travel Out Of District Other (enter a category not listed above)
ClearCaterayment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2025	5 Payee name Bri Cuale		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$25.00	2009 s. Fannin St.	Amarillo	TX 79109
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	man - Fee	s Buttons	
	(c) Check if travel outside of Texas, Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held - km
Date	Payee name		7-
02/01/2025	United States Postal Service	1	
Amount (\$)	Payee address;	City;	State; Zip Code
\$73.00	Jordan Station, 8301 W Amarillo B	lvd. Amarillo	TX 79124
.,,	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF EXPENDITURE	Fees	Stamps	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	t-dens		in the
Date	Payee name		
02/03/2025	Whitney Russell Printing	}	
Amount (\$)	Payee address;	City;	State; Zip Code
\$296.13	PO Box 664	Amarillo	TX 79105
PURPOSE OF EXPENDITURE	Printing Expense	Description Thank You L Donation Envi	etters, Business Cards, elopes, Envelopes
	Check If travel outside of Texas. Complete Sch	nedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
į 1	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

i e	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of Distri	pment & Related Expense
Credit Card Payment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME PATRICK & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		. <u> </u>	
02/11/2025	Bri Cagle			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$25.00	2009 S. Fannin St	Amarillo	TX	79109
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	11. Km Fees	Buttons		
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	" Pem	Office held
Date	Payee name			
01/16/2015	Squarespace, Inc.		•	
Amount (\$)	Payee address;	City;	State;	Zip Code
66.00	225 Varick St, 12th Ploor	New York	NY	19014
1. 1.1	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	Check if travel outside of Texas. Complete Sci	hedule T, Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/16/2015	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
6. 6 0	225 Varick St, 12TH Floor	New York	yy	190124
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Fees	Processing.		
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	n, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense F y Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense olling Expense Arinting Expense Salaries/Wages/Contract Labor now 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 PATRILL & MILLER	·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/16/2015	Squanspue, Inc.		
6 Amount (\$)	-	City;	State; Zip Code
.45	225 Vanick Sty 12th Floor	New York	NY 10014
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Processing	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0116/2013	Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
,74	275 Variot St, 12TH Plans	New York	M 10014
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Fees	Processia	g .
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		-
01/16/2015	Squarespan, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
*75	225 Varide St, 12th Floor	NewYork	- NY loota
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Fees	Processin	9
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
t	ATTACH ADDITIONAL COPIES O	F 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/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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Clibra (order a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a caregi	ory nothisted above;
1 Total pages Schedule F1:	2 FILER NAME PATRICL & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 0\	5 Payee name Squarespace Im.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
€1.83	225 Variok St, 12th Hour	New York	μζ	19019
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 Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		
01/16/2024	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.25	225 Varide St, FLIM Flour	New York	M	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, TX, officeholder liv		g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	<u></u>	Office held
Date AVIII./o.o.c	Payee name		···	
Phillippis	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.48	225 Variok St, 12th floor	NewYork	YM	10014
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Feei	frocessing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
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 NE	EDED	<u></u>

SCHEDULE F1

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

-	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		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 explain	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 9\ 17 2015	5 Payee name 54 WWE 54 W. T.M. 7 Payee address:		
6 Amount (\$)	7 Payee address; 12th Floor	oity; New York	State; Zip Code NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Processing	In, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 0117/2.25	Payee name	***	
01/17/2025 Amount (\$) \$3.20	Squarespace, Inc. Payee address; 225 Varide St, 12th Pla	Der New York	State; Zip Code NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	frocessing	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/11/2025	Squarespace, Inc.		

Amount (\$)

.45

PURPOSE

OF EXPENDITURE

f |

Complete ONLY if direct expenditure to benefit C/OH

Processing

Office sought

Check if Austin, TX, officeholder living expense

Payee address;
225 Varide St, 12th Floor

Candidate / Officeholder name

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

Check if travel outside of Texas. Complete Schedule T.

Zip Code

10014

Office held

SCHEDULE F1

 	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Poll Gift/Awards/Memorials Expense Print I Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ling Expense niting Expense artes/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:	2 FILER NAME	w to complete this form.	3 Filer ID (Ethics Commission Filers)
56	PATRICK R MILLER		
4 Date 9\ /1712025	5 Payee name Squarespace, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
.74	225 Varide St, 12th Plan	New York	NY 10024
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 Schedul	eT. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		<u> </u>
01/18/2025	Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3,00	225 Variok St, 12th Ploor	New York	M 10014
· · · · · · · · · · · · · · · · · · ·	Category (Seé Categories listed at the top of this schedu	lie) Description	
PURPOSE OF EXPENDITURE	Fees	Processing	
	Check if travel outside of Texas. Complete Schedu	leT. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/18/2025	Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3,20	225 Vanick St, 12th Floor	New York	NY 10014
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Fees	Processin	9
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
<u></u>	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/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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a palegory not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME PATALLY L MILLER		3 Filer ID (Ethics	Commission Filers)
4 Date OV USIVOUS	5 Payee name Squarespace, Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
.75	225 Varide St, 12th Floor	New York	NY	10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		.,,		
OF EXPENDITURE	Fees	Y rocessing		
2	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living o	expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name		·	· · · · · · · · · · · · · · · · · · ·
01/18/2018	squarespace, Ivc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
41.03	22's Variety St, 19th Floor	New York	NA	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 Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name	<u>-</u>		
01/18/2013	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$30.00	225 Vanish St, 12th Floor	New Lok	ΝÝ	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processing		<u> </u>
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

