

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **96**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr

FIRST

PATRICK

MI

R

NICKNAME

LAST

MILLER

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

APR 03 2025

CITY SECRETARY'S
CITY OF AMARILLO

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

4/3/25

Date Imaged

#3295637

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 31592

Amarillo

TX 79120

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

420-7100

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr

FIRST

ADRIAN

MI

NICKNAME

LAST

MEANDER

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8203 Wrangler Trail

Amarillo

TX 79110

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806)

670-3106

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01

/

02

/

2025

THROUGH

03

/

24

/

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2025

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Amarillo City Council, Place 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

C/OH NAME

PATRICK R MILLER

16 Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION
TOTALS**

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

\$ 0

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

\$ 29,275.73

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

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

\$ 0

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Patrick Miller

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patrick Miller this the 3rd day of April

20 25, to certify which, witness my hand and seal of office.

Latoya Yvette Louis
Signature of officer administering oath

Latoya Louis
Printed name of officer administering oath

Banking Officer
Title of officer administering oath

OR

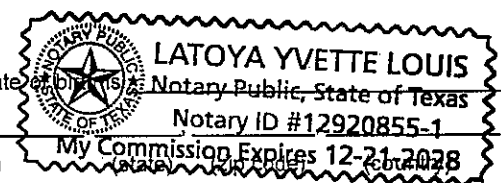
(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street)

(city)



Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME PATRICK R MILLER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,275.73
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,357.82
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Whitton, Jr. & Barbara Whitton	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code PO BOX 7844 Amarillo TX 79114		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel B. Lovelady	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2817 Crockett Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Street	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 7800 New England PKWY Amarillo TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Attebury	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3804 Deann Dr. Amarillo TX 79121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Veggeberg 6 Contributor address; City; State; Zip Code 7219 Versailles Amarillo TX 79121	7 Amount of contribution (\$) \$200.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Campos Contributor address; City; State; Zip Code 1903 S Birmingham Amarillo TX 79103	Amount of contribution (\$) \$15.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Kennedy Contributor address; City; State; Zip Code 2028 S Austin #506 Amarillo TX 79109	Amount of contribution (\$) \$25.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Hill Contributor address; City; State; Zip Code 1010 Massachusetts Avenue NW Washington DC 20001	Amount of contribution (\$) \$75.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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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 01/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Jenkins	7 Amount of contribution (\$) \$100.00 ✓	
6 Contributor address; City; State; Zip Code 2400 S Polk St #119 Amarillo TX 79109			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Hides	Amount of contribution (\$) \$15.00 ✓	
Contributor address; City; State; Zip Code 1912 Aspen St Amarillo TX 79106			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Parra	Amount of contribution (\$) \$100.00 ✓	
Contributor address; City; State; Zip Code 3512 Bremond Dr. Amarillo TX 79109			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Reynaga	Amount of contribution (\$) \$25.00 ✓	
Contributor address; City; State; Zip Code 7206 Pace St Amarillo TX 79108			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2025	5 Full name of contributor Margaret Jenkins <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2402 Julian Blvd. Amarillo TX 79102	7 Amount of contribution (\$) \$1,000.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/2025	Full name of contributor Dr. Monica Hart <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8401 Kinderhook Court Amarillo TX 79119	Amount of contribution (\$) \$1,000.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2025	Full name of contributor Christopher Wrampelmeier <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2602 Parker Amarillo TX 79109	Amount of contribution (\$) \$250.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2025	Full name of contributor William Glover <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5707 Berget Dr. Amarillo TX 79106	Amount of contribution (\$) \$250.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Huntington			7 Amount of contribution (\$) \$100.00 ✓	
	6 Contributor address; City; State; Zip Code 1216 S Bonham Amarillo TX 79102				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.B. Lane			Amount of contribution (\$) \$800.00 ✓	
	Contributor address; City; State; Zip Code 3217 Bowie Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Perkins			Amount of contribution (\$) \$100.00 ✓	
	Contributor address; City; State; Zip Code 711 McMurry Waxahachie TX 75165				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Hamilton			Amount of contribution (\$) \$25.00 ✓	
	Contributor address; City; State; Zip Code 1501 Angus Trl Amarillo TX 79124				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

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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 01/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Williams			7 Amount of contribution (\$) \$75.00 ✓	
	6 Contributor address; City; State; Zip Code 2213 Parker St Amarillo TX 79109				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Shanks			Amount of contribution (\$) \$25.00 ✓	
	Contributor address; City; State; Zip Code 2205 S Hughes St Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Todd			Amount of contribution (\$) \$100.00 ✓	
	Contributor address; City; State; Zip Code 2319 Victoria St Amarillo TX 79106				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Murphy			Amount of contribution (\$) \$75.00 ✓	
	Contributor address; City; State; Zip Code 3710 Linda Drive Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

