

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Carolyn M NICKNAME LAST SUFFIX Miedke	OFFICE USE ONLY Date Received Waller County Elections FEB 24 2020 Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 35272 Brumlow Waller TX 77484 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 372-5244		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Carolyn D NICKNAME LAST SUFFIX Diane Hale		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14707 Cypress Valley Cypress TX 77429		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 864-5981		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 20 THROUGH 2 / 24 / 20		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 20	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller County Tax Assessor Collector	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

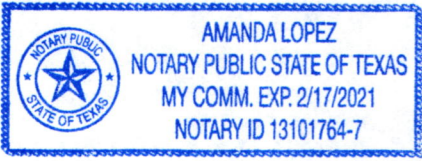
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Carolyn M Miedke</u>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <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. 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 <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,135.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,853.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ —
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Carolyn Miedke
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carolyn Miedke, this the 24th day of February, 2020, to certify which, witness my hand and seal of office.

Amanda Lopez
Signature of officer administering oath

Amanda Lopez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Carolyn M Miedke</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,135.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,119.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6,754.01</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>3,099.59</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *1 of 11*

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor

Jay Foucheux

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

19599 Pierceall Hempstead TX 77445

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/1/20

Full name of contributor

Anthony Nims

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

19323 Shores Dr Galveston TX 77554

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Linebarger Goggan & Blaire

Date

2/1/20

Full name of contributor

Robert Henkhus

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

3383 Rio Cordillera Borne TX 78006

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor

Jeff Hull

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

PO Box 1108 Bellville TX 77418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2 of 11*

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Omar Kabin

6 Contributor address; City; State; Zip Code

3 3321 Roehen Rd Waller TX 77484

7 Amount of contribution (\$)

\$10

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Albert Kopesky

Contributor address; City; State; Zip Code

3790 FM 1644 Franklin TX 77856

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

JR Harris

Contributor address; City; State; Zip Code

5706 Dumfries Houston TX 77096

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Harris County

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Marty Morrison

Contributor address; City; State; Zip Code

2310 Woodward Dr Bryan TX 77803

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor

Toddell Godfrey

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

43457 Mitchamore Hempstead TX 77445

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/1/20

Full name of contributor

Don Kessler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

850 Boundary School Burton TX 77835

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor

Elizabeth Doss

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

8218 Teakwood Forest Spring TX 77379

Principal occupation / Job title (See Instructions)

Director - Tax Office

Employer (See Instructions)

Harris County

Date

2/1/20

Full name of contributor

Jose Puerta

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

26245 Sharp Rd Katy TX 77493

Principal occupation / Job title (See Instructions)

Assistant Director - Tax Office

Employer (See Instructions)

Harris County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Sharon Van Tilburg

6 Contributor address; City; State; Zip Code

1445 Washington Hempstead TX 77445

7 Amount of contribution (\$)

\$75

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Tommy Grant

Contributor address; City; State; Zip Code

2211 Mission Mill Circle Houston TX 77084

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Warren Miedke

Contributor address; City; State; Zip Code

8906 Apple Mill Houston TX 77095

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Carlos Chavez

Contributor address; City; State; Zip Code

35154 Brumlow Waller TX 77484

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

manager

Employer (See Instructions)

Laser Weld

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor

Daniel Hale

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$400

6 Contributor address; City; State; Zip Code

14707 Cypress Valley Cypress TX 77429

8 Principal occupation / Job title (See Instructions)

machanist

9 Employer (See Instructions)

SMS Machines Tools Limited

Date

2/1/20

Full name of contributor

Audrey Luther

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$275

Contributor address; City; State; Zip Code

32623 FM 1488 Hempstead TX 77445

Principal occupation / Job title (See Instructions)

Investment Company - oil

Employer (See Instructions)

Date

2/1/20

Full name of contributor

Jim Hill

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

24202 Auburn Trail Porter TX 77365

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor

Kathy Kralczyk

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

17602 Queenslake Cypress TX 77429

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *6 of 11*

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Christy Parker

7 Amount of contribution (\$)

\$845.

6 Contributor address; City; State; Zip Code

15419 House Rd Hockley TX 77447

8 Principal occupation / Job title (See Instructions)

Nurse

9 Employer (See Instructions)

LBJ Hospital

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Brian Miedke

Amount of contribution (\$)

\$1,000.

