

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	ACCOUNT # 00015447	2	PAGE # 1 of 49				
3	CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Douglas	MI	OFFICE USE ONLY		
		NICKNAME Doug	LAST Miller	SUFFIX			
4	ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		Date Received	
		<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Hand-delivered or Date Postmarked		
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #	Amount	
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report		Legal	Totals	
5	ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
				01/01/2009	THROUGH		06/30/2009
6	EXPLANATION OF CORRECTION						
	The In-Kind contribution letter was received after I had filed the report.						
7	AFFIDAVIT						
	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
	Check ONLY if applicable:						
	<input checked="" type="checkbox"/>	I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
	Douglas Miller						
	Signature of Candidate or Officeholder						
	AFFIX NOTARY STAMP / SEAL ABOVE						
	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	

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00015447

2 PAGE #
2 of 49

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Douglas
.....
NICKNAME LAST SUFFIX
Doug Miller

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
865 Fredericksburg
New Braunfels, TX 78130

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Anne
.....
NICKNAME LAST SUFFIX
Miller

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
865 Fredericksburg
New Braunfels, TX 78130

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 625-3000 120

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01/01/2009 06/30/2009

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2008

11 OFFICE

OFFICE HELD (if any)
State Representative District 73

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Miller, Douglas (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00015447

16 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

53.70

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

\$

9,703.70

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

1,139.87

4. **TOTAL POLITICAL EXPENDITURES**

\$

45,223.46

CONTRIBUTION BALANCE

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

\$

10,627.26

OUTSTANDING LOAN TOTALS

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

\$

70,800.00

18 AFFIDAVIT

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.

Douglas Miller

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 4/49	
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447	
4 Date 06/25/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Chuck (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beach, Richard (Mr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) construction/partner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Stuart Sitework	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Centerpoint Energy PAC Contributor address; City; State; Zip Code Houston, TX 77210-4567	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, James (Mr.) Contributor address; City; State; Zip Code Austin, TX 78749	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardere Wynne Sewell LLP Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 5/49	
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447	
4 Date 06/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jay (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Hillco Partners	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IBAT PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Robert (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson & Johnson	
Date 06/22/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) P A C of Independent Insurance Agents of Texas Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rocha, Susan (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 6/49	
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447	
4 Date 06/25/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santos, Frank (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Santos Alliances	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saunders, Robert (Mr.) Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self	
Date 06/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, A.R. (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code Austin, TX 78768-2246	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 7/49

2 FILER NAME Miller, Douglas (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00015447

4 Date
5 Full name of contributor out-of-state PAC (ID# _____)
Wholesale Beer Distributors of Texas PAC

06/25/2009

6 Contributor address; City; State; Zip Code
Austin, TX 78701

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
Full name of contributor out-of-state PAC (ID# _____)
Wittenburg & Associates

