

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1 Filer ID</b>                           | <b>2 Total pages filed:</b><br><br>12 |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR   | FIRST<br>Paula                              | MI<br>M,                              |
|   | NICKNAME  | LAST<br>Miller                              | SUFFIX                                |
| <b>OFFICE USE ONLY</b>  |   |   |                                       |
| <b>RECVD VIA EMAIL<br/>01/15/2026</b>   |   |   |                                       |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;  |   | ZIP CODE                              |
|   | 2604 Hampshire Lane   |   |                                       |
|   | Missouri City, TX 77459   |   |                                       |
|   | Date: Hand-Delivered or Date Postmarked   |   |                                       |
|   |   | Receipt #                                   | Amount                                |
|   |   | Date Processed                              |                                       |
|   |   | Date Imaged                                 |                                       |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR   | FIRST<br>Darlene                            | MI<br>D.                              |
|   | NICKNAME  | LAST<br>Bourgeois                           | SUFFIX                                |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>                       | STREET ADDRESS (NO PO BOX PLEASE);  |   | APT / SUITE #;                        |
|   | 31539 Eldorado Ln   |   | Fulshear TX 77441                     |
| <b>7 CAMPAIGN TREASURER PHONE</b>   | AREA CODE   | PHONE NUMBER                                | EXTENSION                             |
|   | (832)   | 443-2313                                    |                                       |
| <b>8 REPORT TYPE</b>  | <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"/> 6th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |                                       |
| <b>9 PERIOD COVERED</b>   | Month   | Day   | Year                                  |
|   | 07  | 31  | 2025                                  |
| THROUGH   |   | Month                                       | Day                                   |
|   |   | 12  | 31                                    |
| <b>10 ELECTION</b>  | ELECTION DATE   |   | ELECTION TYPE                         |
|   | Month   | Day   | Year                                  |
|   |   | 03  | 03                                    |
|   |   | 2026  |                                       |
|   |   | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff       |
|   |   | <input type="checkbox"/> General            | <input type="checkbox"/> Special      |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)  |   | <b>12 OFFICE SOUGHT (if known)</b>    |
|   | None Fort Bend  |   |                                       |

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**  
2 of 12

|                                       |                    |
|---------------------------------------|--------------------|
| <b>13 C / OH NAME</b> Miller, Paula M | <b>14 Filer ID</b> |
|---------------------------------------|--------------------|

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

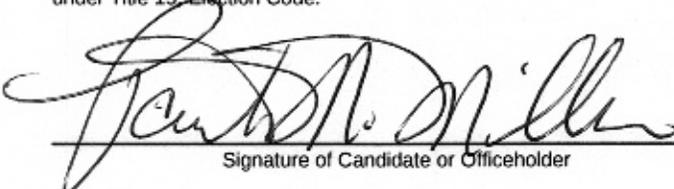
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

|   |   |
|---|---|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | <b>COMMITTEE TYPE</b><br><br><b>COMMITTEE NAME</b><br><br><b>COMMITTEE ADDRESS</b><br><br><b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |
|---|---|

|                                |  |    |          |
|--------------------------------|--|----|----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 1,246.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00     |
|                                | 4. TOTAL POLITICAL EXPENDITURES  | \$ | 3,300.00 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 20.00    |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 3,300.00 |

**17 AFFIDAVIT**

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paula M. Miller, this the 15<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Tara A. Washington