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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 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginger & Kevin Nelson			7 Amount of contribution (\$) \$300.00 ✓	
	6 Contributor address; City; State; Zip Code 301 S Polk St, Ste 102 Amarillo TX 79101				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Stokes			Amount of contribution (\$) \$20.00 ✓	
	Contributor address; City; State; Zip Code 2610 S Ong Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leola Wright			Amount of contribution (\$) \$200.00 ✓	
	Contributor address; City; State; Zip Code 3613 S. Roberts Amarillo TX 79118				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Owens			Amount of contribution (\$) \$100.00 ✓	
	Contributor address; City; State; Zip Code 2122 S. Hughes St. Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Hamilton	7 Amount of contribution (\$) \$25.00 ✓
6 Contributor address; City; State; Zip Code 3645 North Lotus Ave Chicago IL 60641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Dowdy	Amount of contribution (\$) \$300.00 ✓
Contributor address; City; State; Zip Code 620 S Taylor St, Ste 104 Amarillo TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Rice	Amount of contribution (\$) \$25.00 ✓
Contributor address; City; State; Zip Code 5601 Bell St #1002 Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Ester	Amount of contribution (\$) \$500.00 ✓
Contributor address; City; State; Zip Code 1615 S. Bryan Pl. #3 Amarillo TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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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 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Ranch 6 Contributor address; City; State; Zip Code PO BOX 3247 Amarillo TX 79116	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Emeny Contributor address; City; State; Zip Code PO Box 1230 Amarillo TX 79105	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Ingalls Contributor address; City; State; Zip Code PO Box 1230 Amarillo TX 79105	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Kenedy Contributor address; City; State; Zip Code 1914 S. Highland Amarillo TX 79103	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)	
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy & Dan Dowdy			7 Amount of contribution (\$) \$150.00	
	6 Contributor address; City; State; Zip Code 2501 S. Van Buren St. Amarillo TX 79109				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna & Bennie Garcia			Amount of contribution (\$) \$10.00	
	Contributor address; City; State; Zip Code 4106 S. Tyler Amarillo TX 79110				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Roulston			Amount of contribution (\$) \$20.00	
	Contributor address; City; State; Zip Code 6907 Columbia Ln Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Thomas			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 1028 Bowie St. Amarillo TX 79102				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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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 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry & Sharon Miner			7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code 1108 Broadmoor St. Amarillo TX 79106				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Morrison			Amount of contribution (\$) \$500.00 ✓	
	Contributor address; City; State; Zip Code 2609 S Hughes St Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Martinez			Amount of contribution (\$) \$25.00 ✓	
	Contributor address; City; State; Zip Code 424 Arch Terrace Amarillo TX 79106				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Campos			Amount of contribution (\$) \$15.00 ✓	
	Contributor address; City; State; Zip Code 1903 S Birmingham Amarillo TX 79103				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)	
4 Date 02/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea DeLeon			7 Amount of contribution (\$) \$50.00 ✓	
	6 Contributor address; City; State; Zip Code 1168 Sterling Drive Amarillo TX 79110				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Jenkins			Amount of contribution (\$) \$100.00 ✓	
	Contributor address; City; State; Zip Code 2400 S Polk Street #119 Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Susan Wenger			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 3729 Kileen Dr Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Allen			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 2201 S. Milam St Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Gilliland 6 Contributor address; City; State; Zip Code 2607 Wolfen Ave Amarillo TX 79109	7 Amount of contribution (\$) \$2,000.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Huynh Contributor address; City; State; Zip Code 4800 Hawken St Amarillo TX 79118	Amount of contribution (\$) \$150.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trudie Hall Contributor address; City; State; Zip Code 1504 Crockett St Amarillo TX 79102	Amount of contribution (\$) \$250.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hintz Contributor address; City; State; Zip Code 1501 S Rusk St Amarillo TX 79102	Amount of contribution (\$) \$75.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dennis Mills 6 Contributor address; City; State; Zip Code 9611 TJ Drive Amarillo TX 79119	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brent Beasley Contributor address; City; State; Zip Code 8400 Jill Ct. Amarillo TX 79119	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Black Historical Cultural Center Contributor address; City; State; Zip Code 901 N Hayden Amarillo TX 79107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristine Fuller Contributor address; City; State; Zip Code 2902 S. Van Buren Amarillo TX 79109	Amount of contribution (\$) \$50.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 37	
2 FILER NAME PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Beckham			7 Amount of contribution (\$) \$200.00	
6 Contributor address; City; State; Zip Code PO Box 1538 Amarillo TX 79105					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juliann Fulton			Amount of contribution (\$) \$200.00	
Contributor address; City; State; Zip Code PO Box 82 Bushland TX 79012					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Scudder			Amount of contribution (\$) \$100.00 ✓	
Contributor address; City; State; Zip Code 5635 Worth St Dallas TX 75214					
Principal occupation / Job title (See Instructions) Business Owner			Employer (See Instructions) Self		
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janda Raker			Amount of contribution (\$) \$20.00 ✓	
Contributor address; City; State; Zip Code 4605 Journey St Amarillo TX 79110					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deb Buntzen	7 Amount of contribution (\$) \$75.00 ✓
6 Contributor address; City; State; Zip Code 3409 Rusk St Amarillo TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Matteson	Amount of contribution (\$) \$50.00 ✓
Contributor address; City; State; Zip Code 7208 Queens Place Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Morris	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 2611 Mockingbird Ln Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica Scalf	Amount of contribution (\$) \$50.00 ✓
Contributor address; City; State; Zip Code 6108 Adirondack Trl Amarillo TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Woodward	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 4 Frog Leap Lane Amarillo TX 79108		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillian C. Withrow	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 4303 Omaha St Amarillo TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Durrett	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 1700 S. Washington St Amarillo TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Green	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 952 Rincon St Mountain View CA 94040		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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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 02/12/2025	5 Full name of contributor Clandette L Landess <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 9 Teal Court Amarillo TX 79106	7 Amount of contribution (\$) \$500.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/2025	Full name of contributor James Otto <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7907 Fenley Dr Amarillo TX 79121	Amount of contribution (\$) \$75.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2025	Full name of contributor Phillip & Terri Witt <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2804 S. Harrison Amarillo TX 79109	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor Claudia Stravato <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1300 S. Jackson #604 Amarillo TX 79101	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2025	5 Full name of contributor Jannis Laird <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3312 Bedford Rd Amarillo TX 79106	7 Amount of contribution (\$) \$25.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2025	Full name of contributor Paul & Jenny Harpole <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7703 Pebblebrook Dr Amarillo TX 79119	Amount of contribution (\$) \$260.73 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor Valerie Murphy <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3710 Linda Drive Amarillo TX 79109	Amount of contribution (\$) \$75.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor Leslie Owens <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2122 S. Hughes St. Amarillo TX 79101	Amount of contribution (\$) \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Shanks	7 Amount of contribution (\$) \$15.00 ✓