Contributor address; City; State; Zip Code

16030 Heights Harvest Cypress TX 77429

Principal occupation / Job title (See Instructions)

General Manager

Employer (See Instructions)

Hydradyne

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Pam House

Amount of contribution (\$)

\$575.

Contributor address; City; State; Zip Code

15419 House Rd Hockley TX 77447

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Maryssa Jackson

Amount of contribution (\$)

\$675

Contributor address; City; State; Zip Code

13950 Cochran Waller TX 77484

Principal occupation / Job title (See Instructions)

Stay at home mom

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Lee James

6 Contributor address; City; State; Zip Code

13703 Felicity Aime Cypress TX 77429

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

manager

9 Employer (See Instructions)

Randall's

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Stephaine Weiver

Contributor address; City; State; Zip Code

3907 Austin Lake Pearland TX 77581

Amount of contribution (\$)

\$475

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

Pearland ISD

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Pam Groschke

Contributor address; City; State; Zip Code

32930 Hebert Waller TX 77484

Amount of contribution (\$)

\$235

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Calvin House

Contributor address; City; State; Zip Code

15419 House Rd Hockley TX 77447

Amount of contribution (\$)

\$30

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Susan McPherson

6 Contributor address; City; State; Zip Code

5910 Gum Grove Houston TX 77088

7 Amount of contribution (\$)

\$75

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Ebro USA

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Jessica Hernandez

Contributor address; City; State; Zip Code

15526 Wedgewood Park Cypress TX 77429

Amount of contribution (\$)

\$53

Principal occupation / Job title (See Instructions)

Stay at home mom

Employer (See Instructions)

-

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Donny Welland

Contributor address; City; State; Zip Code

32210 Sandwedge Waller TX 77484

Amount of contribution (\$)

\$255

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Connie Mundy

Contributor address; City; State; Zip Code

19978 Pierceall Hempstead TX 77445

Amount of contribution (\$)

\$525

Principal occupation / Job title (See Instructions)

Reator

Employer (See Instructions)

Caldwell Banker

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Sylvia Eden

6 Contributor address; City; State; Zip Code

36215 FM 1488 Hempstead TX 77445

7 Amount of contribution (\$)

\$55

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

—

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Vicki Sobacki

Contributor address; City; State; Zip Code

5227 Carew Houston TX 77096

Amount of contribution (\$)

\$230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Diane Hale

Contributor address; City; State; Zip Code

14707 Cypress Valley Cypress TX 77429

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

office manager

Employer (See Instructions)

Ebro USA

Date

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Shawn Hernandez

Contributor address; City; State; Zip Code

15526 Wedgewood Park Cypress TX 77429

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

manager

Employer (See Instructions)

National Oilwell Varco - NOV

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 11

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor

Vicki Sobecki

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 135

6 Contributor address;

City;

State;

Zip Code

5227 Carew Houston TX 77096

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

—

Date

2/1/20

Full name of contributor

Vicki Sobecki

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

5227 Carew Houston TX 77096

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

2/1/20

Full name of contributor

Tracy Hargrave

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

27634 Imhof Hockley TX 77484

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

self

Date

2/1/20

Full name of contributor

Janet Hampton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 12

Contributor address;

City;

State;

Zip Code

18902 Rosewood Tr. Tomball TX 77377

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *11 of 11*

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Linda Lindburg

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

26072 W FM 1097 Montgomery TX 77356

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/17/20

Full name of contributor out-of-state PAC (ID#: _____)