 Printed name of officer administering oath

Notary of state of Texas

 Title of officer-administering oath

**SUBTOTALS - JC/OH**

|  |   |                    |
|--|---|--------------------|
| <b>18 FILER NAME</b><br>Miller, Paula M.         |   | <b>19 Filer ID</b> |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT    |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$ 20.00           |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 1,226.00        |
| 3.   | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                 |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$ 3,300.00        |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                 |
| 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                  | \$ 3,300.00        |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/12 |
| <b>2</b> FILER NAME<br>Miller, Paula M.                             |  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>12/15/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blakemore, Lance (Mr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00        |
|   | <b>6</b> Contributor address; City; State; Zip Code<br>9003 Rocky Valley Dr<br><br>Houston, TX 77083               |  |
| <b>8</b> Contributor's Principal Occupation<br>Construction         |  | <b>9</b> Contributor's Job Title<br>Contractor             |
| <b>10</b> Contributor's employer/law firm<br>Lamac Builders Inc     |  | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|   |  |   |  |
|---|--|---|--|
| The Instruction Guide explains how to complete this form.                   |  | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 5/12                                |  |
| 2 FILER NAME<br>Miller, Paula M.  |  | 3 Filer ID  |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$  |  |
| 5 Date<br>12/12/2025  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MoBangMedia.com LLC | 8 Amount of contribution (\$)<br>\$1,226.00                                     | 9 In-kind contribution description<br>Event Printing Donated |
|   | 7 Contributor address; City; State; Zip Code<br>3290 South Loop W<br><br>Houston, TX 77025               | <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)<br>printer/owner       |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>printer/owner   |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>MobangMedia.com LLC    |  | 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) |  |   |  |

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/4 Rpt: 6/12   |
| <b>2</b> FILER NAME<br>Miller, Paula M.   |   | <b>3</b> Filer ID   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | <b>\$</b>   |
| <b>5</b> Date of loan<br>12/05/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Paula (Ms.) | <b>9</b> Loan Amount (\$)<br>\$200.00   |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br>2604 Hampshire Lane<br><br>Missouri City, TX 77459  | <b>10</b> Interest Rate   |
|   |   | <b>11</b> Maturity Date   |
| <b>12</b> Lender's Principal Occupation<br>Attorney                                   |   | <b>13</b> Lender's Job Title<br>Attorney  |
| <b>14</b> Lender's Employer/Law Firm<br>The Law Office of Attorney Paula M. Miller    |   | <b>15</b> Law Firm of lender's spouse (if any)  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                          |   |   |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |   | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor   | <b>22</b> Amount Guaranteed (\$)  |
|   | <b>21</b> Guarantor address; City; State; Zip Code  |   |
| <b>23</b> Guarantor's Principal Occupation  |   | <b>24</b> Guarantor's Job Title   |
| <b>25</b> Guarantor's Employer/Law Firm   |   | <b>26</b> Law Firm of guarantor's spouse (if any)   |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                       |   |   |

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule E(J):<br>Sch: 2/4 Rpt: 7/12  |
| <b>2</b> FILER NAME<br>Miller, Paula M.   |   | <b>3</b> Filer ID  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | <b>\$</b>  |
| <b>5</b> Date of loan<br>12/10/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Paula (Ms.) | <b>9</b> Loan Amount (\$)<br>\$100.00  |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br>2604 Hampshire Lane<br><br>Missouri City, TX 77459  | <b>10</b> Interest Rate  |
|   |   | <b>11</b> Maturity Date  |
| <b>12</b> Lender's Principal Occupation<br>Attorney                                   |   | <b>13</b> Lender's Job Title<br>Attorney   |
| <b>14</b> Lender's Employer/Law Firm<br>The Law Office of Attorney Paula M. Miller    |   | <b>15</b> Law Firm of lender's spouse (if any)   |
| <b>16</b> If lender is child, law firm of parent(s) (if any) .                        |   |  |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |   | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor   |  |
|   | <b>21</b> Guarantor address; City; State; Zip Code  |  |
| <b>22</b> Amount Guaranteed (\$)  |   |  |
| <b>23</b> Guarantor's Principal Occupation  |   | <b>24</b> Guarantor's Job Title  |
| <b>25</b> Guarantor's Employer/Law Firm   |   | <b>26</b> Law Firm of guarantor's spouse (if any)  |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                       |   |  |

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 3/4 Rpt: 8/12  |
| <b>2</b> FILER NAME<br>Miller, Paula M.   |  | <b>3</b> Filer ID  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | <b>\$</b>  |
| <b>5</b> Date of loan<br>12/03/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Law Office of Attorney Paula M. Miller | <b>9</b> Loan Amount (\$)<br>\$1,500.00  |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br>2604 Hampshire Lane<br><br>Missouri City, TX 77459                         | <b>10</b> Interest Rate  |
|   |  | <b>11</b> Maturity Date  |
| <b>12</b> Lender's Principal Occupation<br>Attorney                                   |  | <b>13</b> Lender's Job Title<br>Attorney   |
| <b>14</b> Lender's Employer/Law Firm<br>The Law Office of Attorney Paula M. Miller    |  | <b>15</b> Law Firm of lender's spouse (if any)   |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                          |  |  |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |  | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor  |  |
|   | <b>21</b> Guarantor address; City; State; Zip Code   |  |
| <b>22</b> Amount Guaranteed (\$)  |  |  |
| <b>23</b> Guarantor's Principal Occupation  |  | <b>24</b> Guarantor's Job Title  |
| <b>25</b> Guarantor's Employer/Law Firm   |  | <b>26</b> Law Firm of guarantor's spouse (if any)  |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                       |  |  |

