CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Dianne M Mrs NAME Date Received NICKNAME LAST SUFFIX Miller CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE RECEIVED **OFFICEHOLDER** 1008 CR 3420 Lampasas Tx 76550 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** (512)734-33277 PHONE Receipt # Amount S MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER Sherry Mrs. Date Processed NAME NICKNAME LAST Date Imaged Boultinghouse STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CITY: CAMPAIGN TREASURER 10 Deb Lynn Lampasas Tx 76550 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (512 525-0028 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Day COVERED 30 / 25 1 25 6 1 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Lampasas County Clerk 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAM AIO	THAITOL ILLI OICI	_ 		. ·
15 C/OH NAME: Dianne M Miller			16 Filer ID (Ethics C	ammission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		\$	0.00
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEND	ITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAST	TDAY \$	33.50
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS OF G PERIOD	THE \$	0.00
	wear, or affirm, under penalty of perjury, the under Title 15, E		and correct and incl	ludes all information
		Danie m	Milla	
,		Signature of Cart	didate or Officehold	er
				•
b.				
	Please comp	lete either option below	:	
,				
(1) Affidavít				
· ·				-
NOTARY STAMP/SEA				٠
Swom to and subscribed	before me by	this the	day of	
20to certify	which, witness my hand and seal of office.			
Signature of officer administe	ing oath Printed name of offi	cer administering oath	Title of office	r administering oath
		OR		٠
(2) Unsworn Declarati	on .			-
My name is	inc M. Miller	, and my date of birth is	July 5,19	367
My address is	cr 3420	Lampasas .]	X 76550	USA
	(street)	· · · · · · · · · · · · · · · · · · ·	tate) (zip code)	(country)
Executed in Lampa	6.S County, State of TCKAS	_ on the 15th day of Two	20 <u>25</u> (vear)	.•
		Danne m	milla	
		Signature of Candida	ate/Officeholder (Dec	larant)