06/24/2009

Contributor address; City; State; Zip Code
Austin, TX 78701-2101

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/41 Report: 8/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/23/2009	5 Payee name A T & T 6 Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	7 Amount (\$) \$437.61
8 Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/24/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	Amount (\$) \$69.49
Purpose of payment (See instructions regarding type of information required.) air card service for campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	Amount (\$) \$209.44
Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/18/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	Amount (\$) \$169.39
Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/41 Report: 9/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/17/2009	5 Payee name A T & T 6 Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	7 Amount (\$) \$169.16
8 Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line service\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/23/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	Amount (\$) \$415.16
Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line service\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/18/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	Amount (\$) \$169.65
Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line service\n \n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/29/2009	Payee name A T & T Payee address; City; State; Zip Code P O Box 630047 Dallas, TX 75263-0047	Amount (\$) \$169.62
Purpose of payment (See instructions regarding type of information required.) campaign office telephone & fax line service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/41 Report: 10/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/23/2009	5 Payee name A T & T Mobility 6 Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	7 Amount (\$) \$53.92
8 Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/03/2009	Payee name A T & T Mobility Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	Amount (\$) \$61.05
Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/03/2009	Payee name A T & T Mobility Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	Amount (\$) \$69.80
Purpose of payment (See instructions regarding type of information required.) aircard service for campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/24/2009	Payee name A T & T Mobility Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	Amount (\$) \$53.51
Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/41 Report: 11/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date	5 Payee name A T & T Mobility	7 Amount (\$)
03/05/2009	6 Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	\$68.76
8 Purpose of payment (See instructions regarding type of information required.) aircard service for campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name A T & T Mobility	Amount (\$)
03/23/2009	Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	\$32.46
Purpose of payment (See instructions regarding type of information required.) air card service for campaign computer\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name A T & T Mobility	Amount (\$)
03/25/2009	Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	\$104.60
Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name A T & T Mobility	Amount (\$)
03/30/2009	Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	\$68.76
Purpose of payment (See instructions regarding type of information required.) aircard service for campaign computer\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/41 Report: 12/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/24/2009	5 Payee name A T & T Mobility 6 Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	7 Amount (\$) \$91.39
8 Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2009	Payee name A T & T Mobility Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	Amount (\$) \$69.06
Purpose of payment (See instructions regarding type of information required.) aircard service for campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/22/2009	Payee name A T & T Mobility Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	Amount (\$) \$80.74
Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/02/2009	Payee name A T & T Mobility Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	Amount (\$) \$69.62
Purpose of payment (See instructions regarding type of information required.) aircard service for campaign computer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/41 Report: 13/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 06/23/2009	5 Payee name A T & T Mobility 6 Payee address; City; State; Zip Code P O Box 650574 Dallas, TX 75265-0574	7 Amount (\$) \$75.47
8 Purpose of payment (See instructions regarding type of information required.) officeholder cell phone service\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/15/2009	Payee name Aleksander Gallery Payee address; City; State; Zip Code 2303 W. 11th Street Austin, TX 78703	Amount (\$) \$108.25
Purpose of payment (See instructions regarding type of information required.) Officeholder District Maps - framing for display (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2009	Payee name Boerne Chamber of Commerce Payee address; City; State; Zip Code 126 Rosewood Boerne, TX 78006	Amount (\$) \$295.00
Purpose of payment (See instructions regarding type of information required.) Public relations - membership dues\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2009	Payee name Boerne Star & HC Recorder Payee address; City; State; Zip Code 941 N. School Street Boerne, TX 78006	Amount (\$) \$57.00
Purpose of payment (See instructions regarding type of information required.) campaign office subscription to district newspaper (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/41 Report: 14/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/15/2009	5 Payee name Charter Furniture Rental 6 Payee address; City; State; Zip Code P O Box 796006 Dallas, TX 75379-6006	7 Amount (\$) \$693.43
8 Purpose of payment (See instructions regarding type of information required.) Furniture rental for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/09/2009	Payee name Charter Furniture Rental Payee address; City; State; Zip Code P O Box 796006 Dallas, TX 75379-6006	Amount (\$) \$636.52
