CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 17

OFFICE USE ONLY

Date Received: JUL 29 2026 RCVD

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Paula | MI: M.

NICKNAME | LAST: Miller | SUFFIX

4 ORIGINAL REPORT TYPE

- ☐ January 15
- ☑ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after treasurer appointment (officeholder only)
- ☐ Final report
- Other (specify)

5 ORIGINAL PERIOD COVERED

Month / Day / Year: 02 / 22 / 2026 THROUGH 06 / 30 / 2026

6 EXPLANATION OF CORRECTION

Updated the reporting category of a $3,000 repayment of a campaign loan. The transaction was removed from Schedule K (credits/refunds) and reported on Schedule F1 (political expenditures) as a loan repayment/reimbursement. Cover Sheet totals and Schedule F1 totals were updated accordingly, Schedule K removed. Please see the attached clarification and request for waiver.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.

☐ Other reports: 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.

Paula M. Miller

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

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

OR

(2) Unsworn Declaration

My name is Paula M. Miller, and my date of birth is 11/16/1968.

My address is 2604 Hampshire Ln (street), Missouri City (city) TX (state) 77459 (zip code) USA (country).

Executed in Fort Bend County, State of Texas, on the 29th day of July (month), 20 26 (year).

Paula M. Miller

Signature of Candidate/Officeholder (Declarant)

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

Explanation of Amendment and Request for Waiver

This amended report **updates the reporting category** for a $3,000 repayment of a campaign loan made by the candidate. In the original report, the transaction was reported on Schedule K (Credits/Refunds). After reviewing and consulting with Ethics Commission staff, I determined that the transaction should be reported on Schedule F1 (Political Expenditures from Political Contributions) as a loan repayment/reimbursement.

The amended report:

- Updates the reporting category from Schedule K to Schedule F1;
- Updates the Cover Sheets and Schedule F1 totals to reflect the reporting category; and
- Adds another Schedule F1; and
- Removes Schedule K from the report.

The transaction itself, the amount reported, and the underlying financial activity remain unchanged. No funds were omitted, unreported, concealed, or misused. This amendment updates only the reporting category and related totals.

The original report was prepared and filed in good faith based on my understanding of the reporting categories. After becoming aware that the transaction should be reported on Schedule F1, I promptly prepared and submitted this amended report.

To the extent a late-filing penalty is assessed in connection with this amendment, I request that the Commission consider that this was my first campaign for public office, the transaction was fully disclosed in the original report, the amendment updates only the reporting category and related totals, and the corrected report was submitted promptly after I became aware of the proper reporting category.

Respectfully,

Paula M. Miller Date: 7/29/2026

Paula M. Miller, Esq.
Officially Certified Duly Elected Democratic Nominee for Judge
Fort Bend County Court at Law 3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Paula | MI: M.

NICKNAME | LAST: Miller | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2604 Hampshire Ln Missouri City, TX 77459

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281) | PHONE NUMBER: 571-3446 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Darlene | MI: D.

NICKNAME | LAST: Bourgeosis | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

31539 Eldorado Ln Fulshear, TX 77441

8 CAMPAIGN TREASURER PHONE

AREA CODE: (832) | PHONE NUMBER: 443-2313 | EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☑ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 02 / 22 / 2026 THROUGH 06 / 30 / 2026

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 03 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description _____ ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): Judge for Fort Bend County Court at Law 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Paula M. Miller		**16** Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,340.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,713.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,335.27
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,981.53

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paula M. Miller

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

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

OR

(2) Unsworn Declaration

My name is Paula M. Miller, and my date of birth is 11/16/1968.

My address is 2604 Hampshire Ln, Missouri City, TX, 77459, USA.
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 29th day of July (month), 20 26 (year).

