

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.      |  | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed: <b>2</b>        |
| 3 CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR<br><b>Mrs</b>  | FIRST<br><b>Dianne</b>  | MI<br><b>M</b>                       |
|   | NICKNAME   | LAST<br><b>Miller</b>   | SUFFIX                               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX:<br><b>1008 CR 3420<br/>Lampasas, Texas 76550</b>   |   | APT / SUITE #, CITY, STATE, ZIP CODE |
|   | Date Received<br><br><b>RECEIVED</b><br><b>JUL 23 2024</b><br>   |   |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE<br><b>( 512 )</b>  | PHONE NUMBER<br><b>734-3377</b>   | EXTENSION                            |
| 6 CAMPAIGN TREASURER NAME   | MS / MRS / MR<br><b>Mrs</b>  | FIRST<br><b>Sherry</b>  | MI                                   |
|   | NICKNAME   | LAST<br><b>Boultinghouse</b>  | SUFFIX                               |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         |  | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE<br><b>10 Deb Lynn Lampasas Tx 76550</b> |                                      |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE<br><b>( 512 )</b>  | PHONE NUMBER<br><b>525-0028</b>   | EXTENSION                            |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                                      |
| 10 PERIOD COVERED   | Month Day Year      THROUGH      Month Day Year<br><b>1 / 1 / 24</b> <b>THROUGH</b> <b>6 / 30 / 24</b>   |   |                                      |
| 11 ELECTION   | ELECTION DATE: Month Day Year      ELECTION TYPE:<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |   |                                      |
| 12 OFFICE   | OFFICE HELD (if any)<br><b>Lampasas County Clerk</b>   |   | 13 OFFICE SOUGHT (if known)          |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br>Additional Pages       | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |   |                                      |
| COMMITTEE TYPE  |  | COMMITTEE NAME  |                                      |
| <input type="checkbox"/> GENERAL                                    |  | COMMITTEE ADDRESS   |                                      |
| <input type="checkbox"/> SPECIFIC                                   |  | COMMITTEE CAMPAIGN TREASURER NAME   |                                      |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                      |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                               |   |  |
|-------------------------------|---|--|
| 15 C/OH NAME<br>Dianne 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) | \$ 0.00                                |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                                |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00                                |
| CONTRIBUTION BALANCE:         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 33.50                               |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dianne Miller, and my date of birth is July 5, 1967.  
 My address is 1008 CR 3420, Lampasas TX 76550 USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Lampasas County, State of Texas, on the 23 day of July, 2024.  
(month) (year)  
Dianne Miller  
 Signature of Candidate/Officeholder (Declarant)