6 Contributor address; City; State; Zip Code 2205 S. Hughes St, Amarillo TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Fred A. Snyder	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2508 S. Van Buren Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia & Harold Stuart	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7816 Canade Dr, Amarillo TX 79121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jane & David Johnson	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 810 S. Avondale St, Amarillo TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Robert Hansen & Lee Persefield	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2405 S. Van Buren Amarillo TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don & Dorothy Patterson	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2401 S. Hayden St. Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elijah Cofer	Amount of contribution (\$) \$85.00
Contributor address; City; State; Zip Code 608 Arnold Pl Amarillo TX 79107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Richard F. McKay	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1615 S. Bryan St. #18 Amarillo TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME PATRICK R. MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Novak 6 Contributor address; City; State; Zip Code 2813 Ong Amarillo TX 79109	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Bill & Professor Emerita Margie Netherton Contributor address; City; State; Zip Code 2400 S. Hughes St. Amarillo TX 79109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Perkins Contributor address; City; State; Zip Code 711 McMurry Waxahatchie TX 75165	Amount of contribution (\$) \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Bass Contributor address; City; State; Zip Code 7414 Ledgestone Dr. Amarillo TX 79119	Amount of contribution (\$) \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME: PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date: 03/05/2025	5 Full name of contributor: Emily Masters <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1512 S. Austin St. Amarillo TX 79102	7 Amount of contribution (\$): \$200.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 03/07/2025	Full name of contributor: Steve Urban <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6307 Calumet Rd. Amarillo TX 79106	Amount of contribution (\$): \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 03/07/2025	Full name of contributor: Heidi Rice <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5601 Bell St. #1002 Amarillo TX 79109	Amount of contribution (\$): \$25.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 03/07/2025	Full name of contributor: David Cleavinger <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6313 Glenwood Dr. Amarillo TX 79109	Amount of contribution (\$): \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2025	5 Full name of contributor James Allen <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00 ✓
6 Contributor address; City; State; Zip Code 1330 NW 12TH Ave. Amarillo TX 79107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor Debbie Stone <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50.00 ✓
Contributor address; City; State; Zip Code 10405 Admire St. Amarillo TX 79118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2025	Full name of contributor Brian & Judy Ellerbeck <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9158 Yesterday Ln. E. Amarillo TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2025	Full name of contributor Darlene McCowan <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code PO Box 1886 Amarillo TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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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 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin & Roxann Ball			7 Amount of contribution (\$) \$50.00	
	6 Contributor address; City; State; Zip Code 7505 Bayswater Rd. Amarillo TX 79119				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Paxton			Amount of contribution (\$) \$20.00	
	Contributor address; City; State; Zip Code PO Box 10092 Amarillo TX 79116				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Bivins			Amount of contribution (\$) \$500.00	
	Contributor address; City; State; Zip Code PO Box 708 Amarillo TX 79105				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug & Alice Hyde			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 19300 High Lonesome Pt. Canyon TX 79015				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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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 03/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Reagan			7 Amount of contribution (\$) \$100.00 ✓	
6 Contributor address; City; State; Zip Code 181 Laurel Leaf Lane Canyon TX 79015					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy & Stan Morris			Amount of contribution (\$) \$100.00 ✓	
Contributor address; City; State; Zip Code 6308 Calumet Rd. Amarillo TX 79106					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Lang			Amount of contribution (\$) \$100.00 ✓	
Contributor address; City; State; Zip Code 13621 Silverpointe Rd. Amarillo TX 79124					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Juba			Amount of contribution (\$) \$500.00 ✓	
Contributor address; City; State; Zip Code 550 S. Avondale Amarillo TX 79106					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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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 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin Persons	7 Amount of contribution (\$) \$100.00 ✓
6 Contributor address; City; State; Zip Code 7906 Tradition Parkway Amarillo TX 79119		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Otto	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 7907 Fenley Dr. Amarillo TX 79121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Hill	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 1014 S. Crockett St. Amarillo TX 79102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacy Jenks	Amount of contribution (\$) \$100.00 ✓
Contributor address; City; State; Zip Code 7706 Baughman Amarillo TX 79121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 37	
2 FILER NAME PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)	
4 Date 03/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea DeLeon			7 Amount of contribution (\$) \$50.00 ✓	
	6 Contributor address; City; State; Zip Code 1168 Sterling Dr. Amarillo TX 79110				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curt Montgomery			Amount of contribution (\$) \$75.00 ✓	
	Contributor address; City; State; Zip Code 100 North Timbercreek Dr. Amarillo TX 79118				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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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 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puff Niegos			7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code PO Box 2194 Amarillo TX 79105				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Seaberg			Amount of contribution (\$) \$25.00 ✓	
	Contributor address; City; State; Zip Code 5611 SW 40TH Ave. Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bea Owen			Amount of contribution (\$) \$10.00 ✓	
	Contributor address; City; State; Zip Code 2041 Parker St. Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juliann Fulton			Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code PO Box 82 Bushland TX 79012				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diann Anderson	7 Amount of contribution (\$) \$25.00 ✓
