CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				/
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	PATRILL	MI R	OFFICE USE ONLY
NAME	NICKNAME	Y ATRIUK MILLER	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	POBOX3	٨	arillo TX 79120	RECEIVED JUL 0 9 2025 City Secretary
5 CANDIDATE/ OFFICEHOLDER PHONE	(SOL)	PHONE NUMBER A20-7100	EXTENSION	Date Hand-delivered or Date Postmarked Cl. Cl. Receipt # Amount S
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M NICKNAME	A DELAN	MI	Date Processed Date Imaged
		NO PO BOX PLEASE): APT / S	LUITE # CITY:	STATE: ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	8203 WM		Amarillo	TX 79110
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	04	24 / 202S	THROUGH 06	/30 / 2025
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		A marillo City C	ouneil, Place 1
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	
	A Paris	GO TO	PAGE 2	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics to	Commission Filers)
	PATRICK P MILLER	·
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 1,545,37
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$23,489.33
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
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	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

57 11111 7 11 01									
15 C/OH NAME	TRICK	R	MILL	ER			16 F	Filer ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTA		POLITICAL OR GUARAN	TEES OF LO		THAN	s g /	
	2.		L POLITICAL ER THAN PLEDO			RANTEES OF LOA	ANS)	\$1,54	1-5.37
EXPENDITURE TOTALS	3.	ТОТА	L UNITEMIZED	POLITICAL	EXPENDITU	JRE.		\$ g /	
	4.	ТОТА	L POLITICAL	EXPENDIT	URES			\$ 23,	489.33
CONTRIBUTION BALANCE	5.		L POLITICAL CO		ATRIAM SNC	AINED AS OF THE	E LAST DA	\$6,2	18.31
OUTSTANDING LOAN TOTALS	6.	TOTA	L PRINCIPAL AM DAY OF THE RI	MOUNT OF	ALL OUTSTA PERIOD	ANDING LOANS A	AS OF THE	\$ Ø	
18 SIGNATURE s	swear, or at	firm. ur	nder penalty of	perjury, tha	it the accom	npanying report is	s true and	correct and incl	udes all information
			ed by me under						
180	43.1.50 10 06	- Sporte				1 1 201	111		
					VIII	ride M	.VV.)	
					IW	mu II	min	/	
						Signature of	of Candida	ate or Officehold	er
			DI	ooms!	ata aitha	r ontion ho	low.		
			Please	comple	ete ettile	er option be	1044.		
سير	مس		سسس	<u></u>					
(4) Assident	S S	TEPH	ANIE COGO	INS					
(1) Affidavit		Notary	Public, State of 1 y ID #12500548	exas					
1 8		Notar	ssion Expires 09-2	0-2025					
		Commis	Sign Expires 05 E						
NOTARY STAMP/SEA		. bv	Patrick	Mi 2	Ner	this	the	th day of	July.
									J
Stephane Coggins City Secretary Title of officer administering oath									
Signature of officer administe	ering oath V	•	Printed n		er administeri	ing oath	- و الناس وي	TILLE OF OTHICE	25111110151
OR									
(2) Unsworn Declarati	ion								
My name is					, aı	nd my date of bi	rth is		
My address is							_,		9
iviy address is			street)		50.	(city)	(state)	(zip code)	(country)
			STATE OF THE PARTY		on th -		14.000000000000000000000000000000000000	28 10 10 10 10 10 10 10 10 10 10 10 10 10	
Executed in		County	, State of		_, on the	day of(month)	, 20(year)	- :
						200 2 000	2 20 27 IN TWO		1
						Signature of C	Candidate/0	Officeholder (Dec	clarant)

SCHEDULE A1

11 110 704000			
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	ATRICK & MILLER		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2015	5 Full name of contributor out-of-state Anne North cutt 6 Contributor address; City; 7601 Sleepy Hollow Blvd Amaril	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	a Employer (See mande	
Date Alai-beat	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
Vertinolain		State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/210/2015	Full name of contributor out-of-state Dr. Matthew R. Garner Contributor address; City; 2811 S. Hayden SA Amarillo	State; Zip Code	Amount of contribution (\$)
	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/28/207S	Full name of contributor out-of-state Mildred Divton Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
	2005 NW 14th Ave Amarill		1 (00200
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPI If contributor is out-of-state PAC, please see I	ES OF THIS SCHEDULE AS N nstruction guide for additional	IEEDED reporting requirements.