Advantable Cabonary Controllaring Cabonary Controllaring Caponary Ca		EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
1 Total pages Schodule F1: 2 FILER NAME PAPER PA	Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
## Part Part Part Part Part Part Part	Credit Card Paymont	The Instruction Guide explains h	now to complete this form.	
Squarespace The complete Squarespace				3 Filer ID (Ethics Commission Filers)
Payee address: City: State: Zip Code				33 11 11
Section Content Cont	•			
PURPOSE OF EXPENDITURE (c) Check if travel cotalide of Texas. Complete Schedular Check if Austin, TX, officeholder fiving expense 9 Complete ONLY if direct expenditure to benefit C/OH Date 10 Payee name 10 Payee name 10 Payee address;	.,,		A .	NU
Check if Austin, TX, officeholder fiving expense	8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
9 Complete ONLY If direct expenditure to benefit C/OH Date Payee name Viniture (S) Payee address: Payee address: Category (See Categories listed at the top of this schedule) Payee name Candidate / Office holder name Office sought Control of the schedule of the	OF	Fees	Processi	ng
Date		(c) Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	in, TX, officeholder living expense
Amount (S) Payee address; Purpose Category (See Categories listed at the top of this schedule) Purpose Complete ONLY if direct expenditure to benefit C/OH Payee address; Candidate / Office holder name Candidate / Office holder this schedule) Payee address; Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Payee name Payee name Payee name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Payee address; City: State: Zip Code Amount (S) Payee address; Log Q Category (See Categories listed at the top of this schedule) Purpose Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top			Office sought	Office held
Amount (\$) Payee address; Po Boy WA Purpose Fexpenditure Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought Candidate / Office holder name Office sought Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought Office holder living expense Office hold Payee name Payee name Pri Cagle Amount (\$) Payee address; Payee address; Payee address; Payee address; Payee address; Payee address; Payee name Category (See Categories listed at the top of this schedule) Purpose Office hold Category (See Categories listed at the top of this schedule) Category (See Categori	Date	Payee name		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	02/26/2005	Whitney Russell Printing		
Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	如80.34	PD Box 664	Amerillo	TX 79105
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; 2009 S. Familyst, Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Office hold of the schedule of		Category (See Categories listed at the top of this sche	dute) Description	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee name Payee address: Payee addre	OF	Printing Expense	Yard Signs	•
Date Payee name 03/05/0005 Pri Cagle Amount (\$) Payee address: City: State: Zip Code 445.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Scheo	dute T. Check if Aust	in, TX, officeholder living expense
Amount (\$) Payee address: Payee add	·	a ^ ^	Office sought	Office held
Amount (S) Payee address; Farminst. Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Candidate / Office holder name Candidate / Office holder name City; State; Zip Code TW 701101 TW 701101 Description Buttons Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held THE TOTAL COMPLETED TO THE PAYER OF THE PAY	Date	Payee name		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Buffred Revenue Buffred Buffred Check if ravel outside of Texas. Complete Schedule T. Candidate / Office holder name Office sought Office held Cambin TX 791109 Description Category (See Categories listed at the top of this schedule) Buffred Buffred Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	03/05/2015	Bri Cagle		
PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	A			
Complete ONLY if direct	OF	Buttons F	:	
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense
				1.2
	1	ATTACH ADDITIONAL COPIES O	F 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/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel in District Polling Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 4 Date 03/07/2025 State: Zip Code 6 Amount (\$ PO Box 66/24 Amarillo 5411.18 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Donor Letters & Mailing Service **PURPOSE** OF Expense EXPENDITURE (c) 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 Payee name Date Whitney Russell Printing Zip Code City; State: Amount (\$) Amarillo PO BOX 664 \$762.64 Description Rack Cords, Business Cords, Thank You Letters Category (See Categories listed at the top of this schedule) **PURPOSE** and Envelopes OF Printing Expense 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 Payee name 03/18/2025 ZE Pursuits, LLC Zip Code City; State: Amount (\$) \$3,550.00 2604 17TH Ave anyon Category (See Categories listed at the top of this schedule) Description PURPOSE Consulting **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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Cod/Beverage Expense P Gift/Awards/Memorials Expense P I Committee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
<u> </u>	The Instruction Guide explains h	low to complete this form.	<u>-</u>
1 Total pages Schedule F1:	PATRICE R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/15/7975	5 Payee name VSPS Postmoster		
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code
\$73.00	2301 Ross St.	Amarillo	TX 79120
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Postage	,
	(c) Check if travel outside of Texas, Complete Scher	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
03/19/2015	Bri Cagle		
Amount (\$)	Payee address:	City;	State; Zip Code
\$45,00	2009 S. Fannin St.	Amarillo	TX 79109
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Fees	Buttons	
	Check if travel outside of Texas, Complete Sche	dule T. Check If Aust	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
03/20/2025	Whitney Russell Printing	1	
Amount (\$)	Payee address	City;	State; Zip Code
\$ 233.12	PO BOX 66H	Amarillo	TX 79105
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Printing	Buck slips a	nd Stickers
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	pan Repayment/Reimbursement ffice Overhead/Rental Expense pilling Expense inting 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)	
4.7.1	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/9/2018	Squarespace Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
630.00	225 Variet St, 12TH Ploor	New York	NY 10014
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Processing	
	(c) Check if travel outside of Texas, Complete Schedu	ule T. Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payes name	- January	
01/19/2025	Sawesace, Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$19.30	225 Varial Sty 12th Floor	NewYork	M 10014
	Category (See Categories listed at the top of this sched	ρ	
PURPOSE OF EXPENDITURE	ten	Processiv	3
	Check if travel outside of Texas. Complete Schedu	sle 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
Date	Payee name		
01/19/2025	Bynerosyne, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$7.50	225 Variok St, 12th floor	Number	N 10014
	Category (See Categories Ilsted at the top of this schedu	ule) Description	
PURPOSE	_	D	
OF EXPENDITURE	tees	MULSENG	
	Check if travel outside of Texas, Complete Schedu		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
11.0	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) ent Expense Loan Repayment/Reimburseme

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	Vages/ContractLabor	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME PATIZIUX R MILLER		3 Filer ID (Ethics	S Commission Filers)
4 Date	5 Payee name			
01/19/2013	Squarespace, Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$7.55	225 Varide St, 12th Ploor	New York	YV	10014
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 Austir	n, TX, officeholder living	; expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date ,	Payee name			
01/21/2025	Squerespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1 7.50	225 Variele St, 12th Floor	Newtole	M	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Con	0		
OF	teer	Thousand)	
EXPENDITURE				
<u> </u>	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	<u> </u>		
01/21/2015	Squarofface, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$7,55	228 Variet St, 12th Floor	New York	NÝ	10019
~	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fui	Prouser	う	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
, 1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

		EXPENDITUR	E CALEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Expe				ilpment & Related Expense rict	:
		The Instruction Guid	te explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER N	PATRICK R	Musen		3 Filer ID (Ethi	ics Commission Filers)	
4 Date	5 Payeena		1VII DOES				
01/12/1025		uare space, Im	<i>b</i> ,				
6 Amount (\$)	7 Pavee a	dress:		City;	State;	Zip Code	_
to.75		Variok St, 12t		New York	NY	10014	
8	(a) Catego	y (See Categories listed at th	e top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fe	es.		Processing			
	(c)	Check if travel outside of Texas	, Complete Schedule T,	Check if Austir	n, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh		íate / Officeholder nam	е	Office sought		Office held	
Date	Рауее па	ame			,	1 	_
01/12/2015	Squa	overface, Inc. ddress;					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$1.03			C+	N V.	A FU	1.463.26	
4 (10)	US	Variete St, 12th	Hoor	VW lode	\v {	10014	
	Categor	/ (See Categories listed at the	top of this schedule)	Description			
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		Check if travel outside of Texas	. Complete Schedule T.	Check if Austin	n, TX, officeholder livl	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		late / Officeholder nam	е	Office sought	-	Office held	
Date	Payee n	ame	-				_
01/26/2025	59na	uspace, Inci					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$2.25	225	Variet 87, 1211	floor	Now York	- M	10014	
	Category	/ (See Categories listed at the	top of this schedule)	Description			
PURPOSE	7			Paraman	_		
OF EXPENDITURE	1	US		10048 6770	7		
EXECUTIONS					•		_
		Check if travel outside of Texas	. Complete Schedule T.	Check if Austin	n, TX, officeholder livi		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		date / Officeholder nar	ne	Office sought		Office held	
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SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Cendidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Politing Expense Gift/Awards/Memorials Expense	
1 Total pages Schedule F1:	2 FILER NAME PATRICK & MILLER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	59 wespare, Inc.	City;	State; Zip Code
41.48	225 Variok St, 12th Floor	New York	MA 10014
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	Processing	
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/20125	Squarespace, Inc. Payee address;		
Amount (\$)	_	City;	State; Zip Code
\$ 0.75	225 Varak St. 12th Plan	Nulok	NY LOUIT
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Fee	Processing	
	Check if travel outside of Texas, Complete Sci	hedute T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<u> </u>	
ornapans	· Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,03	225 James St, 12th floor	Now tota	NY 100121
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Fees	fraussing	
	Check if travel outside of Texas, Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