6 Contributor address; City; State; Zip Code 1505 Bowie St. Amarillo TX 79102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathie Grant & Darrell Croftford	Amount of contribution (\$) \$20.00 ✓
Contributor address; City; State; Zip Code 3601 S. Austin St. Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panhandle Democrats	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code PO Box 7232 Amarillo TX 79114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Stokes	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2610 S. Ong St. Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLEX		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2025	5 Full name of contributor Kristine Fuller <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2902 S. Van Buren St. Amarillo TX 79109	7 Amount of contribution (\$) \$50.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor John Hintz <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1501 S. Rusk St. Amarillo TX 79102	Amount of contribution (\$) \$75.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2025	Full name of contributor Pat Dixon <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4811 Cape Colony Dr. Amarillo TX 79119	Amount of contribution (\$) \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2025	Full name of contributor Dr. Neal Nossaman <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1615 S. Bryan St #23 Amarillo TX 79102	Amount of contribution (\$) \$500.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Tolz 6 Contributor address; City; State; Zip Code 2809 S. Monroe St. Amarillo TX 79109	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bev Harris Contributor address; City; State; Zip Code 7802 Stuyvesant Ave. Amarillo TX 79121	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Association of REALTORS, Inc. PAC Contributor address; City; State; Zip Code 5601 Enterprise Cir Amarillo TX 79106	Amount of contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny & Jill Mize Contributor address; City; State; Zip Code 7720 Stuyvesant Ave Amarillo TX 79121	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2025	5 Full name of contributor Eric Zimmerman <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00 ✓
6 Contributor address; City; State; Zip Code 1815 SW 28th Ave Amarillo TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/20/2025	Full name of contributor Sonya Berg <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50.00 ✓
Contributor address; City; State; Zip Code 10 Sunflower Pl Amarillo TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2025	Full name of contributor Benita Guerrero <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25.00 ✓
Contributor address; City; State; Zip Code 2113 S. Harrison St. Amarillo TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2025	Full name of contributor James Campos <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$15.00 ✓
Contributor address; City; State; Zip Code 1903 S. Birmingham St. Amarillo TX 79103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1. 37	
2 FILER NAME PATRICK R MILLER				3 Filer ID (Ethics Commission Filers)	
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindi Bulla			7 Amount of contribution (\$) \$100.00 ✓	
	6 Contributor address; City; State; Zip Code 4804 Lexington Square Amarillo TX 79119				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Nance			Amount of contribution (\$) \$50.00 ✓	
	Contributor address; City; State; Zip Code 3908 Ozark Trail Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anita Woods			Amount of contribution (\$) \$25.00 ✓	
	Contributor address; City; State; Zip Code 1309 Callahan St. Amarillo TX 79106				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celia Welsch			Amount of contribution (\$) \$15.00 ✓	
	Contributor address; City; State; Zip Code 3501 Carlton Dr. Amarillo TX 79109				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Shayla M. Harris	7 Amount of contribution (\$) \$75.00 ✓
6 Contributor address; City; State; Zip Code 1945 NW 13TH Ave Amarillo TX 79107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carl Altschwager	Amount of contribution (\$) \$50.00 ✓
Contributor address; City; State; Zip Code 7314 Andover Dr. Amarillo TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melanie Nicholson	Amount of contribution (\$) \$75.00 ✓
Contributor address; City; State; Zip Code 3614 S. Hughes Amarillo TX 79110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Polk Green & Annie Cotton	Amount of contribution (\$) \$40.00 ✓
Contributor address; City; State; Zip Code 7208 Calumett Rd, Amarillo TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor Jill Remy 6 Contributor address; City; State; Zip Code 4112 Winchester Rd. Amarillo TX 79102	7 Amount of contribution (\$) \$100.00 ✓
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2025	Full name of contributor Mr. & Mrs. Bill Glover Contributor address; City; State; Zip Code 5707 Berget Dr. Amarillo TX 79106	Amount of contribution (\$) \$250.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor Dale & Sue Wingo Contributor address; City; State; Zip Code 6706 Stoncham Amarillo TX 79109	Amount of contribution (\$) \$50.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor Carolyn Weir Newton Contributor address; City; State; Zip Code 2300 Anna Street Amarillo TX 79106	Amount of contribution (\$) \$100.00 ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 37
2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark King	7 Amount of contribution (\$) \$15.00 ✓
6 Contributor address; City; State; Zip Code PO Box 52 Canyon TX 79015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/02/2025		5 Payee name USPS/Postmaster			
6 Amount (\$) \$75.00		7 Payee address; USPS, 2301 Ross St.		City; Amarillo	State; TX
				Zip Code 79120	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description PO Box		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/12/2025		Payee name GoDaddy			
Amount (\$) \$54.32		Payee address; 2155 E GoDaddy Way		City; Tempe	State; AZ
				Zip Code 85284	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Domain Name		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/15/2025		Payee name City of Amarillo			
Amount (\$) \$100.00		Payee address; 601 S. Buchanan		City; Amarillo	State; TX
				Zip Code 79101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Filing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2025		5 Payee name Whit-Co			
6 Amount (\$) \$20.34		7 Payee address; 1513 S. Tyler St.		City; Amarillo	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Banking (Checks)		(b) Description Checks	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name [Signature]			
Date 01/17/2025		Payee name Whitney Russell Printing			
Amount (\$) \$1,690.23		Payee address; PO Box 664		City; Amarillo	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard Signs, Push Cards, Padium Signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name [Signature]			
Date 01/15/2025		Payee name Bri Cagle			
Amount (\$) \$10.00		Payee address; 2009 S. Fannin St.		City; Amarillo	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Buttons	
		<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name [Signature]			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/2025		5 Payee name Bri Cagle			
6 Amount (\$) \$25.00		7 Payee address; 2009 S. Fannin St.		City; Amarillo	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) MAN - Fees		(b) Description Buttons	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/01/2025		Payee name United States Postal Service			
Amount (\$) \$73.00		Payee address; Jordan Station, 8301 W Amarillo Blvd.		City; Amarillo	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Stamps	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/03/2025		Payee name Whitney Russell Printing			
Amount (\$) \$296.13		Payee address; PO Box 664		City; Amarillo	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description Thank You Letters, Business Cards, Donation Envelopes, Envelopes	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
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4 Date 02/11/2025	5 Payee name Bri Cagle
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6 Amount (\$) \$25.00	7 Payee address; 2009 S. Fannin St	City; Amarillo	State; TX	Zip Code 79109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Fees	(b) Description Buttons
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 01/16/2025	Payee name Squarespace, Inc.
---------------------------	--