SCHEDULE A1

if the reques	sted information is not applicable, DO NOT in	clude this page in the	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	PATIRICK R MILLER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG ANNIE COHON 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	7208 Calumet Amarillo pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date		C (ID#:)	Amount of contribution (\$)
05/02/2025	Leesa Wood Calvi Contributor address; City: 4420 Oliver Pl Amarillo	1	\$150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
05/02/2025	Enrique Delgado Contributor address; City; 1412 N. Arapohoe St Amarillo	State; Zip Code	\$15.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
05/07/2025	Contributor address; City; 5601 BellS+#1002 Amarillo	State; Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES		

SCHEDULE A1

ine	Instruction Guide explains how	to complete thi	is form,		1 Total pages Schedule A1:
FILER NAME	HRIOL R MILLER				3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor John Hintz	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
5/19/2025	6 Contributor address;	City;	State;	Zlp Code	\$75,00
	1501 S Rusk St	Amarillo	TX	79102	
Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor Janis Laird	out-of-state PA	.C (ID#:		Amount of contribution (\$)
5/26/2018	Contributor address;	City;	State;	Zip Code	\$25.00
	3312 Bedford Rd	Amarillo	丁火	79109	
Principal occup	nation / Job title (See Instructions)		Emplo	oyer (See Instruct	tions)
Date	Valerie Murphy			Amount of contribution (\$)	
15/18/1025	Contributor address;	City;	State;	Zip Code	\$75.00
	3710 Linda Dr	Amarillo	XT	79109	V
Principal occur	Dation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
361071201S	Contributor address;	Cíty;	State;	Zip Code	\$25.00
	5601 Bell St # 1002	Amarillo	χT	79109	•
Principal occuj	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

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

SCHEDULE A1

it the reques	sted information is not applicat	ne, DO NOT IN		s page in the	report.
The	Instruction Guide explains how	to complete this	form.	-	1 Total pages Schedule A1:
2 FILER NAME	Atpice & Militer				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#;)	7 Amount of contribution (\$)
06/19/2018	John Hintz 6 Contributor address;	City;	State;		\$75,00
	1501 5 Rusk St	Amarillo	TX	79102	
8 Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
06/26/2018	Janis Laird Contributor address;	City;	State;	Zip Code	A25,01
	3312 Bedford &d	Amarillo	TV	79109	
Principal occup	eation / Job title (See Instructions)		Emplo	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
06/28/2025	Valence Murphy Contributor address;	City;	State;	Zip Code	\$75,00
	3710 Linda Dr	Amarillo	TX	79109	
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	 pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
			<u> </u>		
		 			
	ATTACH ADDIT	IONAL COPIES , please see Insti	OF THIS S ruction gui	CHEDULE AS N de for additional (IEEDED reporting requirements.

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Politing Ex Contributions/Donations Made By Gitt/Awards/Memorials Expense Printing Ex		Loan Repayment/Reirribursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment	The Instruction Guide explains	how to complete this form.		<u></u>
1 Total pages Schedule F1:	2 FILER NAME PATRICL & MILLER		3 Filer ID (Ethio	cs Commission Filers)
4 Date 04125 12025	5 Payee name Good Payly LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 10.00	916 Silver Spur Rd, Ste 310	Rolling Hills Esta	ites CA	90274
8	(a) Category (See Categories listed at the top of this sol	nedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Text (am	paign	
	(c) Check if travel outside of Texas. Complete Scho	dule T. Check if Austin	n, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder патте I	Office sought		Office held
Date	Payee name			
04/25/2025	Meta Platforms, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$70.00	1 Meta Way	Menlo Park	CA	94025
	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	Advertising			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	<u> </u>		
04/25/2025	Whitney Russell Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$6,479.41	PD Box 669	Amarillo	TX	79105
	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	Printing Expanse	Banners, Postcan	ds	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder livir	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FO	DR BOX 8(a)				
	Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Ex Consulting Expense Gift/Awards/Memorials Expense Printing Ex			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains	how to cor	nplete this form.				
1 Total pages Schedule F1.	2 FILER NAME PATPICK & MILLER	FILER NAME PATRICK & MILLER 3 Filer ID (Ethics Commission Filers)					
4 Date 04 120 12025	5 Payee name						
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code		
\$73.00	2301 Ross St		Amarillo	TX	79120		
8	(a) Category (See Categories listed at the top of this sch	hedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees		Postage				
	(c) Check if travel outside of Texas. Complete Sche	edule T.	Check if Austin	n. TX, officeholder livir	g expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held		
Date	Payee name						
04/28/2025	Meta Platforms, Inc	_					
Amount (\$)	Payee address:		City;	State;	Zip Code		
477.00	1 Meta Way		Menlo Park	CA	94025		
	Category (See Categories listed at the top of this sche	edule)	Description				
PURPOSE OF EXPENDITURE	Advertising						
	Check if travel outside of Texas. Complete Schedule T. Check if			n, TX, officeholder livir	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held		
	Payes pama						
Date DA lodus so 6	Payee name						
04/29/2025	Meta Natforms, Inc						
Amount (\$)	Payee address;	_	City;	State;	Zip Code		
\$11.21	1 Meta Way		Merlo Park	CA	94015		
	Category (See Categories listed at the top of this scho	redule)	Description				
PURPOSE OF EXPENDITURE	Advertising						
	Check if travel outside of Texas. Complete Sche	edule T.	Check if Austr	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name		Office sought		Office held		
	ATTACH ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NE	DED			