SCHEDULE F1

		EXPENDITUR	RE CATEGORII	ES FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials I Legal Services	Office Pollin Expense Printi		eimbursement ental Expense ontract Labor	Travel In District Travel Out Of District	ipment & Related Expe	:nse
Credit Card Payment		The Instruction Gu	ide explains how	to complete	e this form.			
1 Total pages Schedule F1:	l .		MillER			3 Filer ID (Ethi	cs Commission Filer	rs)
4 Date 0\ 19 1015	5 Payee nar							
6 Amount (\$)	7 Payee add	Iress;	•		City;	State;	Zip Code	
43,10	225	Varick St, 12	th Floor		New York	- NY	10014	
8	(a) Category	(See Categories listed at	the top of this schedule	e) (b) D	Description			
PURPOSE OF EXPENDITURE	Fees			,	Processing			
	(c)	Check if travel outside of Tex	as. Complete Schedule 1	r. [Check if Austin	ı, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder nar	ne	O	ffice sought		Office held	
Date	Рауее лаг	ne		-				
01/12/2013	Squan	espace, In c.						
Amount (\$)	Payee add		_		City;	State;	Zip Code	
\$3,20	225	Variety St, 17	7th Flow		New Yale	NY	19017	
	Category	(See Categories listed at t	ne top of this schedule) D	Description			
PURPOSE OF EXPENDITURE	Fce.	S		1	rocessing			
		Check if travel outside of Tex	as. Complete Schedule 1	r. [Check If Austin	ı, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder nar	ne	O	ffice sought		Office held	
Date	Payee na	me		-				
01/30/2025	Square	pue, Inci						
Amount (\$)	Payee add	dress;			City;	State;	Zip Code	
\$2125	225 V	favorlest, 12t	hfloor	1	In whe	M	19014	
	Category	(See Categories listed at t	he top of this schedule) 🗆	Description			
PURPOSE OF EXPENDITURE	Fees			1	rucksmy			
		Check if travel outside of Tex	as. Complete Schedule	r. [Check if Austin	ı, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Officeholder na	ame	C	Office sought		Office held	
1 1	ATT	ACH ADDITIONA	L COPIES OF T	HIS SCHE	DULE AS NEE	DED 1		

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)				
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Polling Expense Travel In District Travel In District Travel Out of District Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above						
Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.				
1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	ı	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
01/30/2028	Squarespace, Juc.					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$2,48	125 Varick St, 12th Ploor	New York	NY 10014			
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description				
PURPOSE OF EXPENDITURE	Fees	Processia	9			
	(c) Check if travel outside of Texas, Complete Schedu	fle T. Check if Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/01/2018	Squaregace, Inc.					
Amount (\$)	Payee address;	City;	State; Zip Code			
49.00	225 Variet St, 12th floor	Newfole	NY 1:0014			
	Category (See Categories listed at the top of this schedu	ule) Description				
PURPOSE OF EXPENDITURE	Fecs	Processive				
	Check if travel outside of Texas, Complete Schedu	lle T. Check if Austi	in, TX, officeholder flying expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
5.	Payer name					
07/01/1075	Payee name					
Polacions	Squarespace, Inc.					
Amount (\$)	Payee address;	City;	State; Zip Code			
£9.00	225 Santik St, 12th floor	or Naviole	NY 18814			
	Category (See Categories listed at the top of this schede	ule) Description	· · · · · · · · · · · · · · · · · · ·			
PURPOSE OF EXPENDITURE	teu	Processing	•			
	Check if travel outside of Yexas, Complete Schedu	lle T. Check if Austi	in, 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 OF	THIS SCHEDIU E AS NE	EDED.			

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		,
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Legal Services Sa	an Repayment/Reimbursement fice Overhead/Rental Expense olling Expense inting Expense olaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 02/02/2025	5 Payee name Sq wavespue, INC.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3,00	225 Varide St, 12th Floor	New York	NY	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	ule T. Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/02/2025	Squarapace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
*3,20	225 Vank St. 12th Floor	NewYMC	<u> </u>	19014
<u>.</u> ,	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	fees	Processing		
	Check if travel outside of Texas, Complete Sched	ule T. Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/04/2025				
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.03				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	•	
	Check if travel outside of Texas. Complete Sched	Jule T. Check if Austi	tin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
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SCHEDULE F1

		EXPENDITO	IKE CALEG	ORIES	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services	s Expense	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)		,
		ine instruction G	uide explains	now to c	omplete this form.			
1 Total pages Schedule F1:		IAME ZICK R MILLE	G			3 Filer ID (Ethic	cs Commission Filers)	
4 Date	5 Payee na							_
02/04/201S	1 - 1							
1 1	DQ W	Avespace, Inc.						_
6 Amount (\$)					City;	State;	Zip Code	
\$ 0.75	215	Varick St, 12	thfloor		New York	NY	(0014	
8	(a) Categor	y (See Categories listed :	at the top of this so	chedule)	(b) Description	· · ·		_
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OF EXPENDITURE	Fa	ces			Pracessing			
	, (c)	Check if travel outside of Te	xas. Complete Sch	nedul a T,	Check if Austin	, TX, officeholder livin	g expense	_
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder na	ame		Office sought		Office held	
Date	Payee na	ame						
02/05/2025	Sjun	respace, Inc	et					
Amount (\$)	Payee at	idress;			City;	State;	Zip Code	_
Ab ar	0 - 4 - 1	1. 1. 121	. M.		M. O.	الال	IANI	
等9.00	W V	iarrik 4, 1211	1 7 0201		Nowfork	NΊ	[OO/4	
	Category	/ (See Categories listed at	the top of this sch	nedule)	Description	···.		_
PURPOSE					rolpsing			
OF EXPENDITURE	te	K .			(00000)			
		Check if travel outside of Te	xas. Complete Sch	redule T.	Check if Austin	, TX, officeholder fivin	g expense	_
O CANADA O CANADA DA CANAD	Candid	late / Officeholder na	·		<u> </u>	,,	Office held	_
Complete ONLY if direct expenditure to benefit C/OF		ate i Omcenoloei us	ine		Office sought		Office field	
Date	Payee na	ame						
02/05/2025	Squar	eface, Inc.						
Amount (\$)	Payee a	idress;			City;	State;	Zip Code	_
€9,00	225	Variabot, (thistory		NewVolle	M	10014	
	Category	/ (See Categories listed at	the top of this sch	redule)	Description			_
PURPOSE OF EXPENDITURE	fees				Processy		, <u></u>	
		Check if travel outside of Te	xas, Complete Sch	edule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder n	iame		Office sought		Office held	
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SCHEDULE F1