Paula M. Miller

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,340.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 5,713.00
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/15

2 FILER NAME: Miller, Paula

3 Filer ID:

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
05/16/2026	Gerald, Womack 6 Contributor address; City; State; Zip Code 4412 Almeda Rd Houston, TX 77004	$250.00

8 Contributor's Principal Occupation	9 Contributor's Job Title
Womack Development & Investment Realtors	Licensed Real Estate Broker
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Womack Development & Investment Realtors	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/01/2026	Haskin, Dennis Contributor address; City; State; Zip Code 9211 House Lake Dr. Missouri City, TX 77459	$500.00

Contributor's Principal Occupation	Contributor's Job Title
Swagger2	Bar Owner
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Swagger2	

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
03/04/2026	Kimple, Jaylen Contributor address; City; State; Zip Code 651 S Wells Street Apt 106 Chicago, IL 60607	$40.00

Contributor's Principal Occupation	Contributor's Job Title
Retired	Retired
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/15

2 FILER NAME: Miller, Paula

3 Filer ID:

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/27/2026	Miles, Borris 6 Contributor address; City; State; Zip Code 5302 Almeda Rd Houston, TX 77004	$500.00

8 Contributor's Principal Occupation	9 Contributor's Job Title
Insurance Agency Owner	Self Employed
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Borris L. Miles Insurance	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/12/2026	Smith, Ron Contributor address; City; State; Zip Code 22607 Pine Mist Ln Spring, TX 77373	$50.00

Contributor's Principal Occupation	Contributor's Job Title
Retired	Retired
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/02/2026	Team Smokie Phillips Campaign Contributor address; City; State; Zip Code P.O. Box 321084 Houston, TX 77221	$500.00

Contributor's Principal Occupation	Contributor's Job Title
Law Enforcement	Constable
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Harris County	

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
Sch: 3/3 Rpt: 6/15

2 FILER NAME
Miller, Paula

3 Filer ID

4 Date
03/02/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
The Smith Law Firm

6 Contributor address; City; State; Zip Code
3007 Caroline St

Houston, TX 77004

7 Amount of Contribution ($)
$500.00

8 Contributor's Principal Occupation
Law

9 Contributor's Job Title
Attorney

10 Contributor's employer/law firm
The Smith Law Firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 1/7 Rpt: 7/15	Miller, Paula	

4 Date	5 Payee name
03/31/2026	Capital Bank

6 Amount ($)	7 Payee address; City; State; Zip Code
$12.00	2353 Town Center Dr. Sugarland, TX 77478

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign banking service charge.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
04/30/2026	Capital Bank

Amount ($)	Payee address; City; State; Zip Code
$12.00	2353 Town Center Dr. Sugarland, TX 77478

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign bank account monthly service charge.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
05/29/2026	Capital Bank

Amount ($)	Payee address; City; State; Zip Code
$12.00	2353 Town Center Dr. Sugarland, TX 77478

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign bank account monthly service charge.

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 2/7 Rpt: 8/15	Miller, Paula	

4 Date	5 Payee name
03/02/2026	Hutchinson, Angela

6 Amount ($)	7 Payee address; City; State; Zip Code
$155.00	5314 Havenwoods Dr Houston, TX 77066

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers and community outreach at election site.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
03/04/2026	Hutchinson, Angela

Amount ($)	Payee address; City; State; Zip Code
$75.00	5314 Havenwoods Dr Houston, TX 77066

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers and community outreach at election site.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
04/06/2026	James D. Pierce Attorney at Law

Amount ($)	Payee address; City; State; Zip Code
$500.00	115 Guenther St Sugar Land, TX 77478

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Legal Services	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign legal expenses.

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 3/7 Rpt: 9/15	Miller, Paula	

4 Date	5 Payee name
03/04/2026	Jeffrey L. Boney Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$250.00	P.O. Box 2239 Missouri City, TX 77459

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers at election site.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/26/2026	Johnson, Jeannie

Amount ($)	Payee address; City; State; Zip Code
$75.00	1048 6th Street Port Arthur , TX 77640

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers and community outreach at election site.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/02/2026	Johnson, Jeannie

Amount ($)	Payee address; City; State; Zip Code
$100.00	1048 6th Street Port Arthur, TX 77640

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers and community outreach at election site.