Forms provided by Texas Ethics Commission

SCHEDULE F1

		EXPENDITURE CATE	EGURIES	OK BOX o(a)			
	ounting/Banking Fees Office Ov significant State of the Control of State of		Office Over Polling Exp Printing Ex Salaries/Wi	pense ages/Contract Labor	Trar Trav Trav	vel in District vel Out Of District	ment & Related Expense
Credit Card Payment		The Instruction Guide expla	ins how to co	omplete this form.			
1 Total pages Schedule F1	2 FILER N	IAME PATRICY R MILLER			3 F	iler ID (Ethics	Commission Filers)
4 Date OAM KORS	5 Раувел	· · · · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Payee a			City;		State:	Zip Code
485.00	, `	eta Way	_	Menlo Par	k	CA	94025
8	(a) Catego	ry (See Categories listed at the top of the	is schedule)	(b) Description			
PURPOSE OF EXPENDITURE	A	vertising					
	(c)	Check if travel outside of Texas. Complete	Schedule T,	Check if A	ustin, TX,	officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Os		date / Officeholder name		Office sought			Office held
Date	Payeen	ame					
05/01/2015	Mel	a Platforms, Inc				71-1-1	Zip Code
Amount (\$)	Payee a	ddress;		City;		State;	
494.00	/ / M	leta Way		Menlo Parl	c	CA	94025
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE		evitising					
		Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin. TX,	officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name	·	Office sought			Office held
D-1-	Payeer	name					
OS ON LOUS	Whi	. 0.,	inq				
Amount (\$)	Payee a	`	3	City;		State;	Zip Code
43/811.75	POF	50x 664		Amarillo)	XT	79105
	Categor	y (See Categories listed at the top of this	s schedule)	Description			
PURPOSE OF EXPENDITURE	Prin	ting		Yard Signs	e Post	cards	
	Γ	Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX.	officeholder tiving	expense
Complete ONLY If direct expenditure to benefit C/O		date / Officeholder name		Office sought			Office held
	Α.	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS N	EEDE)	
5 the Taylor Et	bice Commis	sion www.eth	ics.state.tx.u	ıs			Revised 1/1/2025