Amount (\$) \$6.00	Payee address; 225 Varick St, 12TH Floor	City; New York	State; NY	Zip Code 10014
------------------------------	--	--------------------------	---------------------	--------------------------

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

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

Date 01/16/2025	Payee name Squarespace, Inc.
---------------------------	--

Amount (\$) \$6.00	Payee address; 225 Varick St, 12TH Floor	City; New York	State; NY	Zip Code 10014
------------------------------	--	--------------------------	---------------------	--------------------------

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) .45		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) .74		Payee address; 225 Varick St, 12TH Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) .75		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) .75		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$1.03		7 Payee address; 225 Varick St, 12TH Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.25		Payee address; 225 Varick St, 12TH Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.48		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.48		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/16/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.48		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>56</u>	2 FILER NAME <u>PATRICK R MILLER</u>	3 Filer ID (Ethics Commission Filers)			
4 Date <u>01/17/2025</u>	5 Payee name <u>Squarespace, Inc.</u>				
6 Amount (\$) <u>\$3.00</u>	7 Payee address; <u>225 Varick St, 12th Floor</u>	City; State; Zip Code <u>New York NY 10014</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>Processing</u>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>01/17/2025</u>	Payee name <u>Squarespace, Inc.</u>				
Amount (\$) <u>\$3.20</u>	Payee address; <u>225 Varick St, 12th Floor</u>	City; State; Zip Code <u>New York NY 10014</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Processing</u>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <u>01/17/2025</u>	Payee name <u>Squarespace, Inc.</u>				
Amount (\$) <u>.45</u>	Payee address; <u>225 Varick St, 12th Floor</u>	City; State; Zip Code <u>New York NY 10014</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Processing</u>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) .74	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 01/18/2025	Payee name Squarespace, Inc.		
Amount (\$) \$3.00	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 01/18/2025	Payee name Squarespace, Inc.		
Amount (\$) \$3.20	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers) 1
4 Date 01/18/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) .75	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE 2	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 01/18/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.03	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 01/18/2025	Payee name Squarespace, Inc.		
Amount (\$) \$30.00	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/18/2015		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$29.30		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/26/2015		Payee name Whitney Russell Printing			
Amount (\$) \$180.34		Payee address; PO Box 664		City; Amarillo	State; TX
				Zip Code 79105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held PM
Date 03/05/2015		Payee name Bri Cagle			
Amount (\$) \$45.00		Payee address; 2009 S. Fanning St.		City; Amarillo	State; TX
				Zip Code 79109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Buttons Fees		Description Buttons		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held PM