Purpose of payment (See instructions regarding type of information required.) Furniture rental for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/07/2009	Payee name Charter Furniture Rental Payee address; City; State; Zip Code P O Box 796006 Dallas, TX 75379-6006	Amount (\$) \$318.26
Purpose of payment (See instructions regarding type of information required.) Furniture rental for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/07/2009	Payee name Charter Furniture Rental Payee address; City; State; Zip Code P O Box 796006 Dallas, TX 75379-6006	Amount (\$) \$318.26
Purpose of payment (See instructions regarding type of information required.) Furniture rental for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/41 Report: 15/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 05/04/2009	5 Payee name Cirkut Panoramic Photography 6 Payee address; City; State; Zip Code P. O. Box 99 Hillsboro, WV 24946	7 Amount (\$) \$395.00
8 Purpose of payment (See instructions regarding type of information required.) House members photo (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/26/2009	Payee name City of Austin Payee address; City; State; Zip Code P. O. Box 1088 Austin, TX 78767-8865	Amount (\$) \$240.95
Purpose of payment (See instructions regarding type of information required.) utilities (electricity) for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/16/2009	Payee name City of Austin Payee address; City; State; Zip Code P. O. Box 1088 Austin, TX 78767-8865	Amount (\$) \$263.98
Purpose of payment (See instructions regarding type of information required.) utilities (electricity) for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2009	Payee name Comal County Junior Livestock Show Payee address; City; State; Zip Code P. O. Box 311976 New Braunfels, TX 78131	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) constituent relations - donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/41 Report: 16/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/23/2009	5 Payee name Comal County Junior Livestock Show 6 Payee address; City; State; Zip Code P. O. Box 311976 New Braunfels, TX 78131	7 Amount (\$) \$999.79
8 Purpose of payment (See instructions regarding type of information required.) constituent relations - donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/25/2009	Payee name Comal County Youth Homemaking & Art Fair Payee address; City; State; Zip Code c/o 29711 Smithson Valley Road San Antonio, TX 78261	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) constituent relations - donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name Comal County Youth Homemaking & Art Fair Payee address; City; State; Zip Code c/o 29711 Smithson Valley Road San Antonio, TX 78261	Amount (\$) \$400.00
Purpose of payment (See instructions regarding type of information required.) constituent relations - donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/03/2009	Payee name Connections Payee address; City; State; Zip Code P. O. Box 311268 New Braunfels, TX 78131	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) public relations - auction items (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/41 Report: 17/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/05/2009	5 Payee name Connections 6 Payee address; City; State; Zip Code P. O. Box 311268 New Braunfels, TX 78131	7 Amount (\$) \$800.00
8 Purpose of payment (See instructions regarding type of information required.) Public relations - auction items (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/09/2009	Payee name Deluxe Check Payee address; City; State; Zip Code P. O. Box 742572 Cincinnati, OH 45274-2572	Amount (\$) \$131.74
Purpose of payment (See instructions regarding type of information required.) campaign checks (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/31/2009	Payee name Edwards Aquifer Authority Payee address; City; State; Zip Code 1615 N. St. Mary's Street San Antonio, TX 78215	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) purchase of computer for officeholder (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/09/2009	Payee name Gillespie County Livestock Show Association Payee address; City; State; Zip Code 1016 Avenue C Fredericksburg, TX 78624	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) public relations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/41 Report: 18/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 02/09/2009	5 Payee name Great American Products Ltd. 6 Payee address; City; State; Zip Code 1661 S. Seguin Ave. New Braunfels, TX 78130	7 Amount (\$) \$1,200.00
8 Purpose of payment (See instructions regarding type of information required.) constituent gifts (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/23/2009	Payee name Greater New Braunfels Chamber of Commerce Payee address; City; State; Zip Code 390 S. Seguin Avenue New Braunfels, TX 78130	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) constituent relations - sponsor at Banquet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/03/2009	Payee name Greater New Braunfels Chamber of Commerce Payee address; City; State; Zip Code 390 S. Seguin Avenue New Braunfels, TX 78130	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) constituent relations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/13/2009	Payee name GVTC Payee address; City; State; Zip Code 36101 FM 3159 New Braunfels, TX 78132	Amount (\$) \$85.67
Purpose of payment (See instructions regarding type of information required.) campaign telephone service (Bulverde/Canyon Lake area) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/41 Report: 19/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/05/2009	5 Payee name GVTC 6 Payee address; City; State; Zip Code 36101 FM 3159 New Braunfels, TX 78132	7 Amount (\$) \$85.67
8 Purpose of payment (See instructions regarding type of information required.) campaign telephone service (Bulverde/Canyon Lake area)\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/02/2009	Payee name GVTC Payee address; City; State; Zip Code 36101 FM 3159 New Braunfels, TX 78132	Amount (\$) \$85.79
Purpose of payment (See instructions regarding type of information required.) campaign telephone service (Bulverde/Canyon Lake area)\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/04/2009	Payee name GVTC Payee address; City; State; Zip Code 36101 FM 3159 New Braunfels, TX 78132	Amount (\$) \$141.81
