

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00062278	<b>2</b> Total pages filed: 26	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Dana F.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/17/2017
	NICKNAME Rick	LAST Miller	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1515 Old Trail Court  Sugar Land, TX 77479			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Bruce W.	MI	
	NICKNAME	LAST Bond	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1743 Carriage Way  Sugar Land, TX 77478			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 980-5719	EXTENSION	
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 10/30/2016	THROUGH		Month    Day    Year 12/31/2016
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/08/2016		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 26		<b>12</b> OFFICE SOUGHT (if known) State Representative District 26	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Miller, Dana F. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00062278
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,701.32
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	12,798.82
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	101,779.08
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**

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.

\_\_\_\_\_  
 The Honorable Dana F. 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     
 \_\_\_\_\_ Printed name of officer administering     
 \_\_\_\_\_ Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Miller, Dana F. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00062278
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 201.32
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,758.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,040.28
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.36

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 11/05/2016	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035675 ) BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCACY <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851 ) CENTENE CORPORATION PAC <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63105	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dannenbaum, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Dannenbaum Engineering
Date 11/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FARMERS EMPLOYEE AND AGENT PAC OF TEXAS <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fertitta, Tilman <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner / CEO		Employer (See Instructions) Landry's

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/7 Rpt: 5/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 12/10/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Focused Advocacy PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GRAYDON GROUP LLC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GROUP 1 AUTOMOTIVE PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOMEPAC of Texas, Texas Association of Builders <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Janes, Joseph <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 11/05/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) K&L GATES LLP COMMITTEE FOR GOOD GOVERNMENT <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knudsen, Michael <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landry, Sallie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u> ) MCGUIREWOODS FED PAC <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23219	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00366559</u> ) NRG Energy - PAC <hr/> Contributor address; City; State; Zip Code  Princeton, NJ 08540	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 12/10/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) National Child Care Coalition <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rowlett, TX 75088	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PharmPac <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stringfellow, Bruce <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Shadowsoft/PublicData.com
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) T.O.M.A. PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 11/12/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAPA PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS COALITION OF DENTAL SERVICE ORGANIZATIONS <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75245	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS FUNERAL DIRECTORS ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS LIBRARY PAC <hr/> Contributor address; City; State; Zip Code  Edna, TX 77957	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS OPTOMETRIC PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 12/10/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXAS PHYSICAL THERAPY ASSN PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THE AMERICAN ELECTRIC POWER COMPANY TX-COMMITTEE FOR <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TPA PAC <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 75630	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TX Friends of Time Warner Cable PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/26
2 FILER NAME Miller, Dana F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062278
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Farm Bureau Agfund	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code  Waco, TX 76702-2689	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Homecare & Hospice PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Land Title Association PAC	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas and Southwestern Cattle Raisers Association	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Forth Worth, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) University of Houston PAC	Amount of Contribution (\$) \$3,250.00
	Contributor address; City; State; Zip Code  Houston, TX 77227	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/3 Rpt: 11/26	
2 FILER NAME Miller, Dana F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062278	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/20/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	8 Amount of contribution (\$) \$28.76	9 In-kind contribution description Refreshments during reception
