

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:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Ms</u>	FIRST <u>Lisa</u>	MI <u>L</u>				
	NICKNAME	LAST <u>Miller</u>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>21 Jeff LN Pointblank TX 77364</u>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(832) 816-1410</u>						
6 CAMPAIN TREASURER NAME	MS / MRS / MR <u>Ms</u>	FIRST <u>Janyah</u>	MI <u>B</u>				
	NICKNAME	LAST <u>Terry</u>	SUFFIX				
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>200 Butler Pointblank TX 77364</u>						
8 CAMPAIN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(936) 714-9166</u>						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input 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 <u>1</u>	Day <u>/ 1 / 2026</u>	Year	Month <u>1</u>	Day <u>/ 22 / 2026</u>	Year	
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 8 / 2026</u>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <u>District Clerk</u>			
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.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

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

\$

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

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

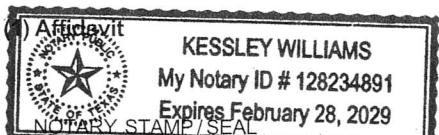
\$

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.

Lisa L. Miller

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by LISA miller this the 2 day of Feb.,

20 2018, to certify which, witness my hand and seal of office.

LISA miller

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code) (country)

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	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 514.53
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

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 E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 514.53
5 Date of loan 11/26 - 1/21/20	7 Name of lender Self (Lisa L. Miller)	8 out-of-state PAC (ID#: 10 Interest rate
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: 21 Jeff LN	City: Pointblank State: TX Zip Code 77364 11 Maturity date
12 Principal occupation / Job title (See Instructions) 911 clerk		13 Employer (See Instructions) San Jacinto County
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender Lender address; City; State; Zip Code	Loan Amount (\$) Interest rate Maturity date
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		