Purpose of payment (See instructions regarding type of information required.) campaign telephone service (Bulverde/Canyon Lake area) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/02/2009	Payee name GVTC Payee address; City; State; Zip Code 36101 FM 3159 New Braunfels, TX 78132	Amount (\$) \$62.73
Purpose of payment (See instructions regarding type of information required.) campaign telephone service (Bulverde/Canyon Lake area)\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/41 Report: 20/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/31/2009	5 Payee name H E Butt #389 6 Payee address; City; State; Zip Code 6000 W. Avenue San Antonio, TX 78213	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/11/2009	Payee name H E Butt #389 Payee address; City; State; Zip Code 6000 W. Avenue San Antonio, TX 78213	Amount (\$) \$25.15
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/07/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$20.50
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/16/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$25.02
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/41 Report: 21/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 02/13/2009	5 Payee name H E. Butt #380 6 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/27/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$23.75
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/16/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$22.50
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/20/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$25.25
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/41 Report: 22/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/27/2009	5 Payee name H E. Butt #380 6 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	7 Amount (\$) \$26.25
8 Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/01/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$21.75
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/18/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$20.26
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/01/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$25.00
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/41 Report: 23/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 06/09/2009	5 Payee name H E. Butt #380 6 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	7 Amount (\$) \$24.00
8 Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/11/2009	Payee name H E. Butt #380 Payee address; City; State; Zip Code 651 S. Walnut New Braunfels, TX 78130	Amount (\$) \$31.50
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/09/2009	Payee name Headliners Payee address; City; State; Zip Code P. O. Box 97 Austin, TX 78767	Amount (\$) \$4,134.84
Purpose of payment (See instructions regarding type of information required.) Appreciation function for Constituents\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/25/2009	Payee name Hill Country Cattle Women Payee address; City; State; Zip Code c/o Diane Wetz 1290 Triple D. Ranch Road Harper, TX 78624	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) constituent relations\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/41 Report: 24/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/30/2009	5 Payee name Hill Country Cattle Women 6 Payee address; City; State; Zip Code c/o Diane Wetz 1290 Triple D. Ranch Road Harper, TX 78624	7 Amount (\$) \$50.00
8 Purpose of payment (See instructions regarding type of information required.) constituent relations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/29/2009	Payee name Hill Country Payroll Inc. Payee address; City; State; Zip Code P O Box 311582 New Braunfels, TX 78131	Amount (\$) \$95.80
Purpose of payment (See instructions regarding type of information required.) campaign payroll fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2009	Payee name Hill Country Payroll Inc. Payee address; City; State; Zip Code P O Box 311582 New Braunfels, TX 78131	Amount (\$) \$60.08
Purpose of payment (See instructions regarding type of information required.) campaign payroll fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/01/2009	Payee name Hill Country Payroll Inc. Payee address; City; State; Zip Code P O Box 311582 New Braunfels, TX 78131	Amount (\$) \$58.18
Purpose of payment (See instructions regarding type of information required.) campaign payroll fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/41 Report: 25/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/29/2009	5 Payee name Hill Country Payroll Inc. 6 Payee address; City; State; Zip Code P O Box 311582 New Braunfels, TX 78131	7 Amount (\$) \$58.18
8 Purpose of payment (See instructions regarding type of information required.) campaign payroll fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/01/2009	Payee name Hill Country Payroll Inc. Payee address; City; State; Zip Code P O Box 311582 New Braunfels, TX 78131	Amount (\$) \$58.18
Purpose of payment (See instructions regarding type of information required.) campaign payroll fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/04/2009	Payee name Hobby Lobby Payee address; City; State; Zip Code 157 S. IH 35 New Braunfels, TX 78130	Amount (\$) \$50.88
Purpose of payment (See instructions regarding type of information required.) frame certificate for office\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/10/2009	Payee name Inns on Barons Payee address; City; State; Zip Code 308 S. Washington Street Fredericksburg, TX 78624	Amount (\$) \$138.03
Purpose of payment (See instructions regarding type of information required.) Lodging to attend District event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/41 Report: 26/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/07/2009	5 Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer 6 Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	7 Amount (\$) \$324.85
8 Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/02/2009	Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	Amount (\$) \$61.00
Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/04/2009	Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	Amount (\$) \$323.60
Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2009	Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	Amount (\$) \$323.60
Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/41 Report: 27/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date	5 Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer	7 Amount (\$)
04/01/2009	6 Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	\$153.00
8 Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer	Amount (\$)
04/30/2009	Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	\$28.00
Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer	Amount (\$)
05/06/2009	Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	\$153.00
Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Internal Revenue Service - USA Tax Payment - Electric Fund Transfer	Amount (\$)
06/01/2009	Payee address; City; State; Zip Code 825 E. Rundberg Lane Austin, TX 78753	\$153.00
Purpose of payment (See instructions regarding type of information required.) campaign employer tax for staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/41 Report: 28/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/23/2009	5 Payee name Kendall County Junior Livestock Show 6 Payee address; City; State; Zip Code P. O. Box 149 Boerne, TX 78006	7 Amount (\$) \$856.39
8 Purpose of payment (See instructions regarding type of information required.) constituent relations - donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/06/2009	Payee name Murphy Turner & Associates Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	Amount (\$) \$193.96
Purpose of payment (See instructions regarding type of information required.) consulting services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/23/2009	Payee name Murphy Turner & Associates Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) consulting services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/18/2009	Payee name Murphy Turner & Associates Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) consulting services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/41 Report: 29/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 05/05/2009	5 Payee name Naegelin's Bakery 6 Payee address; City; State; Zip Code 129 S. Seguin New Braunfels, TX 78130	7 Amount (\$) \$54.75
8 Purpose of payment (See instructions regarding type of information required.) constituent relations - refreshments for meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/13/2009	Payee name Network Solutions Payee address; City; State; Zip Code 13861 Sunrise Valley Dr. Suite 300 Herndon, VA 20171	Amount (\$) \$167.96
Purpose of payment (See instructions regarding type of information required.) campaign computer domain name renewal\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/11/2009	Payee name New Braunfels Elks Lodge No. 2279 Payee address; City; State; Zip Code 353 S. Seguin New Braunfels, TX 78130	Amount (\$) \$125.00
Purpose of payment (See instructions regarding type of information required.) constituent relations - table sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/02/2009	Payee name New Braunfels Public Library Payee address; City; State; Zip Code 700 E. Common New Braunfels, TX 78130	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) constituent relations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/41 Report: 30/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/02/2009	5 Payee name New Braunfels Public Library 6 Payee address; City; State; Zip Code 700 E. Common New Braunfels, TX 78130	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) constituent relations - sponsorship (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/05/2009	Payee name New Braunfels Republican Women Payee address; City; State; Zip Code P O Box 310008 New Braunfels, TX 78131	Amount (\$) \$35.00
Purpose of payment (See instructions regarding type of information required.) officeholders advertising in '09 newsletter (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/18/2009	Payee name New Braunfels Republican Women Payee address; City; State; Zip Code P O Box 310008 New Braunfels, TX 78131	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) officeholder expense - luncheon\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/20/2009	Payee name New Braunfels Smokehouse Payee address; City; State; Zip Code 140 Hwy. 46 E. New Braunfels, TX 78130	Amount (\$) \$101.03
Purpose of payment (See instructions regarding type of information required.) Officeholder gift for Vice-Chairman/Joint Chief of Staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/41 Report: 31/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 02/17/2009	5 Payee name Office Max 6 Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	7 Amount (\$) \$321.43
8 Purpose of payment (See instructions regarding type of information required.) campaign staff computer printer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/23/2009	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$51.11
Purpose of payment (See instructions regarding type of information required.) campaign office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/21/2009	Payee name Office Max Payee address; City; State; Zip Code 907 West Fifth Street Austin, TX 78703	Amount (\$) \$11.99
Purpose of payment (See instructions regarding type of information required.) campaign office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/05/2009	Payee name OpenMoves Inc. Payee address; City; State; Zip Code 16 Gaines Place Huntington, NY 11743	Amount (\$) \$350.00
Purpose of payment (See instructions regarding type of information required.) formatting & Distribution of officeholder newsletter (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/41 Report: 32/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 05/05/2009	5 Payee name OpenMoves Inc. 6 Payee address; City; State; Zip Code 16 Gaines Place Huntington, NY 11743	7 Amount (\$) \$350.00
8 Purpose of payment (See instructions regarding type of information required.) formatting & distribution of officeholder newsletter (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/18/2009	Payee name Postmaster Payee address; City; State; Zip Code 686 S. Seguin Street New Braunfels, TX 78130	Amount (\$) \$42.00
Purpose of payment (See instructions regarding type of information required.) Stamps for officeholder mailings (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/14/2009	Payee name Postmaster Payee address; City; State; Zip Code 686 S. Seguin Street New Braunfels, TX 78130	Amount (\$) \$126.00