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R. MURPHY	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Payee name Whitney Russell Printing	
6 Amount (\$) \$411.18	7 Payee address PO Box 664	City; State; Zip Code Amarillo TX 79105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Donor Letters & Mailing Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 03/12/2025	Payee name Whitney Russell Printing		
Amount (\$) \$762.64	Payee address; PO Box 664	City; State; Zip Code Amarillo TX 79105	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Back Cards, Business Cards, Thank You Letters and Envelopes	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 03/18/2025	Payee name ZE Pursuits, LLC		
Amount (\$) \$3,550.00	Payee address; 2604 17TH Ave	City; State; Zip Code Canyon TX 79015	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/18/2025		5 Payee name USPS Postmaster			
6 Amount (\$) \$73.00		7 Payee address; 2301 Ross St.		City; Amarillo	State; TX Zip Code 79120
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Postage		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/19/2025		Payee name Bri Cagle			
Amount (\$) \$45.00		Payee address; 2009 S. Fannin St.		City; Amarillo	State; TX Zip Code 79109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Buttons		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/20/2025		Payee name Whitney Russell Printing			
Amount (\$) \$233.12		Payee address; PO Box 664		City; Amarillo	State; TX Zip Code 79105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Buck Slips and Stickers		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$30.00		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 01/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$29.30		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$7.50		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$7.50		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$7.50		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
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4 Date 01/19/2025	5 Payee name Squarespace, Inc.
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6 Amount (\$) \$7.55	7 Payee address; 225 Varick St, 12th Floor	City; New York	State; NY	Zip Code 10014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/21/2025	Payee name Squarespace, Inc.
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Amount (\$) \$7.50	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY	Zip Code 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/21/2025	Payee name Squarespace, Inc.
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Amount (\$) \$7.55	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY	Zip Code 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$0.75		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY Zip Code 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held 1
Date 01/22/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.03		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/26/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.25		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/26/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$2.48		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 01/29/2025		Payee name Squarespace, Inc.			
Amount (\$) \$0.75		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 01/29/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.03		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R. MILLER	3 Filer ID (Ethics Commission Filers)			
4 Date 01/29/2025	5 Payee name Squarespace, Inc.				
6 Amount (\$) \$3.00	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 01/29/2025	Payee name Squarespace, Inc.				
Amount (\$) \$3.20	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 01/30/2025	Payee name Squarespace, Inc.				
Amount (\$) \$2.25	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$2.48	7 Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date Payee name 02/01/2025 Squarespace, Inc.		
Amount (\$) \$9.00		
Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date Payee name 02/01/2025 Squarespace, Inc.		
Amount (\$) \$9.00		
Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
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4 Date 02/02/2025	5 Payee name Squarespace, Inc.
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6 Amount (\$) \$3.00	7 Payee address; 225 Varde St, 12th Floor	City; New York	State; NY	Zip Code 10014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/02/2025	Payee name Squarespace, Inc.
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Amount (\$) \$3.20	Payee address; 225 Varde St, 12th Floor	City; New York	State; NY	Zip Code 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/04/2025	Payee name
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Amount (\$) \$1.03	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$0.75	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/05/2025	Payee name Squarespace, Inc.	
Amount (\$) \$9.00	Payee address; 225 Varick St, 12th floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/05/2025	Payee name Squarespace, Inc.	
Amount (\$) \$9.00	Payee address; 225 Varick St, 12th floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R. MILLER		3 Filer ID (Ethics Commission Filers)		
4 Date 02/07/2025		5 Payee name Squarespace, Inc.				
6 Amount (\$) \$0.75		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY	Zip Code 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH						
Candidate / Officeholder name						
Office sought						
Office held						
Date 02/07/2025		Payee name Squarespace, Inc.				
Amount (\$) \$1.03		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY	Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH						
Candidate / Officeholder name						
Office sought						
Office held						
Date 02/07/2025		Payee name Squarespace, Inc.				
Amount (\$) \$15.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY	Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH						
Candidate / Officeholder name						
Office sought						
Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MINER	3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2015	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$14.80	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/11/2015	Payee name Squarespace, Inc.	
Amount (\$) \$15.00	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/11/2015	Payee name Squarespace, Inc.	
Amount (\$) \$14.80	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>56</i>	2 FILER NAME <i>PATRICK R MILLER</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>02/14/2025</i>	5 Payee name <i>Squarespace, Inc.</i>				
6 Amount (\$) <i>\$0.75</i>	7 Payee address; City; State; Zip Code <i>225 Varick St, 12th Floor New York NY 10014</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>				
	(b) Description <i>Processing</i>				
<input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <i>02/14/2025</i>	Payee name <i>Squarespace, Inc.</i>				
Amount (\$) <i>\$1.03</i>	Payee address; City; State; Zip Code <i>225 Varick St, 12th Floor New York NY 10014</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>				
	Description <i>Processing</i>				
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <i>02/16/2025</i>	Payee name <i>Squarespace, Inc.</i>				
Amount (\$) <i>\$0.45</i>	Payee address; City; State; Zip Code <i>225 Varick St, 12th Floor New York NY 10014</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>				
	Description <i>Processing</i>				
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$0.74	7 Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 02/16/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.50	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 02/16/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.75	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$3.20	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 02/17/2025	Payee name Squarespace, Inc.		
Amount (\$) \$3.00	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 02/17/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.50	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$1.75	7 Payee address; 125 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/17/2025	Payee name Squarespace, Inc.	
Amount (\$) \$60.00	Payee address; 125 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/17/2025	Payee name Squarespace, Inc.	
Amount (\$) \$58.30	Payee address; 125 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$4.50	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 02/17/2025	Payee name Squarespace, Inc.		
Amount (\$) \$4.65	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