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOCUSED ADVOCACY PAC	Amount of contribution (\$) \$28.76	In-kind contribution description Refreshments during reception
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hackney, Clint	Amount of contribution (\$) \$28.76	In-kind contribution description Refreshments during reception
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/3 Rpt: 12/26	
2 FILER NAME Miller, Dana F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062278	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/03/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXPAC TEXAS MEDICAL ASSOCIATION PAC	8 Amount of contribution (\$) \$28.76	9 In-kind contribution description Refreshments during reception
	7 Contributor address; City; State; Zip Code  Austin, TX 78701		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC / TEXAS ASSOCIATION OF REALTORS PAC	Amount of contribution (\$) \$28.76	In-kind contribution description Refreshments during reception
	Contributor address; City; State; Zip Code  Austin, TX 78768-2246		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHOLESALE BEER DISTRIBUTORS OF TEXAS, PAC	Amount of contribution (\$) \$28.76	In-kind contribution description Refreshments during reception
	Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/3 Rpt: 13/26	
2 FILER NAME Miller, Dana F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062278	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/01/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Brian	8 Amount of contribution (\$) \$28.76	9 In-kind contribution description Refreshments during reception
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 1/11 Rpt: 14/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 11/07/2016	<b>5</b>	Payee name American Legislative Exchange Council		
<b>6</b>	Amount (\$) \$100.00	<b>7</b>	Payee address; City; State; Zip Code 2900 Crystal Drive, Suite 600  Arlington, VA 22202		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/29/2016		Payee name Buc-ee's		
	Amount (\$) \$16.92		Payee address; City; State; Zip Code 1700 Hwy 71 East  Bastrop, TX 78602		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch during move to Austin		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/10/2016		Payee name Capitol Grille		
	Amount (\$) \$56.68		Payee address; City; State; Zip Code 1100 Congress Ave  Austin, TX 78701		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for participants at Trauma training event with CPS and TCU		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/11 Rpt: 15/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 12/29/2016	<b>5</b>	Payee name Chevron		
<b>6</b>	Amount (\$) \$36.52	<b>7</b>	Payee address; City; State; Zip Code 13811 Southwest Freeway  Sugar Land, TX 77479		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for moving to Austin		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/14/2016		Payee name Costas, Caroline		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 11203 Ranch Road 2222 Unit 906  Austin, TX 78730		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/10/2016		Payee name EINSTEIN BROS		
	Amount (\$) \$146.13		Payee address; City; State; Zip Code 2404 Guadalupe Street  Austin, TX 78705		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverages for trauma training event with CPS and TCU participants.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 3/11 Rpt: 16/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 11/14/2016	<b>5</b>	Payee name FORT BEND / SOUTHWEST STAR		
<b>6</b>	Amount (\$) \$127.50	<b>7</b>	Payee address; City; State; Zip Code 4655 Techniplex, Suite 300  Stafford, TX 77477		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper ad		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/26/2016		Payee name FORT BEND INDEPENDENT		
	Amount (\$) \$150.00		Payee address; City; State; Zip Code P.O. Box 623  Sugar Land, TX 77478-0623		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper advertisement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/10/2016		Payee name Fort Bend Independent		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code PO Box 623  Sugar Land, TX 77487		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper ads		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 4/11 Rpt: 17/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 12/14/2016	<b>5</b>	Payee name Hjaltman, Courtney (Mrs.)		
<b>6</b>	Amount (\$) \$500.00	<b>7</b>	Payee address; City; State; Zip Code 305 Inwood Road  Austin, TX 78746		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/14/2016		Payee name Kirksey, Jason		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 11300 W Parmer Lane Apt 1124  Cedar Park, TX 78613		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/22/2016		Payee name Lojo, Wendi		
	Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 15302 Marden Ct.  Sugar Land, TX 77478		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/11 Rpt: 18/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 12/14/2016	<b>5</b>	Payee name Lojo, Wendi		
<b>6</b>	Amount (\$) \$250.00	<b>7</b>	Payee address; City; State; Zip Code 15302 Marden Ct.  Sugar Land, TX 77478		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus		
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/26/2016	Payee name Lojo, Wendi			
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 15302 Marden Ct.  Sugar Land, TX 77478			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office services		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/18/2016	Payee name Miller, Dana (Rep.)			
	Amount (\$) \$476.13	Payee address; City; State; Zip Code 1515 Old Trail Ct.  Sugar Land, TX 77479			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement for, lodging, parking, food paid from personal funds	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greater Fort Bend Co Economic Development Legislative Conference		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/11 Rpt: 19/26	<b>2</b> FILER NAME Miller, Dana F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 10/30/2016	<b>5</b> Payee name Office Depot 416	
<b>6</b> Amount (\$) \$47.00	<b>7</b> Payee address; City; State; Zip Code 15375 Southwest Freeway  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense US Postage Stamps
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2016	Payee name Office Depot 416	