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME PATPUL R MILLER		3 Filer ID (Ethics	Commission Filers)
4 Date 05 07 12005	Sam's Club			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
593,91	8952 Westgate Pkwy W	Amarillo	TX	79124
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Beverage Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	. TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Рауее паше			
05/04/2025	Meta platforms, Inc			Zip Code
Amount (\$)	Payee address;	City;	State;	, .
\$ 104.00	1 Meta Way	Menlo Park	CA	94173
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	. TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/02/2015	Good Party LLL			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ A43.17	916 Silvers Spur Rd, Ste 310	Ralling Hills Est	tate CA	90274
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Text-Can	rpargn	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX. officeholder living	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED	
1	e ee			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 4 Date Squarespair, Inc. 7 Payee address. 05/02/2025 Zip Code 6 Amount (S) 225 Variot St, 12th Placer 10014 80.74 (a) Category (See Categories listed at the top of this schedule) 8 Processing PURPOSE Fees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T, (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Squarespace, Inc Payee address: 05 00/2025 Zip Code State: City: W 10014 225 Variot St, 12th flour NewYork \$0,45 Description Category (See Categories listed at the top of this schedule) PURPOSE Molessina OF Fres EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete **QNLY** if direct expenditure to benefit C/OH Meta Platforms, Inc 05/05/2025 Zip Code City; Amount (\$) 94015 1 Meta Way Menlo Park \$115.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertism EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas, Complete Schedule T, Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)					
Accounting/Banking Fees Offi Constitutes/Denations Made By Gift/Awards/Memorials Expense Prir		oan Repayment/Reimbursement iffice Overhead/Rental Expense olting Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.					
1 Total pages Schedule F1	2 FILER NAME PATHICK P MILLER						
4 Date	5 Payee name						
05/02/2025	M& R Package Store 7 Payee address;		State: Zip Code				
6 Amount (\$)	7 Payee address;	City;					
\$476.15	5901 Ball St, Ste C7	Amadillo	Tx 79109				
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description					
PURPOSE OF EXPENDITURE	Beverage Epperse						
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austr	n. TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
05/06/2025	Parties Plus - Lyn Anderson	_					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$650.00	708 S Taylor	Amarillo	TX 79101				
	Category (See Categories listed at the top of this sched	dule) Description					
PURPOSE							
OF EXPENDITURE	Event Expense						
EXPENDITURE	Check if travel outside of Texas. Complete Sched	Itale T Check if Austi	Check if Austin, TX, officeholder living expense				
		Office sought	Office held				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name						
Date	Payee name						
65/07/2025	Sq Warespale, Ivc Payee address:		State: Zip Code				
Amount (\$)	Payee address;	City;	A had to have				
\$1.03	225 Narrole St, 12th Ho	our NewYork	NY 10014				
	Category (See Categories listed at the top of this sche	dule) Description					
PURPOSE OF EXPENDITURE	Fees	Processia	9				
	in, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Grlf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Crock Card T dyrrian	The Instruction Guide explains now to c	ompiete tilis form.	
1 Total pages Schedule F1	PATRICK & MLLIER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/07/2025	Squarespace, Inc.		State: Zip Code
6 Amount (\$)	7 Payee address: 1	City;	State; Zip Code
\$0.75	275 Varick St, 12th Ploor	NewYork	NY (0014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Processive	<u> </u>
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Ausb	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/13/2015	Shelly Mchee		Zio Codo
Amount (\$)	Payee address;	City:	State; Zip Code
00.00€	53010 Brinkman Dr	Amarillo	TX 79106
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	Payee name		
Date	1 ayes name		
85/19/2028	Squarespace. Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$500 \$2.48	225 Variet Stricth Floor	NewYork	NY 10014
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Processino)
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX. officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	н		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) ent Expense Loan Repayment/Reimbursement office Overhead/Rental Expense