Date 02/18/2025	Payee name Squarespace, Inc.		
Amount (\$) \$7.50	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$1,55	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/19/2025	Payee name Squarespace, Inc.		
Amount (\$) \$2.25	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/19/2025	Payee name Squarespace, Inc.		
Amount (\$) \$2.48	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MINER	3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$2.25	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 02/20/2025	Payee name Squarespace, Inc.		
Amount (\$) \$2.48	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date 02/22/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.50	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILNEP	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2025	5 Payee name 225 Varick St, 12th Floor, 4m	
6 Amount (\$) \$1.75	7 Payee address; City; State; Zip Code Squarespace, Inc. New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/22/2025	Payee name Squarespace, Inc.	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/22/2025	Payee name Squarespace, Inc.	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1. 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$1.50		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/23/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.75		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/23/2025		Payee name Squarespace, Inc.			
Amount (\$) \$15.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>56</i>	2 FILER NAME <i>PATRICK R MILLER</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>02/23/2025</i>	5 Payee name <i>Squarespace, Inc.</i>		
6 Amount (\$) <i>\$14.80</i>	7 Payee address; <i>225 Varick St, 12th Floor</i>	City; <i>New York</i>	State; <i>NY</i> Zip Code <i>10014</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Processing</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date <i>02/23/2025</i>	Payee name <i>Squarespace, Inc.</i>		
Amount (\$) <i>\$2.25</i>	Payee address; <i>225 Varick St, 12th Floor</i>	City; <i>New York</i>	State; <i>NY</i> Zip Code <i>10014</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Processing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date <i>02/23/2025</i>	Payee name <i>Squarespace, Inc.</i>		
Amount (\$) <i>\$2.48</i>	Payee address; <i>225 Varick St, 12th Floor</i>	City; <i>New York</i>	State; <i>NY</i> Zip Code <i>10014</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Processing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 02/24/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$3.00		7 Payee address; 225 Varick St, 12th floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held 1	
Date 02/24/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.20		Payee address; 225 Varick St, 12th floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	
Date 02/26/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.03		Payee address; 225 Varick St, 12th floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 02/26/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$0.75		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY Zip Code 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/27/2025		Payee name Squarespace, Inc.			
Amount (\$) \$7.87		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/27/2025		Payee name Squarespace, Inc.			
Amount (\$) \$7.82		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY Zip Code 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILVER	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$2.48	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 02/28/2025	Payee name Squarespace, Inc.		
Amount (\$) \$2.25	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date 03/02/2025	Payee name Squarespace, Inc.		
Amount (\$) \$3.00	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1. 56	2 FILER NAME PATRICK R MINIER	3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Processing	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/03/2025	Payee name Squarespace, Inc.	
Amount (\$) \$0.45	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Processing	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/03/2025	Payee name Squarespace, Inc.	
Amount (\$) \$0.74	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Processing	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Processing	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/05/2025	Payee name Squarespace, Inc.	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Processing	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/06/2025	Payee name Squarespace, Inc.	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 225 Varick St, 12th Floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Processing	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)	
4 Date 03/06/2018	5 Payee name Squarespace, Inc.		
6 Amount (\$) \$6.10	7 Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH		
Date 03/07/2018	Payee name Squarespace, Inc.		
Amount (\$) \$3.20	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/OH	Office sought	Office held	
Date 03/07/2018	Payee name Squarespace, Inc.		
Amount (\$) \$3.00	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		
	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/OH	Office sought	Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$0.75		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/07/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.03		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/08/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.20		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>56</i>	2 FILER NAME <i>PATRICK R MILLER</i>	3 Filer ID (Ethics Commission Filers)				
4 Date <i>03/08/2025</i>	5 Payee name <i>Squarespace, Inc</i>					
6 Amount (\$) <i>\$3.00</i>	7 Payee address; <i>225 Varot St, 12th floor</i>	City; <i>New York</i>	State; <i>NY</i>			
		Zip Code <i>10014</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Processing</i>			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date <i>03/10/2025</i>	Payee name <i>Squarespace, Inc.</i>					
Amount (\$) <i>\$1.75</i>	Payee address; <i>225 Varot St, 12th floor</i>	City; <i>New York</i>	State; <i>NY</i>			
		Zip Code <i>10014</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Processing</i>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date <i>03/10/2025</i>	Payee name <i>Squarespace, Inc.</i>					
Amount (\$) <i>\$1.50</i>	Payee address; <i>225 Varot St, 12th floor</i>	City; <i>New York</i>	State; <i>NY</i>			
		Zip Code <i>10014</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Processing</i>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK P MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/11/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$3.20		7 Payee address 225 Varick St, 12th Floor -		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date 03/11/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date 03/13/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.20		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)	
4 Date 03/13/2025	5 Payee name Squarespace, Inc.		