		EXPENDITURE CAT	EGURIES F	-OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Fees Office Overhe Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Expe			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 expl	alns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER	VAME PATRICLE R. MILLE	a		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payeen	•	<u> </u>				
02/07/2025	591	Larespare, Inc.					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
50.75	205	Varick St, 12th Pl)0°	NewYork	NY	10014	
8	(a) Catego	ry (See Categories listed at the top of	his schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees			Processing			
	(c)	Check if travel outside of Texas, Comple	te Schedule T.	Check if Austia	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame				1944	
02/01/1028	Squa	respace, Inc.					
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code	
€ 1.03	us	Variet A, 17th Man	(Newlyle	NY	(1914	
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PURPOSE OF EXPENDITURE	fee	es		Proussing			
		Check if travel outside of Texas, Comple	te Schedule T.	Check if Austi	n, TX, officeholder Ilvln	g expense	
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought	a-a-	Office held	
Date	Payee	name	-				
02/07/2028	Squ	arespace, Inc.					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
\$15,00	vs	Varide 4,1 th Pl	00V	NewYelp	M.	10014	
PURPOSE OF EXPENDITURE	\ \rac{1}{2}	ry (See Categories listed at the top of the	nis schedule)	Description COUSSING			
	Γ	Check if travel outside of Texas. Comple	te Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name	,	Office sought		Office held	
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SCHEDULE F1

		EXPENDITURE CATE	GURIES	OK BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fe Fo y Gi	ent Expense es od/Beverage Expense ft/Awards/Memorials Expense gal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of District Other (enter a categ	oment & Related Expense ct	e
Credit Card Payment	-	The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAM	BE PATRICE K M	usEN	ŀ	3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name		WW.				
02/07/2015							
6 Amount (\$)	7 David added	respace, frc.		City;	State;	Zip Code	—-
6 Amount (4)	i	_			State,	zip Code	
<i>\$14.80</i>	125 V	uricle St, 12th Flour		New York	M	10014	
8	(a) Category (S	ee Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Feus			Processing)		
	(c) Che	ck if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/ Officeholder name		Office sought		Office held	
Date	Payee name						
02/11/2018	Squares	pace Inc					
Amount (\$)	Payee addre	ss;		City;	State:	Zip Code	
\$15,00	W5 V	and A, 17th f	loor	New Yelle	M	10010	
	Category (Se	e Categories listed at the top of this	schedule)	Description		-,	
PURPOSE OF EXPENDITURE	Fees		:	f coussin	١		
	Che	ck if travel outside of Texas. Complete	Schedule T.	Check if Austir	ı, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held	
Date	Payee name			.		·	
. 02/11/202s	Squares	pave Inc.					
' Amount (\$)				City;	State:	Zip Code	
	nical	wick St, 10th f	100	New YALC	N	·	
\$14.80	1. Nr. SAG	whose of their	COM	IVIN THIC	<i>N</i> X	(0014	
	Category (Se	e Categories listed at the top of this	schedule)	Description		_	
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EXPENDITURE	tues			1100000		`	
	Che	ck if travel outside of Texas. Complete	Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		/ Officeholder name		Office sought		Office held	
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SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor row 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		3 Filer ID (Ethics Commission Filers)
56	PATRICK R MILLER		
4 Date 02/14/2028	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
40.75	225 Variet St, 1274 Floor	Navyole	My Looly
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
PURPOSE OF EXPENDITURE	FeBS	Processi	rg
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0211912015	Squarespace, Inc	•	
Amount (\$)	Payee address;	City;	State; Zip Code
\$1.03	225 Varide & 17th flor	. Now tolk	NY 10014
	Category (See Categories listed at the top of this sched	Description	-
PURPOSE OF EXPENDITURE	Fees	Processive	1
	Check if travel outside of Texas. Complete Sched	uleT. 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	 	
02/16/2025	Squarespace, Inc.		
Amount (\$)	Payee address:	City;	State; Zip Code
\$0,45	225 Varide St, 12th Pla	or Number	NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description	ng
	Check if travel outside of Texas. Complete Schede	cle T. Check if Austin	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
1 1	ATTACH ADDITIONAL CODIES OF	THIS SCHEDIII E 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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Poi Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor www.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 PATRICK 12 MILLER	2	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	,,,	
01/6/2025	Squarespace, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$0.74	225 Varick Styleth Floor	Newlork	NY 10019
8	(a) Category (See Categories listed at the top of this sched	(b) Description	
PURPOSE	_		
OF EXPENDITURE	Fees	Processing	
		\	
·			n, TX,.officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/16/2025	Squarespace, Inci		
Amount (\$)	Payee address;	Clty;	State; Zip Code
\$1.50	225 Varick St, 12th Plan	NowYork	NY 10014
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Fees	freesing	
	Check if travel outside of Texas. Complete Schedult	eT. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	↓		
Date	Payee name	<u>-</u> <u>-</u> -	
02/16/1025	Squareque, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
€1.75	225 Variote St, 12th floor	Newtock	N9 1004
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE	Fees	0	
OF EXPENDITURE	1 4005	Processing	
ŀ	Chook Viscous) autoida af T Constant C.	T Market	/
	Check if travel outside of Texas. Complete Schedule	<u> </u>	, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ş	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) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PATRICK R MILLER 56 4 Date 02/17/2025 6 Amount (\$) Zip Code 225 Varick St, 12th Floor \$3,20 10014 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Processing Fees **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 02/17/2025 Squarespace, Inc. Amount (\$) Zip Code 228 Varrek St, 12th Plan 43.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Precessing Pels OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Squarespace, Inc. 02/11/2025 Amount (\$) Zip Code 5 Varrele St, 12th Place \$ 1.50 100121 Category (See Categories listed at the top of this schedule) PURPOSE (racessins **EXPENDITURE** Check if Austin, TX, officeholder living expense Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offic Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Travel In District Travel Out Of Distri	Ipment & Related Expense
1 Total pages Schedule F1:			3 Filer ID (Ethio	cs Commission Filers)
4 Date 02/17/2015	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1.75	125 Varick St, 12th Floor	New York	NY	10014
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description		•,
PURPOSE OF EXPENDITURE	Fees	Processing		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder livin	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	e y their		
02/17/2025	Squarespace, Inc.			
Amount (\$)	Pavee address:	City;	State;	Zip Code
\$60.00	275 Samek St, 17th floor	New Yalk	NΥ	10014
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE OF EXPENDITURE	Feer	Pracessins		
	Check if travel outside of Texas, Complete Schedule	T. Check If Austin	ı, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/17/1825	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$58.30	225 Variot St, 12th flow	New Tele	WY	10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Processing	;	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	ı, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Offi	Expense 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:	2 FILER NAME PATRICE R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Payee name Squares Jaw, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
∜ 4,50	225 Varick St, 12th Floor	New York	- NY 10014
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	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		The state of the s
02/17/2025	Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$4,15	225 Vande St, 12th Moor	Newwork	. NY LOOM
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	fees	fracessing	5
	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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/18/2025	Squmestace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$7.50	225 Sonik St, 17th floor	Newwork	WY 100H
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description frollssm-)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)
orcondi dynon	The Instruction Gulde explains how to	complete this form.	
1 Total pages Schedule F1:	Paraice of MILLER		3 Filer ID (Ethics Commission Filers)
12/18/2015	5 Payee name 5 Whitestaw, IMC, 7 Payee address;		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
97 ,55	225 Varick St, 12th Ploor	New York	NY 10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Ca.		
OF EXPENDITURE	fees	Processing	
1 #	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/19/2025	Squareful, Inc. Payee address;		
Amount (\$)	l	City;	State; Zip Code
\$1.75	225 variet St, 17th Place	NowYork	NY 10014.
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Foes	Processing	
	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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/19/2018	Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$2.48	Vis Varret St, 12th flow	Now York	NY 10019
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Free	Provessive)
ĺ	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
l + 1	ATTACH ADDITIONAL 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 B Candidate/Officeholder/Politics Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	pan Repayment/Reimbursement ffice Overhead/Rental Expense oiling Expense rinting Expense alarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
orcar odrar syrrican	The Instruction Guide explains h	ow to complete this form,	
1 Total pages Schedule F1:	2 FILER NAME PATRICK R MINER	/	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
22/20/2025	Squares pue, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2.25	225 Varrok St, 12th Floor	Newcork	NY 10014
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 Austi	n, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· · · · ·
02/20/2025	Squareque, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$2.48	228 Variet 97, 17th P1	oor Nauline	N8 10014
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF EXPENDITURE	fees	frocusing)
	Check if travel outside of Texas, Complete Sched	ule T. Check if Austl	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
ortrivors	Squarespace, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,50	VV5 Varret St, 17th Place	1 New Colle	= NY 10014
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Fees	froussn	nz
	Check if travel outside of Texas. Complete Sched	ule 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
t t	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED 1