Purpose of payment (See instructions regarding type of information required.) Stamps for officeholder mailings (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/23/2009	Payee name Potts & Reilly Payee address; City; State; Zip Code 401 W. 15th Street Suite 850 Austin, TX 78701-1665	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) Legal services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/41 Report: 33/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/06/2009	5 Payee name Potts & Reilly 6 Payee address; City; State; Zip Code 401 W. 15th Street Suite 850 Austin, TX 78701-1665	7 Amount (\$) \$72.50
8 Purpose of payment (See instructions regarding type of information required.) Legal services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/14/2009	Payee name Potts & Reilly Payee address; City; State; Zip Code 401 W. 15th Street Suite 850 Austin, TX 78701-1665	Amount (\$) \$287.20
Purpose of payment (See instructions regarding type of information required.) Legal services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/14/2009	Payee name Potts & Reilly Payee address; City; State; Zip Code 401 W. 15th Street Suite 850 Austin, TX 78701-1665	Amount (\$) \$175.00
Purpose of payment (See instructions regarding type of information required.) Legal services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/03/2009	Payee name Print-It Payee address; City; State; Zip Code 1471 W. San Antonio New Braunfels, TX 78130	Amount (\$) \$300.12
Purpose of payment (See instructions regarding type of information required.) officeholder stationary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/41 Report: 34/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/27/2009	5 Payee name Quality Inn Fredericksburg 6 Payee address; City; State; Zip Code 908 S. Adams Street Fredericksburg, TX 78624	7 Amount (\$) \$76.78
8 Purpose of payment (See instructions regarding type of information required.) officeholder lodging after District event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/06/2009	Payee name RBS Lynk Payee address; City; State; Zip Code 600 Morgan Falls Road Suite 260 Atlanta, GA 30350	Amount (\$) \$19.99
Purpose of payment (See instructions regarding type of information required.) monthly campaign credit card processing fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/04/2009	Payee name RBS Lynk Payee address; City; State; Zip Code 600 Morgan Falls Road Suite 260 Atlanta, GA 30350	Amount (\$) \$19.99
Purpose of payment (See instructions regarding type of information required.) monthly campaign credit card processing fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/04/2009	Payee name RBS Lynk Payee address; City; State; Zip Code 600 Morgan Falls Road Suite 260 Atlanta, GA 30350	Amount (\$) \$19.99
Purpose of payment (See instructions regarding type of information required.) monthly campaign credit card processing fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/41 Report: 35/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/01/2009	5 Payee name RBS Lynk 6 Payee address; City; State; Zip Code 600 Morgan Falls Road Suite 260 Atlanta, GA 30350	7 Amount (\$) \$10.00
8 Purpose of payment (See instructions regarding type of information required.) monthly campaign credit card processing fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/01/2009	Payee name RBS Lynk Payee address; City; State; Zip Code 600 Morgan Falls Road Suite 260 Atlanta, GA 30350	Amount (\$) \$10.00
Purpose of payment (See instructions regarding type of information required.) monthly campaign credit card processing fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/01/2009	Payee name RBS Lynk Payee address; City; State; Zip Code 600 Morgan Falls Road Suite 260 Atlanta, GA 30350	Amount (\$) \$10.00
Purpose of payment (See instructions regarding type of information required.) monthly campaign credit card processing fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/21/2009	Payee name SacN Pac Payee address; City; State; Zip Code 1512 S. Seguin Ave. New Braunfels, TX 78130	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/41 Report: 36/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date	5 Payee name SacN Pac	7 Amount (\$)
03/06/2009	6 Payee address; City; State; Zip Code 1512 S. Seguin Ave. New Braunfels, TX 78130	\$23.01
8 Purpose of payment (See instructions regarding type of information required.) fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name SacN Pac	Amount (\$)
04/14/2009	Payee address; City; State; Zip Code 1512 S. Seguin Ave. New Braunfels, TX 78130	\$23.50
Purpose of payment (See instructions regarding type of information required.) fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Shell Service	Amount (\$)
01/02/2009	Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	\$20.50
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Shell Service	Amount (\$)
01/12/2009	Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	\$36.00
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/41 Report: 37/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/12/2009	5 Payee name Shell Service 6 Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	7 Amount (\$) \$18.00
8 Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/23/2009	Payee name Shell Service Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	Amount (\$) \$21.25
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/02/2009	Payee name Shell Service Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	Amount (\$) \$14.06
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/20/2009	Payee name Shell Service Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	Amount (\$) \$25.50
Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/41 Report: 38/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 06/04/2009	5 Payee name Shell Service 6 Payee address; City; State; Zip Code 674 N. Walnut New Braunfels, TX 78130	7 Amount (\$) \$30.50
8 Purpose of payment (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/20/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P. O. Box 36647-1CR Dallas, TX 75235-1647	Amount (\$) \$291.20
Purpose of payment (See instructions regarding type of information required.) officeholder travel to Lubbock for political event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/20/2009	Payee name Southwest Airlines Payee address; City; State; Zip Code P. O. Box 36647-1CR Dallas, TX 75235-1647	Amount (\$) \$291.20