Robert Kelly

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

8411-F Crystal Springs Rd Woodstock IL 60098

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>106/15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wendy Fisher</i>	8 Amount of Contribution \$ <i>\$70</i>	9 In-kind contribution description <i>Signed baseball</i>
7 Contributor address; City; State; Zip Code <i>7111 Chickasaw Baytown TX 77521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>office manager</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>USA Fasteners</i>	
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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wendy Fisher</i>	Amount of Contribution \$ <i>\$40</i>	In-kind contribution description <i>Signed baseball picture</i>
Contributor address; City; State; Zip Code <i>7111 Chickasaw Baytown TX 77521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>office manager</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>USA Fasteners</i>	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Hale</i>	8 Amount of Contribution \$ <i>\$35</i>	9 In-kind contribution description <i>Airhog Supernova Toy</i>
7 Contributor address; City; State; Zip Code <i>14707 Cypress Valley Cypress TX 77429</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Office manager</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Ebro USA</i>	
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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad Miedke</i>	Amount of Contribution \$ <i>\$20</i>	In-kind contribution description <i>Boot purse</i>
Contributor address; City; State; Zip Code <i>35272 Brumlow Waller TX 77484</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Sales</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>USA Fasteners</i>	
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>3 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erik's Mexican Restaurant</i>	8 Amount of Contribution \$ <i>\$40</i>	9 In-kind contribution description <i>gift card</i>
7 Contributor address; City; State; Zip Code <i>735 10th st Hempstead TX 77445</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Restaurant</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Erik's Mexican Restaurant</i>	
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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sealand Seafood & Steak</i>	Amount of Contribution \$ <i>\$80</i>	In-kind contribution description <i>gift card</i>
Contributor address; City; State; Zip Code <i>1925 13th st Hempstead TX 77445</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Restaurant</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Sealand Seafood & Steak</i>	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>4 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Hale</i>	8 Amount of Contribution \$ <i>\$36</i>	9 In-kind contribution description <i>JD Foot Massage gift Card</i>
7 Contributor address; City; State; Zip Code <i>14707 Cypress Valley Cypress TX 77429</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>office manager</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Ebro USA</i>	
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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Hale</i>	Amount of Contribution \$ <i>\$100</i>	In-kind contribution description <i>Krolczyk meat gift card</i>
Contributor address; City; State; Zip Code <i>14707 Cypress Valley Cypress TX 77429</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>office manager</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Ebro USA</i>	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
5 of 15

2 FILER NAME
Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date
2/1/20

6 Full name of contributor out-of-state PAC (ID#: _____)
Brad Miedke
7 Contributor address; City; State; Zip Code
35272 Brumlow Waller TX 77484

8 Amount of Contribution \$: 9 In-kind contribution description
\$20 : Crochet baby blanket
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
Sales

11 Employer (FOR NON-JUDICIAL)(See Instructions)
USA Fasteners

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
2/1/20

Full name of contributor out-of-state PAC (ID#: _____)
Brad Miedke
Contributor address; City; State; Zip Code
35272 Brumlow Waller TX 77484

Amount of Contribution \$: In-kind contribution description
\$40 : Pray for America Picture
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
Sales

Employer (FOR NON-JUDICIAL)(See Instructions)
USA Fasteners

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)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>6 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Becky Krolczyk</i> 7 Contributor address; City; State; Zip Code <i>15802 Stiller Park Cypress TX 77429</i>	8 Amount of Contribution \$ <i>\$50</i>	9 In-kind contribution description <i>wine basket</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>retired</i>		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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Down South Lures</i> Contributor address; City; State; Zip Code <i>9132 Old Plantation Chappell Hill TX 77426</i>	Amount of Contribution \$ <i>\$45</i>	In-kind contribution description <i>Lures + Shint basket</i>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Lures</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Down South Lures</i>	
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>7 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dianna Blackford</i>	8 Amount of Contribution \$ <i>\$30</i>	9 In-kind contribution description <i>feed sack totes</i>
7 Contributor address; City; State; Zip Code <i>1506 11th st Hempstead TX 77445</i>		<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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Graves</i>	Amount of Contribution \$ <i>\$438</i>	In-kind contribution description <i>One Night at the William Hotel</i>
Contributor address; City; State; Zip Code <i>6927 Winding Trace Houston TX 77086</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>retired</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>-</i>	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>8 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryke Cudd</i>	8 Amount of Contribution \$ <i>\$50</i>	9 In-kind contribution description <i>Carry on Luggage</i>
7 Contributor address; City; State; Zip Code <i>19906 Tickleseed Spring TX 77379</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>travel agent</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Maryke Cudd Cruise Planner</i>	
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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam House</i>	Amount of Contribution \$ <i>\$25</i>	In-kind contribution description <i>Belgian Waffle Maker</i>
Contributor address; City; State; Zip Code <i>15419 House Rd Hockley TX 77447</i>		<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)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 9 of 15