SCHEDULE F1

	EXPENDITURE CALE	SURIES FUR BUX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		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)
Sicuriosad Syrical	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME PATRICK P. MILLER	v	3 Filer ID (Ethics Commission Filers)
4 Date 02 2 1005	5 Payee name 225 Varick St, 12th		· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,75	Squarespace, Tuc.	New York	M look
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Fees	fracessing	
	(C) Check if travel outside of Texas, Complete So	chedule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	***	
orprous	Squaresyan, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3,00	225 Vande St, 12th Place	NawYork	NY 10014
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	fus	Provessm	5
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		·
02/22/2015	Squarepace, Ire.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$3,20	225 North St, 1212 Pl	H NAW HAR	MY 10014
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Fles	Processing	
	Check if travel outside of Texas. Complete Sc	hedule 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
1 1	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)

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

Event Expense Fees Food/Beverage Expense Gift/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 In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	1	·
1 Total pages Schedule F1.	2 FILER NAME PATRICK PA MILVER		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/13/1015	5 Payee name Squares pare, Juc. 7 Payee address;			
6 Amount (\$)		City;	State;	Zip Code
\$1.50	215 Variok St, 12th Ploor	New York		10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fess	Processing	<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/13/2015	Squarespare, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.79	225 Varrel St, 124 Plans	Now York	۲ ۲	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fers	Processing	9	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		<u> </u>	
Orins 12025	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
6 15,00	228 Variet St, M. floor	Wew link	νι 	1901 A
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	tees	Krockerry		
	Check If travel outside of Texas, Complete Schedule T.	Check If Austin	n, TX, afficeholder living] expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS 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 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 o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME PATRICE & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 173/2015	5 Payee name 5940059600 JMC. 7 Payee address;			
6 Amount (\$)	7 Payee address;	City:	State;	Zip Code
\$14.80	225 VaricleSt, 12th Floor	NewYork		10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fecs	Processin)	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder fivin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/13/2018	Shurishil Inti			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.25	US Varick St, (Mn Place	New York	M	100101
	Category (See Categories listed at the top of this schedule)	Description		•
PURPOSE OF EXPENDITURE	Fees	Provessing		
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name , H	Office sought		Office held
Date	Payee name			
02/23/2025	Squhregen, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.48	225 Vande St, 12th flow	New York	<i>\\</i> \4	(0014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF (EXPENDITURE	Fees	Incessing		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	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)

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)

	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME PATRICL & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 02/14/1015	5 Payee name Squares face Inc. 7 Payee attress:			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3,00	225 Variet St, 12th Floor	Vew York	MA	10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· ·	
PURPOSE OF EXPENDITURE	Fees	Processing	<u>g</u>	
((c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пате			
ortalions	Shuhresphie, Inc. Payee address;			
Amount (\$)	Payee address;	City;	State; *	Zip Code
\$3.20	225 Varrole St, 12th flow	Van Vole	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 Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/26/2028	Squeresyan, Inc.			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$1.03	225 Varida St, 12h floor	NowYork	NA	(0014
<u> </u>	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	fees	frousing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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.					
1 Total pages Schedule F1:	2 FILER NAME PATRICE & MILLER		3 Filer ID (Ethic	s Commission Filers)		
4 Date MULIONS	5 Payee name Square stace, JWC1 7 Payee address;					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$0.75	225 Narrok St, 17th floor	New Pork	YV	10014		
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. officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
02/17/1018	Squarespace, Inc. Payee address;					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$7.87	225 Varrele St, 12th Floor	Nowline	MY	10014		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fees	Industr	5			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX. officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
02/27/2028	Squaresphie, Inc.					
Amount (\$)		City;	State;	Zip Code		
\$7.82	225 Variok St, 12th Floor	New York	- MA	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Flex	Processing				
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