Purpose of payment (See instructions regarding type of information required.) officeholder travel to Lubbock for political event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/20/2009	Payee name Starbucks Payee address; City; State; Zip Code 1001 Congress Ave. Suite 180 Austin, TX 78701	Amount (\$) \$54.28
Purpose of payment (See instructions regarding type of information required.) food & beverage for constituent meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/41 Report: 39/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 02/11/2009	5 Payee name Starbucks 6 Payee address; City; State; Zip Code 1001 Congress Ave. Suite 180 Austin, TX 78701	7 Amount (\$) \$54.28
8 Purpose of payment (See instructions regarding type of information required.) food & beverage for constituent meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/31/2009	Payee name Starbucks Payee address; City; State; Zip Code 1001 Congress Ave. Suite 180 Austin, TX 78701	Amount (\$) \$54.28
Purpose of payment (See instructions regarding type of information required.) food & beverage for constituent meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/21/2009	Payee name Starbucks Payee address; City; State; Zip Code 1001 Congress Ave. Suite 180 Austin, TX 78701	Amount (\$) \$54.28
Purpose of payment (See instructions regarding type of information required.) food & beverage for constituent meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/18/2009	Payee name Starbucks Payee address; City; State; Zip Code 1001 Congress Ave. Suite 180 Austin, TX 78701	Amount (\$) \$54.28
Purpose of payment (See instructions regarding type of information required.) food & beverage for constituent meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/41 Report: 40/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 01/15/2009	5 Payee name State House on Congress 6 Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	7 Amount (\$) \$3,263.14
8 Purpose of payment (See instructions regarding type of information required.) Austin Apartment rent for Jan. & Feb. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/23/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$31.74
Purpose of payment (See instructions regarding type of information required.) utilities (water) for Austin Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/12/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$20.76
Purpose of payment (See instructions regarding type of information required.) utilities (water) for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/03/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$1,604.50
Purpose of payment (See instructions regarding type of information required.) Austin apartment rent for March (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/41 Report: 41/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 03/23/2009	5 Payee name State House on Congress 6 Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	7 Amount (\$) \$15.00
8 Purpose of payment (See instructions regarding type of information required.) utilities (water) for Austin Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/23/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) utilities (water) for Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/31/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$1,629.00
Purpose of payment (See instructions regarding type of information required.) Austin apartment rent for April (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/23/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$15.00
Purpose of payment (See instructions regarding type of information required.) utilities (water) for Austin Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/41 Report: 42/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 05/06/2009	5 Payee name State House on Congress 6 Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	7 Amount (\$) \$1,644.00
8 Purpose of payment (See instructions regarding type of information required.) Austin apartment rent for May (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2009	Payee name State House on Congress Payee address; City; State; Zip Code 1221 S. Congress Ave. Austin, TX 78704	Amount (\$) \$1,629.00
Purpose of payment (See instructions regarding type of information required.) Austin apartment rent for June (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/29/2009	Payee name Stehle, Susan (Ms.) Payee address; City; State; Zip Code 21650 FM 2252 Schertz, TX 78154	Amount (\$) \$1,560.28
Purpose of payment (See instructions regarding type of information required.) campaign staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/26/2009	Payee name Stehle, Susan (Ms.) Payee address; City; State; Zip Code 21650 FM 2252 Schertz, TX 78154	Amount (\$) \$1,560.28
Purpose of payment (See instructions regarding type of information required.) campaign staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/41 Report: 43/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 04/01/2009	5 Payee name Stehle, Susan (Ms.) 6 Payee address; City; State; Zip Code 21650 FM 2252 Schertz, TX 78154	7 Amount (\$) \$923.50
8 Purpose of payment (See instructions regarding type of information required.) campaign staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/01/2009	Payee name Stehle, Susan (Ms.) Payee address; City; State; Zip Code 21650 FM 2252 Schertz, TX 78154	Amount (\$) \$923.50
Purpose of payment (See instructions regarding type of information required.) campaign staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/01/2009	Payee name Stehle, Susan (Ms.) Payee address; City; State; Zip Code 21650 FM 2252 Schertz, TX 78154	Amount (\$) \$923.50
Purpose of payment (See instructions regarding type of information required.) campaign staff (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/11/2009	Payee name Stonewall Chamber of Commerce Payee address; City; State; Zip Code 250 Peach Street Stonewall, TX 78671	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) constituent relations - District event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/41 Report: 44/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date	5 Payee name T.D.C.J.	7 Amount (\$)
01/15/2009	6 Payee address; City; State; Zip Code 209 West 14th Street Austin, TX 78701	\$378.88
8 Purpose of payment (See instructions regarding type of information required.) constitutional chair w/state seal for auction item (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name T.D.C.J.	Amount (\$)