2 FILER NAME Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date 2/1/20

6 Full name of contributor out-of-state PAC (ID#: _____)
Calvin House
 7 Contributor address; City; State; Zip Code
15419 House Rd Hockley TX 77447

8 Amount of Contribution \$ \$30
 9 In-kind contribution description
Measuring Tape Loppers
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
Retired

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 2/1/20

Full name of contributor out-of-state PAC (ID#: _____)
Pam House
 Contributor address; City; State; Zip Code
15419 House Rd Hockley TX 77447

Amount of Contribution \$ \$20
 In-kind contribution description
Wickless Candle
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)
Retired

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)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>10 of 15</i>	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bonnie Levandowski</i>	8 Amount of Contribution \$ <i>\$250</i>	9 In-kind contribution description <i>quilt</i>
7 Contributor address; City; State; Zip Code <i>37336 Brumlow Hempstead TX 77445</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris Oldham</i>	Amount of Contribution \$ <i>\$75</i>	In-kind contribution description <i>Two Buckaroos Picture</i>
Contributor address; City; State; Zip Code <i>29990 West Stallion Waller TX 77484</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Teacher</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Cy-Fair ISD</i>	
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)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

11 of 15

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/1/20

6 Full name of contributor out-of-state PAC (ID#: _____)

Chris Oldham

7 Contributor address; City; State; Zip Code

29990 West Stallion Waller TX 77484

8 Amount of Contribution \$

\$75

9 In-kind contribution description

old barn picture

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

teacher

11 Employer (FOR NON-JUDICIAL)(See Instructions)

Cy-Fair ISD

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

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Chris Oldham

Contributor address; City; State; Zip Code

29990 West Stallion Waller TX 77484

Amount of Contribution \$

\$150

In-kind contribution description

Thirsty Longhorn

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Teacher

Employer (FOR NON-JUDICIAL)(See Instructions)

Cy-Fair ISD

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)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

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2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/1/20

6 Full name of contributor out-of-state PAC (ID#: _____)

Brad Miedke

7 Contributor address; City; State; Zip Code

35272 Brumlow Waller TX 77484

8 Amount of Contribution \$

\$100

9 In-kind contribution description

Grill

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Sales

11 Employer (FOR NON-JUDICIAL) (See Instructions)

USA Fasteners

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

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Vicki Sobacki

Contributor address; City; State; Zip Code

5227 Carew Houston TX 77096

Amount of Contribution \$

\$100

In-kind contribution description

4/4/ Train Picture

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Retired

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)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 13 of 15

2 FILER NAME Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date 2/1/20

6 Full name of contributor out-of-state PAC (ID#: _____)
Shawn Hernandez
 7 Contributor address; City; State; Zip Code
15526 Wedgewood Park Cypress TX 77429

8 Amount of Contribution \$ \$450
 9 In-kind contribution description
Rod & Reel / Fishing Trip
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
manager

11 Employer (FOR NON-JUDICIAL) (See Instructions)
National Oilwell Varco - NOV

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 2/1/20

Full name of contributor out-of-state PAC (ID#: _____)
Landsdowne Moody
 Contributor address; City; State; Zip Code
6643 US 290 Hockley TX 77447

Amount of Contribution \$ \$300
 In-kind contribution description
One day Rental of Equipment
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Landsdowne Moody -

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 14 of 15	
2 FILER NAME <i>Carolyn Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$			
5 Date <i>2/1/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Miedke</i>	8 Amount of Contribution \$ <i>\$200</i>	9 In-kind contribution description <i>22 long rifle pistol</i>
7 Contributor address; City; State; Zip Code <i>16030 Heights Harvest Cypress Tx 77429</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>General Manager</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Hydradyne</i>	
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 <i>2/1/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Calvin House</i>	Amount of Contribution \$ <i>\$50</i>	In-kind contribution description <i>Craftsman Drill</i>
Contributor address; City; State; Zip Code <i>15419 House Rd Hockley TX 77447</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