SCHEDULE F1

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense PollIn Gitt/Awards/Memorials Expense Printit al Committee Legal Services Salari	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
	The Instruction Guide explains how	to complete this form.	2 Ell ID /mil.	r Commission File
1 Total pages Schedule F1:	PATPUCK R MILVEY	ι	⊸ ⊢ijer ID (Ethi	cs Commission Filers)
4 Date 82 VS VOVS	5 Payee name Squavespace, Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$2.48	225 Varielest, 12th floor	New York	NY	10014
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description		
PURPOSE OF EXPENDITURE .	Fees	Proces	sing	
1	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
92/28/2025	أسرأ			
Amount (\$)	Squarespan, Inc. Payee address;	City;	State:	Zip Code
\$2,25	225 Vande St, 12th Floor	NawYork	M	10014
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Flex	Processing		
	Check if travel outside of Texas. Complete Schedule		in, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/02/2025	Squaresque, Inc. Payee address;			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$3.00	225 Variete St, 12th flor	r Now tolk	N4	16014
	Category (See Categories listed at the top of this schedule	e) Description		_
PURPOSE OF ,EXPENDITURE	Fees	Provessing	<u></u>	
	Check if travel outside of Texas, Complete Schedule	T. Check if Austi	tin, TX, officeholder livin	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF T	'HIS SCHEDULE AS NEI	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 d	complete this form.		
1 Total pages Schedule F1.	2 FILER NAME PAPPICE & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/04/01/5	5 Payee name Squarespace, Inc.			
6 Amount (\$)	7 Payee address; 225 Variok Stillth Floor	New York	State;	IOO14
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Palessing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name स	Office sought		Office held
Date	Payee name			
03/03/2025	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$0,45	225 Variale St, 12th Floor	Newbork	NA	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processive)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/03/2025	Squarespace, Inci			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$0.74	225 Variet St. 12th Floor	New York	ph	(0014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	frocosmy		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder livin	g expense
Complete <u>QNLY</u> 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)

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundralsing 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 c	complete this form.	, –	
1 Total pages Schedule F1:	2 FILER NAME PATRICK P MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 03 05 2025	5 Payee name 5 Mares 144, Inc. 7 Payee address;			
6 Amount (\$)	7 Payee address; 225 Variok St 112th Flour	City; New Yorle	State; NY	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Processin	9	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/05/2025	Squaresince, Inc. Payee address;			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$3,20	225 Varrote St, 12th floor	New rorle	M	10019
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Processing Check If Austin	n, TX. officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			-
03/06/2015	Squarespace, Inc.			
Amount (\$) 6 (0, 0, 0)	Payee address; Who Vando St, 12th Floor	City: New York	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Prescription Prescription		
	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/O	Candidate / Officeholder name	Office sought	-12	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/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Polling Expense Consulting Expense Food/Beverage Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Legal Services Sataries/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 ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 56 PATRICE & MILLER 4 Date 5 Payee name Squarespace, Inc. 03/06/2018 Zip Code City: 6 Amount (\$) 225 Varrof St, 12th Floor New York 10014 \$(0,10 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Processing tees 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/07/2025 Squerespace, Inc. Payee address; Zip Code State: Amount (\$) 225 Vanick St, 12th Floor New Cork 19014 \$3.20 Description Category (See Categories listed at the top of this schedule) Messing 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 Complete ONLY if direct expenditure to benefit C/OH 03/07/2025 Squarefine, Inc. Payee address; Zip Code City; State: Amount (\$) 225 Varick St, Mr Floor M 1/00/14 New York ₹3.**6**00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Processing Flys EXPENDITURE

Complete ONLY 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.

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

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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a categ	ory not listed above)
<u>, </u>	The Instruction Guide explains how to	complete this form,		
1 Total pages Schedule F1:	PATRICK & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 03 07 1205	5 Payee name Musicapa (e, Inc. 7 Payee address;			_
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$0,75	228 Variete St, 12th Floor	New ork	W	10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Processin	১	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		,	
03/07/2015	Sq unveryour, Inc., Payee address;			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.03	225 Vanice St, 12th Ploor	NewYork	NA	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Feer	Prousing)	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/08/2025	Squarespace, Inc.		-	
Amount (\$)	Payee address;	City;	State;	Zip Code
\$3,20	225 Variak St, 12th Floor	Newlork	NY	(0014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processing	y	
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8; Candidate/Officeholder/Politica	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rentat Expense illing Expense nting Expense laries/Wages/Contract t.abor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.		
1 Total pages Schedule F1:	PATRICLE NILLEN		3 Filer ID (Ethics	s Commission Filers)
4 Date 0218	5 Payee name			
03 08 10 13 6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3.00	225 Variot St, 12th floor	New York	NY	(00 Vd
8	(a) Category (See Categories listed at the top of this scheen	dule) (b) Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	(c) Check if travel outside of Texas. Complete Schedu	de TCheck if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/10/2025	Squerespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1.75	WS Varide St, Wh Plair	Nurlok		LONOFI
	Category (See Categories listed at the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	Fees	Processins		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX. officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/10/2025	Squerespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 1.50	225 Varok St, let Plan	NewYork	h,	10014
	Category (See Categories listed at the top of this sched	Description		
PURPOSE OF EXPENDITURE	fees	Processing		
	Check if travel outside of Texas, Complete Sched	ule T. Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	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) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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 56 4 Date 03/11/2025 Zip Code 6 Amount (\$) 225 Variok St, 12th Ploor-New Erk 10014 \$3,20 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Processing 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/11/2025 Squmispace, Inc., Payee address; Zip Code Amount (\$) New York \$3.00 225 Variak St, 12th Floor 10014 Description Category (See Categories listed at the top of this schedule) PURPOSE Flei rocessing 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 Squarespace, Inc. 03/13/2025 City; State; Zip Code Amount (\$) Payee address; NewYork 225 Variole St, 12th Plan 1 0014 \$3.20 Description Category (See Categories listed at the top of this schedule) PITHURSING **PURPOSE** Pers 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/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor 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: 2 FILER NAME S6 ATPUX P MILLEN 5 Payee name 4 Date Squaresyale, Int Zip Code 6 Amount (\$) 275 Varick St, 12th Floor \$3,00 10014 (a) Category (See Categories listed at the top of this schedule) PURPOSE Krocessina 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 Date Squarespace, Inc. Zip Code Payee address; 10014 \$3,00 225 Variet St, 12th Ploor Description Category (See Categories listed at the top of this schedule) PURPOSE Knuessmy tees 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 Squarospace, Inc. 03/13/2025 Zip Code City: State: Amount (\$) 725 Varnet St, 12th Ploor Nur York 1/00121 \$3,20 Description Category (See Categories listed at the top of this schedule) PURPOSE Processins 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

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 1 enal 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 PAYRICE & MILLER		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/13/2028	5 Payee name Squaregrae, Inc.			
6 Amount (\$)	7 Payee address; I	City;	State;	Zip Code
\$14.80	228 VarioteSt, 12th Plour	New York	NY	10014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee	Processing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/13/2025	Squeresque, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$15,00	225 Variote St. 12th Floor	New York	NY	LAOKI .
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>	
PURPOSE OF EXPENDITURE	, Fers	Processing	·	
	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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/14/2025	Squarespace Inci			
Amount (\$)	Payee address;	Gity;	State:	Zip Code
\$3,00	Payee address; WS Vando St, 12th Flow	New Yest	NY 	V9014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Roccessing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	
				