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 4/4 Rpt: 9/12  |
| <b>2</b> FILER NAME<br>Miller, Paula M.   |  | <b>3</b> Filer ID  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |  | \$   |
| <b>5</b> Date of loan<br>12/30/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Law Office of Attorney Paula M. Miller | <b>9</b> Loan Amount (\$)<br>\$1,500.00  |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br>2604 Hampshire Lane<br><br>Missouri City, TX 77459                         | <b>10</b> Interest Rate  |
|   |  | <b>11</b> Maturity Date  |
| <b>12</b> Lender's Principal Occupation<br>Attorney                                   |  | <b>13</b> Lender's Job Title<br>Attorney   |
| <b>14</b> Lender's Employer/Law Firm<br>The Law Office of Attorney Paula M. Miller    |  | <b>15</b> Law Firm of lender's spouse (if any)   |
| <b>16</b> If lender is child, law firm of parent(s) (if any)                          |  |  |
| <b>17</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |  | <b>18</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>20</b> Name of guarantor<br><br><b>21</b> Guarantor address; City; State; Zip Code  | <b>22</b> Amount Guaranteed (\$)   |
| <b>23</b> Guarantor's Principal Occupation  |  | <b>24</b> Guarantor's Job Title  |
| <b>25</b> Guarantor's Employer/Law Firm   |  | <b>26</b> Law Firm of guarantor's spouse (if any)  |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)                       |  |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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 G:<br>Sch: 1/2 Rpt: 10/12   | <b>2</b> FILER NAME<br>Miller, Paula M.   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>12/30/2025   | <b>5</b> Payee name<br>Fort Bend Democratic Party   |   |
| <b>6</b> Amount (\$)<br>\$1,500.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>13515 Southwest Freeway<br>Suite 204<br>Sugar Land, TX 77478 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ballot by Mail |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>12/03/2025  | Payee name<br>Fort Bend Democratic Party  |   |
| Amount (\$)<br>\$1,500.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>13515 Southwest Freeway<br>Suite 204<br>Sugar Land, TX 77478          |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Fees  | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Application Fees          |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>12/10/2025  | Payee name<br>MoBangMedia.Com   |   |
| Amount (\$)<br>\$100.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended            | Payee address; City; State; Zip Code<br>3290 South Loop W<br>Houston, TX 77025                                |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Printing Expense                              | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Business Cards   |
| Complete ONLY 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  
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 G:<br>Sch: 2/2 Rpt: 11/12  |  | 2 FILER NAME<br>Miller, Paula M.   |  | 3 Filer ID  |  |
| 4 Date<br>12/05/2025  |  | 5 Payee name<br>Paula M Miller for Judge Campaign  |  |   |  |
| 6 Amount (\$) \$200.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address; City: State; Zip Code<br>2604 Hampshire Lane<br>Missouri City, TX 77459 |  |   |  |
| 8 PURPOSE OF EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   |  | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banking Deposit to Open Account |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |  | Office sought Office held   |  |

# OUTSTANDING LOANS

SCHEDULE L

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                       |  | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 12/12 |
| <b>2</b> FILER NAME<br>Miller, Paula M.  |  | <b>3</b> Filer ID                                       |
| <b>LENDER INFORMATION</b>  | <b>4</b> Name of lender<br>The Law Office of Attorney Paula M. Miller                                |   |
|  | <b>5</b> Lender address; City; State; Zip Code<br>2604 Hampshire Lane<br><br>Missouri City, TX 77459 |   |
| <b>GUARANTOR INFORMATION</b><br><br><input checked="" type="checkbox"/> not applicable | <b>6</b> Name of guarantor   |   |
|  | <b>7</b> Guarantor address; City; State; Zip Code  |   |