Amount (\$) \$55.15	Payee address; City; State; Zip Code 15375 Southwest Freeway  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Folders, presentation materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2016	Payee name PARKSIDE	
Amount (\$) \$589.59	Payee address; City; State; Zip Code 301 E 6th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TCU Karyn Purvis Child Development Center training event for CPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/11 Rpt: 20/26	<b>2</b> FILER NAME Miller, Dana F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 12/29/2016	<b>5</b> Payee name Private Mini Storage	
<b>6</b> Amount (\$) \$17.16	<b>7</b> Payee address; City; State; Zip Code 11231 FM 1464  Richmond, TX 77407	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Packing materials for move to Austin
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2016	Payee name Private Mini Storage	
Amount (\$) \$321.78	Payee address; City; State; Zip Code 11231 FM 1464  Richmond, TX 77407	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Truck rental for move to Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2016	Payee name Republican Party of Fort Bend County	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 461  Sugar Land, TX 77487	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOTV contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 8/11 Rpt: 21/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 12/28/2016	<b>5</b>	Payee name Savoy, Adrian		
<b>6</b>	Amount (\$) \$120.00	<b>7</b>	Payee address; City; State; Zip Code 6218 Cullen Blvd  Houston, TX 77021		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Packing services for move to Austin		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/15/2016		Payee name TDCJ		
	Amount (\$) \$324.75		Payee address; City; State; Zip Code PO Box 4013  Huntsville, TX 77342		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Leather Portfolios for gifts / donations		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/26/2016		Payee name Terry Blackburn Photography		
	Amount (\$) \$2,159.59		Payee address; City; State; Zip Code 702 Oak Ridge Grove Circle  Spring, TX 77386		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for advertising		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 9/11 Rpt: 22/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 12/29/2016	<b>5</b>	Payee name Texas Tuff Moving		
<b>6</b>	Amount (\$) \$145.95	<b>7</b>	Payee address; City; State; Zip Code Anderson Mill Road  Austin, TX 78729		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Moving Services to apartment in Austin		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/02/2016		Payee name The Joyful Horse Project		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 172 Hills Praire Rd  Bastrop, TX 78602		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Veterans program		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/01/2016		Payee name The Joyful Horse Project		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 172 Hills Praire Rd  Bastrop, TX 78602		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Veterans program		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 10/11 Rpt: 23/26	<b>2</b>	FILER NAME Miller, Dana F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062278
<b>4</b>	Date 12/30/2016	<b>5</b>	Payee name U-Haul Moving and Storage at Ben White		
<b>6</b>	Amount (\$) \$31.63	<b>7</b>	Payee address; City; State; Zip Code 304 E Ben White Blvd  Austin, TX 78704		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel on move to Austin for legislative session		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/03/2016		Payee name USPS SUGARLAND: FIRST COLONY		
	Amount (\$) \$26.00		Payee address; City; State; Zip Code 3130 Grants Lake Blvd  Sugar Land, TX 77479		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/03/2016		Payee name VICI Media Group		
	Amount (\$) \$108.25		Payee address; City; State; Zip Code 816 Big Woods Rd  Longview, TX 75605		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting, Email		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 24/26	<b>2</b> FILER NAME Miller, Dana F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 12/07/2016	<b>5</b> Payee name VICI Media Group	
<b>6</b> Amount (\$) \$351.81	<b>7</b> Payee address; City; State; Zip Code 816 Big Woods Rd  Longview, TX 75605	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting, Email
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 25/26	<b>2</b> FILER NAME Miller, Dana F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062278
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<b>4</b> Date 12/29/2016	<b>5</b> Payee name Bed Bath & Beyond
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<b>6</b> Amount (\$) \$564.15  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5400 Brodie Lane  Austin, TX 78745
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies for apartment in Austin during legislative session.	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bedding, bathroom, kitchen supplies for apartment in Austin during legislative session.
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2016	Payee name Hyatt Regency Lost Pines
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Amount (\$) \$476.13  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 575 Hyatt Lost Pines Road  Lost Pines, TX 78612
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Lodging, parking, food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greater Fort Bend Co Economic Development Legislative Conference
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 26/26
<b>2</b> FILER NAME Miller, Dana F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062278
<b>4</b> Date 11/03/2016	<b>5</b> Name of person from whom amount is received FROST BANK	<b>8</b> Amount (\$) \$0.63
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77251	
	<b>7</b> Purpose for which amount is received Account interest payment <input type="checkbox"/> Check if political contribution returned to filer	
<b>Date</b> 12/05/2016	<b>Name of person from whom amount is received</b> FROST BANK	<b>Amount (\$)</b> \$0.73
	<b>Address of person from whom amount is received; City; State; Zip Code</b>  Houston, TX 77251	
	<b>Purpose for which amount is received</b> Account interest payment <input type="checkbox"/> Check if political contribution returned to filer	