SCHEDULE F1

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

<u>.</u>							
		EXPENDI	TURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y I Committee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	nals Expense	Office Over Polling Exp Printing Ex Salaries/W		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
4 m 1	2 FUED N				_ `	3 Filer ID (Ethics	Commission Filers)
1 Total pages Schedule F1:	P	ATRICK R	MILLER	v		•	·
03/14/2025	5 Payee na		Inc.			_	
6 Amount (\$)	7 Payee a	Whrespace,	<u> </u>	_	City;	State;	Zip Code
\$3,20		Variok St)(New York	NY	10014
8	(a) Categor	y (See Categories lis	ted at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	fee	5			Processia	9	
	(c)	Check if travel outside	of Texas, Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candio	late / Officeholde	r name		Office sought	,	Office held
Date	Payee na	ame	<u>-</u>				
03/15/2025	Squa	respone, Inc					
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
\$3.20	275	Varret H	17th floor	- Λ	lew York	NY	10014
	Categor	y (See Categories list	ed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Pu	<i>u</i>			Pracessing		
		Check if travel outside	of Texas. Complete S	Schedule T.	Check if Aust	in, TX. officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O		late / Officeholds	er name		Office sought		Office held
Date	Payeen	ame		<u></u>		<u> </u>	
03/15/2015	Squa	respace, Ive	\mathcal{D}_{i}				
Amount (\$)	Payee a	ddress;	.		City;	State:	Zip Code
\$3.00	US	Varret St,	12th flo	or	New York	- M	19014
	Categor	y (See Categories list	ted at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fees				Provessive		
		Check if travel outside	of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder tiving	g expense
Complete ONLY if direct	Candi	date / Officehold	er name		Office sought		Office held
expenditure to benefit C/O							

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SCHEDULE F1

		EXPE	NOHURECA	41 EGURIES	FUR BUX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Legal Servic	age Expense Memorials Expens ses	Office Ove Polling Ex e Printing E Sataries/V	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equil Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instr	uction Guide ex	cpiains how to c	complete this form.		
1 Total pages Schedule F1	: 2 FILER I		e R Mu	NEN		3 Filer ID (Ethic	s Commission Filers)
4 Date 03/15/2015	5 Payeen						
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code
\$3,00	22	5 Vari	rdest, 17	n floor	Newlone	NA	10014
8	(a) Catego	ry (See Catego	ries listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fea	es .			Processin	<u> </u>	
	(c)	Check if travel of	outside of Texas, Com	plete Schedule T.	Check if Aust	in, TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/C	Candi	date / Officel	holder name		Office sought		Office held
	Payeen	ame					
03/15/7078	_ · ·	espace, L	ro.				
Amount (\$)	Payee a	ddress:		.	City;	State;	Zip Code
\$3,20	1 1		st, non f	leor	New York	M	L0014
	Categor	y (See Categori	ies listed at the top (of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	;		1	frocessing		
		Check if travel of	outside of Texas. Com	plete Schedule T.	Check if Aust	tin, TX. officeholder livin	д ехрепѕе
Complete ONLY if direct expenditure to benefit C/C		date / Officel	holder name	-	Office sought		Office held
Date	Payee	name					
03/15/2025		mespace,	Loc,				
Amount (\$)		address;			City;	State,	Zip Code
\$3.20	125	Variek	8t, 12th	Plow	New York	M	word
	Catego	ry (See Categor	ries listed at the top o	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fee				Processing		
		1 Checkiftravel	outside of Texas, Con	nplete Schedule T.	Check if Aus	tin, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/o		<u> </u>	eholder name	·	Office sought		Office held
i							

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 B; Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense of the street of	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME PATRICE K MILLER	3	3 Filer ID (Ethio	cs Commission Filers)
4 Date 03/15/7025	5 Payee name Squarespace, July			
6 Amount (\$)	/ Payee address; •	City;	State;	Zip Code
\$3,00	225 Variob St, 12th Pl	por Navior	ŊΥ	10014
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description		
PURPOSE OF EXPENDITURE	FCES	Processive)	
	(c) Check if travel outside of Texas, Complete Schede	sleT. Check if Austin	, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/16/2025	Squarespace, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,50	225 Variok St, 12th Plan	Now York	NA	10014
	Category (See Categories listed at the top of this sched	ule) Description		
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	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	ı, TX, officeholder livii	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			At .
03/16/2025	Squarespace, Inc.	_		
Amount (\$)	Payee address;	City;	State:	Zip Code
\$1.75	US Variat St, (7th floor	NewYork	M	18014
	Category (See Categories listed at the top of this sched	lule) Description		
PURPOSE OF EXPENDITURE	Fees	Process	y15 	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES 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 Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials 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 PATRICE R MILLER 5 Payee name Squarespul, Inc. 4 Date 03/16/2025 Zip Code City; 225 Variob St, 12th Ploor \$ 1.25 10014 (a) Category (See Categories listed at the top of this schedule) (b) Description Processing **PURPOSE** Kees 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 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 03/16/2025 Squarespace, Inc. Zip Code Amount (\$) 15 Variot St, 17th Alber 100\X \$2.48 Category (See Categories listed at the top of this schedule) 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 Squarespace, Inc. 03/17/2025 Zip Code State: Payee address; Amount (\$) US Varick St, 12th floor New York 10014 \$1,50 Category (See Categories listed at the top of this schedule) Description Processing PURPOSE QF 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)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Politing Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Color forms of European American	
1 Total pages Schedule F1:	2 FILER NAME PATPICIE & MILLER		3 Filer ID (Ethics Commission File	rs)
4 Date 03/17/2025	5 Payee name Squarespace, Inc.			
6 Amount (\$)	7 Payee address; US Variole St. 17th Floor	City: New York	State; Zip Code NY (6014	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/1 1 /2015	Squaregave, Inc			
Amount (\$)	Payee address;	City;	State: Zip Code	
\$1.25	VIS Varrek St, 12th floor	NewYork	M 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Praces, he		
Complete ONLY If direct	Candidate / Officeholder name	Office sought	, TX. officeholder living expense Office held	
expenditure to benefit C/Ol-	1	<u> </u>		
Date	Payee name			
03/19/2025	Squarespace, Inc.	_		
Amount (\$) \$2,48	Payee address; US Varick St, 12th Plor	New York	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Pees	Processing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

tees

Payee name

Date Payee name

\$ 03/19/2028 Squarespace, JM.