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 4/7 Rpt: 10/15	Miller, Paula	

4 Date	5 Payee name
03/04/2026	Johnson, Jeannie

6 Amount ($)	7 Payee address; City; State; Zip Code
$50.00	1048 6th Street Port Arthur, TX 77640

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers and community outreach at election site.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
03/10/2026	Lundy, Hazel

Amount ($)	Payee address; City; State; Zip Code
$545.00	17022 Quail Bend Dr Missouri City, TX 77489

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Polling Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Poll workers and community outreach at election site.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
02/23/2026	Pho Ben

Amount ($)	Payee address; City; State; Zip Code
$27.73	3613 Highway 6 Sugarland, TX 77478

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign meal for volunteer assisting with campaign operations.

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 5/7 Rpt: 11/15	Miller, Paula	

4 Date	5 Payee name
02/23/2026	Pho Ben

6 Amount ($)	7 Payee address; City; State; Zip Code
$90.25	3613 Highway 6 Sugarland, TX 77478

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Meals purchased for campaign volunteers during campaign work.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
03/02/2026	Raise the Money, Inc.

Amount ($)	Payee address; City; State; Zip Code
$32.74	1828 L Street NW Suite 600 Washington , DC 20036

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign online contribution processing fees.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
03/01/2026	Raise the Money, Inc.

Amount ($)	Payee address; City; State; Zip Code
$24.75	1828 L Street NW Suite 600 Washington , DC 20036

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign and online contribution processing fees.

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 6/7 Rpt: 12/15	Miller, Paula	

4 Date	5 Payee name
03/04/2026	Raise the Money, Inc.

6 Amount ($)	7 Payee address; City; State; Zip Code
$2.21	1828 L Street NW Suite 600 Washington , DC 20036

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution processing fees.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
04/12/2026	Raise the Money, Inc.

Amount ($)	Payee address; City; State; Zip Code
$10.69	1828 L Street NW Suite 600 Washington , DC 20036

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution processing fees.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/23/2026	Shell Oil

Amount ($)	Payee address; City; State; Zip Code
$55.92	1250 FM 1092 Road Missouri City, TX 77459

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fuel for campaign related travel within district.

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 7/7 Rpt: 13/15	Miller, Paula	

4 Date	5 Payee name
03/16/2026	Shell Oil

6 Amount ($)	7 Payee address; City; State; Zip Code
$57.71	1250 FM 1092 Road Missouri City, TX 77459

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Fuel for campaign travel within district.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
02/23/2026	Texas Victory Consulting LLC

Amount ($)	Payee address; City; State; Zip Code
$500.00	1034 Sauliner Street Houston, TX 77019

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign voter communication and advertising services.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
03/02/2026	The Dub Way Foundation

Amount ($)	Payee address; City; State; Zip Code
$125.00	1532 Kenforest Dr. Missouri City, TX 77489

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Event sponsorship and campaign advertising at community event.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Miller, Paula M.	

4 Date	5 Payee name
March 13, 2026	The Law Office of Attorney Paula M. Miller

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$3,000.00	7431 Rosepath Ln	Richmond	TX	77407

☑ Check if individual's resicence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Loan Repayment/Reimbursement for Campaign

(b) Description: Repayment of campaign loan

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 15/15

2 FILER NAME
Miller, Paula

3 Filer ID

LENDER INFORMATION

4 Name of lender
The Law Office of Attorney Paula M. Miller

5 Lender address; City; State; Zip Code
2604 Hampshire Lane

Missouri City, TX 77459

GUARANTOR INFORMATION

[X] not applicable

6 Name of guarantor

7 Guarantor address; City; State; Zip Code