04/30/2009	Payee address; City; State; Zip Code 209 West 14th Street Austin, TX 78701	\$27.06
Purpose of payment (See instructions regarding type of information required.) public relations - purchase tray to donate to event for auction\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name T.D.C.J.	Amount (\$)
05/04/2009	Payee address; City; State; Zip Code 209 West 14th Street Austin, TX 78701	\$48.71
Purpose of payment (See instructions regarding type of information required.) purchase gavel for auction item\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Texas Gas Services	Amount (\$)
01/26/2009	Payee address; City; State; Zip Code P. O. Box 31427 El Paso, TX 79931-0427	\$94.41
Purpose of payment (See instructions regarding type of information required.) utilities at Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/41 Report: 45/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 02/20/2009	5 Payee name Texas Gas Services 6 Payee address; City; State; Zip Code P. O. Box 31427 El Paso, TX 79931-0427	7 Amount (\$) \$78.42
8 Purpose of payment (See instructions regarding type of information required.) utilities at Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/23/2009	Payee name Texas Gas Services Payee address; City; State; Zip Code P. O. Box 31427 El Paso, TX 79931-0427	Amount (\$) \$24.33
Purpose of payment (See instructions regarding type of information required.) utilities at Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/23/2009	Payee name Texas Gas Services Payee address; City; State; Zip Code P. O. Box 31427 El Paso, TX 79931-0427	Amount (\$) \$20.74
Purpose of payment (See instructions regarding type of information required.) utilities at Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/01/2009	Payee name Texas Gas Services Payee address; City; State; Zip Code P. O. Box 31427 El Paso, TX 79931-0427	Amount (\$) \$17.21
Purpose of payment (See instructions regarding type of information required.) utilities at Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/41 Report: 46/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date	5 Payee name Texas Workforce Commission - Electric Fund Transfer	7 Amount (\$)
01/30/2009	6 Payee address; City; State; Zip Code P. O. Box 149037 Austin, TX 78714-9037	\$259.88
8 Purpose of payment (See instructions regarding type of information required.) campaign Employer tax on employee salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name Texas Workforce Commission - Electric Fund Transfer	Amount (\$)
04/30/2009	Payee address; City; State; Zip Code P. O. Box 149037 Austin, TX 78714-9037	\$94.50
Purpose of payment (See instructions regarding type of information required.) Campaign Employer tax on employee salary (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name TFRW PAC	Amount (\$)
03/23/2009	Payee address; City; State; Zip Code c/o Mary Mayo 875 Heathington Rd. Weatherford, TX 76068	\$70.00
Purpose of payment (See instructions regarding type of information required.) Legislative Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date	Payee name The Home Depot	Amount (\$)
01/13/2009	Payee address; City; State; Zip Code 8801 S. I.H. 35 Austin, TX 78744	\$700.38
Purpose of payment (See instructions regarding type of information required.) Refrigerator for Austin (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/41 Report: 47/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 06/03/2009	5 Payee name The Hundred Club of Gillespie County 6 Payee address; City; State; Zip Code P. O. Box 2951 Fredericksburg, TX 78624	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) constituent relations - membership dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/16/2009	Payee name Time Warner Cable Payee address; City; State; Zip Code P. O. Box 85100 Austin, TX 78701-5100	Amount (\$) \$217.42
Purpose of payment (See instructions regarding type of information required.) cable & wireless communication service for officeholder at Austin Apartment\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/24/2009	Payee name Time Warner Cable Payee address; City; State; Zip Code P. O. Box 85100 Austin, TX 78701-5100	Amount (\$) \$108.20
Purpose of payment (See instructions regarding type of information required.) cable & wireless communication service for officeholder at Austin Apartment\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/07/2009	Payee name Time Warner Cable Payee address; City; State; Zip Code P. O. Box 85100 Austin, TX 78701-5100	Amount (\$) \$108.12
Purpose of payment (See instructions regarding type of information required.) cable & wireless communication service for officeholder at Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/41 Report: 48/49
2 FILER NAME Miller, Douglas (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00015447
4 Date 05/07/2009	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code P. O. Box 85100 Austin, TX 78701-5100	7 Amount (\$) \$108.12
8 Purpose of payment (See instructions regarding type of information required.) cable & wireless communication service for officeholder at Austin Apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/18/2009	Payee name Time Warner Cable Payee address; City; State; Zip Code P. O. Box 85100 Austin, TX 78701-5100	Amount (\$) \$108.05
Purpose of payment (See instructions regarding type of information required.) cable & wireless communication service for officeholder at Austin apartment (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/09/2009	Payee name Uvalde Country Club Payee address; City; State; Zip Code P. O. Box 739 Uvalde, TX 78802	Amount (\$) \$121.39
Purpose of payment (See instructions regarding type of information required.) lunch for constituents (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/09/2009	Payee name Walker, Javin (Mr.) Payee address; City; State; Zip Code 1012 Orchid Circle New Braunfels, TX 78130	Amount (\$) \$61.60
Purpose of payment (See instructions regarding type of information required.) fuel reimbursement for attending District events (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

Information entered by filer as a memo

Schedule	Cover Sheet	See Cover Sheet Pg. 2. 17 (6): Expenditures for these amounts were reported previously and reflect reimbursements still to be made to Officeholder.
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