Advertising Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Accounting/Banking Consulting Expense

Credit Card Payment

4 Date

6 Amount (\$)

\$3.20

PURPOSE

OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Date

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salarles/Wages/Contract Labor Gift/Awards/Memorials Expense 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 PATRICE & MILLER State: Zip Code 225 VarideSt, 12th Ploor M 10014 (a) Category (See Categories listed at the top of this schedule) (b) Description recession Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name

03/19/2018	Squarespace, Inc.			
A	Payee address;	City;	State;	Zip Code
\$3,00	275 Varne St, (24 Ploor	New York	MY	(00 H
PURPOSE OF	Category (See Categories listed at the top of this schedule) Automatical contents of the cont	Processing		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

Amount (\$) \$14.80	Payee address; WS Varret St, 12th floor	City: New York	State;	Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Processing		
	Check if travel outside of Texas. Complete Schedule T.	tule T. Check if Austin, TX, officeholder living expense		ng expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought		Office held

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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/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel Out Of District Giff/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor 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: 2 FILER NAME PATRICE R MILLER 4 Date City; Zip Code 6 Amount (\$) 225 Variot St, 12th Plant 10014 \$15,00 (a) Category (See Categories listed at the top of this schedule) (b) Description Processing PURPOSE FRES 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Squarespace, Inc. 03/2012025 Zip Code Amount (\$) MS Variet St, 17th Floor \$3,20 Category (See Categories listed at the top of this schedule) fracessing **PURPOSE** 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 Date Meta Platforms, Inc. 03/201201S City: Zip Code State: Amount (\$) Menlo Parle CA 1 Meta Way Attentorm \$42,60 Description Category (See Categories listed at the top of this schedule) Digital Ads PURPOSE Advitting 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 QNLY 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) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expens Travel Out Of District 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 PATRICK & MILLER 4 Date 03/2012025 Zip Code 6 Amount (\$) 10014 225 Variolest 17th Ploor \$3,00 (a) Category (See Categories listed at the top of this schedule) PURPOSE 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 9 Complete ONLY if direct expenditure to benefit C/OH Squarespace, Inc. \$ 03/10/2025 Zip Code Amount (\$) 225 Variet St, 12th Alour 10921 \$1,50 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Pees 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 03/20/2015 Squarespace, Inc. Zip Code State: City; Amount (\$) 225 Varide St, 12th Floor \$1.75 Description Category (See Categories listed at the top of this schedule) PURPOSE 100084119 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

		EXPENDITURE CAI	EGURIES	FUR DUA B(a)		•
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4 Date	5 Payee name	171110000 . 1		· · · · · ·	<u> </u>	
03/20/205	Squan	espace, Inc.				
6 Amount (\$)	7 Payee addre	ssi;		City;	State;	Zip Code
€1.03	225 Vo	ride St, 124 Plool		NewYork	NY	10014
8	(a) Category (S	ee Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Proussin	5	
	(c) Che	ck if travel outside of Texas. Comple	te Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held
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Date	Payee name					
03/21/2025	Square	pace, Inc.				
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.40.75	225 VA	wick St, 12thfl	001	New York	NY	10014
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		ck if travel outside of Texas. Comple	te Schedule T.	cle T. Check if Austin, TX. officeholder living expense		
				Office sought		Office held
Complete ONLY if direct expenditure to benefit C/Ol		/ Officeholder name				
Date	Payee name					
03/21/2025		Ince, Inc.				
Amount (\$)	Davis addre	25.		City;	State;	Zip Code
\$0.45	225 Va	rick St, 12th Pl	.eor	NewYork	NY	10014
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EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense				ng expense	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Loan Repayment Accounting/Banking Fees Office Overheadir Consutting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/			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	low to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME PATPUL P MINER		3 Filer ID (Ethics Commission Filers)		
4 Date 03 21 2028	5 Payee name Shumbyme, [MC,				
6 Amount (\$)	7 Payee address;	City: New look	State; Zip Code		
80.74	225 Varrele St, 12th Flow	1 1 1 ME			
8	(a) Category (See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	Fees	Pracessing			
	in, TX. officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	<u></u>			
03/24/2025	Squarespace, Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$3,20	225 Varrele St, 12th Floo	or NewYork	- NY 100H		
	Category (See Categories listed at the top of this sche	_			
PURPOSE OF EXPENDITURE	fees	Processing	7		
	Check if travel outside of Texas, Complete Scher	dule T. Check if Aust	ock 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				
03/21/2015	Squarespace, Inc.				
Amount (\$)	Payee address;	City;	State: Zip Code		
\$3,00	225 Varrok St, 17th Pl	oor NewYork	NY 19014		
	Category (See Categories listed at the top of this sche	edule) Description			
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	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Accounting/Banking Consulting Expense 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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ATRICK & Muren 56 5 Payee name 4 Date 03/20/2025 Zip Code 6 Amount (\$) 225 Varioust, 12th Place 10014 Now York \$1,75 (a) Category (See Categories listed at the top of this schedule) (b) Description Kroussing PURPOSE t-ees 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Squarespace, Inc. 03/22/2025 Zip Code Amount (\$) 225 Varick St, 12th Ploor New York 10014 Description Category (See Categories listed at the top of this schedule) Processing PURPOSE Fees EXPENDITURE Check if Austin, TX, officeholder tiving 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 . Squarespree, Inc. 03/23/2025 Zip Code City; State: Amount (\$) Vis Varide St, 12th Floor 1 DH4 50.7*5* Category (See Categories listed at the top of this schedule) Description PURPOSE Processir 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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B' Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)			
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4 Date 03 13 12015	5 Payee name 125 Variet St, 12th St	ov				
6 Amount (\$)	7 Payee address; Shuavesphie, Inc.	New York	State; 2	Zip Code 10014		
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	·-			
PURPOSE OF EXPENDITURE	Fees	Pracessing				
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX			FX, officeholder living expense		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held		
Date	Payee name					
03/24/2025	Squarespace, Inz.					
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\$0,74	225 Variot St, 12th Plan	Naw YAR	NY U)& 4 		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce heid		
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03/24/2025	Squarespace, Inc.	•				
Amount (\$)	Payee address;	City;	State;	Zip Code		
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Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	fice held		
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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 B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
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4 Date 03 24 12025	5 Payee name Sq havestic, Lva.			· 	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
60,45	225 Variete St, 12th Place	or New York	M	10014	
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description			
PURPOSE OF EXPENDITURE	Fees	Processing	5		
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	140			
03/24/2025	Squarespace, Inc.				
Amount (\$)	Payee address;	City;	State:	Zip Code	
\$0.74	225 Varick St, 12th floor	NewYork	NΥ	10014	
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Fees	Processing			
	Check if travel outside of Texas, Complete Sche	dule T. 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				
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	Category (See Categories listed at the top of this sche	dule) Description	.		
PURPOSE OF EXPENDITURE					
ĺ	Check if travel outside of Texas, Complete Scher	fule T. Check if Austir	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 NEEDED					