6 Amount (\$) \$3.00	7 Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input checked="" type="checkbox"/>		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 03/13/2025	Payee name Squarespace, Inc.		
Amount (\$) \$3.00	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input checked="" type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 03/13/2025	Payee name Squarespace, Inc.		
Amount (\$) \$3.20	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input checked="" type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/13/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$14.80		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/13/2025		Payee name Squarespace, Inc.			
Amount (\$) \$15.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/14/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R. MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/14/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$3.20		7 Payee address; 225 Varot St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/15/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.20		Payee address; 225 Varot St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/15/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.00		Payee address; 225 Varot St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/15/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.00		Payee address; 225 Varot St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 225 Varndell St, 12th floor New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/15/2025	Payee name Squarespace, Inc.	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 225 Varndell St, 12th floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/15/2025	Payee name Squarespace, Inc.	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 225 Varndell St, 12th floor New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME Patrice K Miller	3 Filer ID (Ethics Commission Filers)	
4 Date 03/15/2025	5 Payee name Squarespace, Inc.		
6 Amount (\$) \$3.00	7 Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 03/16/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.50	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 03/16/2025	Payee name Squarespace, Inc.		
Amount (\$) \$1.75	Payee address; 225 Varick St, 12th Floor	City; New York	State; NY
		Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/16/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$2.25		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/16/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.46		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/17/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.50		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/17/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$1.75		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.25		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$2.48		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK P MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$3.20		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/19/2025		Payee name Squarespace, Inc.			
Amount (\$) \$14.80		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56	2 FILER NAME PATRICK R MILLER	3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$15.00	7 Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/10/2025	Payee name Squarespace, Inc.	
Amount (\$) \$3.20	Payee address; 225 Varick St, 12th Floor	City; State; Zip Code New York NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/10/2025	Payee name Meta Platforms, Inc.	
Amount (\$) \$42.60	Payee address; 1 Meta Way, Menlo Park	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>56</u>		2 FILER NAME <u>PATRICK R MILLER</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>03/20/2025</u>		5 Payee name <u>Squarespace, Inc.</u>			
6 Amount (\$) <u>\$3.00</u>		7 Payee address; <u>225 Varick St, 12th Floor</u>		City; <u>New York</u>	State; <u>NY</u>
				Zip Code <u>10014</u>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Processing</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>03/20/2025</u>		Payee name <u>Squarespace, Inc.</u>			
Amount (\$) <u>\$1.50</u>		Payee address; <u>225 Varick St, 12th Floor</u>		City; <u>New York</u>	State; <u>NY</u>
				Zip Code <u>10014</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Processing</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>03/20/2025</u>		Payee name <u>Squarespace, Inc.</u>			
Amount (\$) <u>\$1.75</u>		Payee address; <u>225 Varick St, 12th Floor</u>		City; <u>New York</u>	State; <u>NY</u>
				Zip Code <u>10014</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Processing</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/20/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$1.03		7 Payee address; 225 Varro St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/20/2025		Payee name Squarespace, Inc.			
Amount (\$) \$0.75		Payee address; 225 Varro St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/21/2025		Payee name Squarespace, Inc.			
Amount (\$) \$0.45		Payee address; 225 Varro St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICIA R. MILLER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/21/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$0.74		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/21/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.20		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/21/2025		Payee name Squarespace, Inc.			
Amount (\$) \$3.00		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R. MURPHY		3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2025		5 Payee name Squarespace, Inc.			
6 Amount (\$) \$1.75		7 Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/22/2025		Payee name Squarespace, Inc.			
Amount (\$) \$1.50		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/23/2025		Payee name Squarespace, Inc.			
Amount (\$) \$0.75		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 56		2 FILER NAME PATRICK R MINER		3 Filer ID (Ethics Commission Filers)	
4 Date 03/23/2025		5 Payee name 225 Varick St, 12th Floor			
6 Amount (\$) \$1.03		7 Payee address; Squarespace, Inc.		City; New York	State; NY
				Zip Code 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 03/24/2025					
Payee name Squarespace, Inc.					
Amount (\$) \$0.74		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 03/24/2025					
Payee name Squarespace, Inc.					
Amount (\$) \$0.45		Payee address; 225 Varick St, 12th Floor		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>56</i>	2 FILER NAME <i>PATRICK F. MULLEN</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>03/24/2025</i>	5 Payee name <i>Squarespace, Inc.</i>				
6 Amount (\$) <i>\$0.45</i>	7 Payee address; <i>225 Varick St, 12th Floor</i>	City; State; Zip Code <i>New York NY 10014</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Processing</i>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <i>03/24/2025</i>	Payee name <i>Squarespace, Inc.</i>				
Amount (\$) <i>\$0.74</i>	Payee address; <i>225 Varick St, 12th Floor</i>	City; State; Zip Code <i>New York NY 10014</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Processing</i>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
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