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

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

Coan Repayment/Remodisement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1			3 Filer ID (Ethics	Commission Filers)	
4 Date 0511912015	5 Payee name Sq. Mare space Trc 7 Payee address;			Zin Codo	
6 Amount (\$)	7 Payer address:	City;	State;	Zip Code	
92.25	225 Varick St, 12th Ploor	New Yark	NY _	[0014	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Processin	9		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held	
Date	Payee name		· · · · · ·		
05/26/2013	Squarespace, Inc			75-061-	
Amount (\$)	Payee address;	City;	State;	Zip Code	
7 \$1.03	225 Varick St, 12th floor	NewYork	IVY	10014 	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Processin	19		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held	
Date	Рауее пате				
105/26/2025	Squaresvace, In				
Amount (\$)	Squavesyace, In	City;	State;	Zip Code	
40.75	228 Varick St, 12th floor	NewYork	NY	10014	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fels	Processing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin		
Complete <u>QNLY</u> if direct expenditure to benefit C/V	Candidate / Officeholder name OH	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	PATRICE & MILLER			
4 Date	5 Payee name			
05 78 7075 6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
6 Amount (\$)		_	. 1.1	
\$2,48	225 Varide St, 12th floor	New York	NY (00\4	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/26/2013	Squarespace, Irc.			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$2.25	225 Varick St, 12th Floor	New York	NY 10014	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/19/2028	Meta Platforms, Inc			
Amount (\$)	Payee address;	City:	State; Zip Code	
\$101,50	1 Meta Way -	. Menlo Park	CA 94015	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austr	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Ob 103 12025 ZE Pursuits, LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code 7 OA 12TH 4	edit Card Payment	The Instruction Guide explains how to	complete this form.		
4 Date 5 Payee name 2E Pursuits, LLC City; State; Zip Code 4 7,500.00 2604 17 th Ave Campon TX 79015	Total pages Schedule F1:	1		3 Filer ID (Ethic	s Commission Filers
7 Payee address: City; State; Zip Code \$7,500.00 TX 79015		5 Payee name		<u> </u>	
\$7,500.00 2604 17Th Ave Canyon TX 79015			City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) (b) Description	, ,		Canyon	工	79015
		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE CONSULTING	OF	Consulting			
(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder tiving expense		(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office sought		
Date Payee name	Date	Рауее пате			
Obj07/2015 Squerespace tre Amount (\$) Paves address; City; State; Zip Code	6/07/2015	Squerespace, Ive			
1.4	Amount (\$)	Payee address;	City;	State;	
\$1.03 225 Variot St, 12th Place New York NY 10014	£1,03	225 Variok St, 12th floor	New York	NY	10014
Category (See Categories listed at the top of this schedule) Description		Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE FEES FOLESSING	OF	Fees	Processive		
Check if travel outside of Texas. Complete Schedula T. Check If Austin, TX, officeholder living expense		Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete QNLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	Complete <u>QNLY</u> if direct expenditure to benefit C/O		Office sought		Office held
Date Payee name	Date	Payee name			
86/07/2015 Squarespace, Inc	06/07/2015	Squarespace, Inc			
Amount (\$) Payee address; City; State; Zip Code		Payee address;	City;	State;	Zip Code
\$ 0.75 228 Varick St, 12th Floor New York NY 10014	\$0.75	228 Varick St, 124 floor	NewYor	NY	10014
Category (See Categories listed at the top of this schedule) Description		Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE PROCESSING	OF	Fees	Provessing		
Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense		Check if travel outside of Texas. Complete Schedule T,	Check if Aust	tin, TX. officeholder livin	g expense
Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME 4 Date Squarespace Iru Payee address: 86/19/2015 Zip Code 6 Amount (S) NewYor 10014 225 Variot St, 12th flour \$2,48 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** 110cesstry Fres EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Squarespace, Lyc. 06/19/2015 Zip Code Amount (\$) 225 Vovide St, 12th floor 10019 \$2,15 Description Category (See Categories listed at the top of this schedule) Trocessivo PURPOSE 1.495 EXPENDITURE Check if Austin. TX, afficeholder tiving expense Check if travel outside of Texas. Complete Schedule T, Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Whitney Russell Printing 06/20/2015 State; Zip Code City, Amount (\$) 79105 \$2,500,70 Amarilla PO BOX 664 Description Postcard Mailing PURPOSE OF Printing EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1	2 FILER NAME PATRICL R MILLER		3 Filer ID (Ethics	Commission Filers)
4 Date 06/24/1028	5 Payee name USPS POSTMASTEV			75- 0- 1-
6 Amount (\$)	7 Payee address;	City;	State; \	Zip Code
00·dd/&	2301 Ross St	Amavillo		79120
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	PO Box		
	(c) Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n. TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/26/2015	Squarespace, Inc		St-4	Zip Code
Amount (\$)	Payee address;	City;	State;	
\$1.03	Ves Varick St, 12th Plan	Newtork	N4	10014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processive	<u> </u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/26/2015	Squarespace, Inc			Zin Code
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 0.75	225 Variet St, 11th floor	New York		1004
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processive	 	
	Check if travel outside of Texas. Complete Schedule T,	Check if Aust	in, TX. officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	omplete this form.		
Total pages Schedule F1	2 FILER NAME		Filer ID (Ethics Commission Filers)	
	PATRICK R MILLER			
Date	5 Payee name Squaresvale, To C 7 Payee address;			
06/28/2025	Squarespace, Inc	City	State: Zip Code	
Amount (\$)	7 Payee address;	City;	11	
\$2,48	225 Varide St, 12th floor	New York	N4 50014	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Date	Рауее пате			
96/28/2025_	Squaresyrce, Inc. Payee address;	City;	State; Zip Code	
Amount (\$)		T .	• •	
\$1.75	225 Varick St, 121 " floor	, New York	NS 10019	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Processing		
EXPLINATION	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
		City	State; Zip Code	
Amount (\$)	Payee address;	City;		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Check if travel outside of Texas, Complete Schedula T,	Check if Austin, T	K, officeholder living expense	
	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C				
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	D	

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www.ethics.state.tx.us

Revised 1/1/2025