15 of 15

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/1/20

6 Full name of contributor out-of-state PAC (ID#: _____)

Maryssa Jackson

7 Contributor address; City; State; Zip Code

13950 Cochran Waller Tx 77484

8 Amount of Contribution \$

\$200

9 In-kind contribution description

Horse Table

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Stay at home mother

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

2/1/20

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME <i>Carolyn M Miedke</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Carolyn M Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: <i>1 of 5</i>	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/6/20</i>	5 Payee name <i>Printyard</i>	
6 Amount (\$) <i>689.50</i>	7 Payee address; City; State; Zip Code <i>2327 Commerce St/100 Houston TX 77002</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1/14/20</i>	Payee name <i>Kroger</i>
Amount (\$) <i>66.00</i>	Payee address; City; State; Zip Code <i>17455 Spring Cypress Cypress TX 77429</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</i>
	Description <i>Stamps</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date <i>1/17/20</i>	Payee name <i>Kroger</i>
Amount (\$) <i>66.00</i>	Payee address; City; State; Zip Code <i>17455 Spring Cypress Cypress TX 77429</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</i>
	Description <i>Stamps</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: <i>2 of 5</i>	2 FILER NAME <i>Carolyn M. Miedke</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/24/20</i>	5 Payee name <i>Waller Area Chamber of Commerce</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>1110 Farr Waller TX 77484</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <i>Bingo - sponsorship</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/3/20</i>	Payee name <i>HEB - Bakery</i>	City; State; Zip Code
Amount (\$) <i>54.24</i>	Payee address; City; State; Zip Code <i>14100 Spring Cypress Cypress TX 77429</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>Cupcakes for fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/4/20</i>	Payee name <i>Waller Times</i>	City; State; Zip Code
Amount (\$) <i>470.20</i>	Payee address; City; State; Zip Code <i>40344 Bus. Hwy 290 Waller TX 77484</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>newspaper advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3 of 5</i>	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/10/20</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>11.00</i>	7 Payee address; City; State; Zip Code <i>28550 US 290 Cypress TX 77433</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <i>Stamps</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/10/20</i>	Payee name <i>Waller Outdoor</i>	
Amount (\$) <i>541.25</i>	Payee address; City; State; Zip Code <i>40344 Bus. Hwy 290 Waller TX 77484</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Billboard</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/10/20</i>	Payee name <i>Printyard</i>	
Amount (\$) <i>1,148.00</i>	Payee address; City; State; Zip Code <i>2327 Commerce Ste 100 Houston TX 77002</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Carolyn M Miedke	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/20	5 Payee name Sign Ad	
6 Amount (\$) 975.00	7 Payee address; PO Box 8626	City; State; Zip Code Houston TX 77249
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Billboard
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/18/20	Payee name Tractor Supply	
Amount (\$) 64.90	Payee address; 31360 FM 2920	City; State; Zip Code Waller TX 77484
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-Post
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/19/20	Payee name Maverick Campaigns	
Amount (\$) 200.00	Payee address; 536 Arlington	City; State; Zip Code Houston TX 77007
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Robo calls
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1: <i>5 of 5</i>	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/24/20</i>	5 Payee name <i>Spencer Neumann and Company</i>
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6 Amount (\$) <i>2,367.92</i>	7 Payee address; <i>1002 Pauline</i>	City; <i>Bellaire</i>	State; <i>TX</i>	Zip Code <i>77401</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Mailer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
---------------	------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME <i>Carolyn M Miedke</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Carolyn Miedke</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule G: 1062	2 FILER NAME Carolyn M Miedke	3 Filer ID (Ethics Commission Filers)
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4 Date 2/1/20	5 Payee name RTIC
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6 Amount (\$) 413.46 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 20510 Hempstead Rd ste 100 Houston TX 77065
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Action Item
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/1/20	Payee name Walmart
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Amount (\$) 671.13 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 26270 NW Frwy Cypress TX 77429
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Action Item
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/20	Payee name Hotline Press
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Amount (\$) 120.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1116 Austin St. Hempstead TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule G: <i>2 of 2</i>	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/17/20</i>	5 Payee name <i>Hotline Press</i>
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6 Amount (\$) <i>60.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>1116 Austin St</i>	City; <i>Hempstead TX</i>	State; <i>TX</i>	Zip Code <i>77445</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Newspaper Ad</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/1/20</i>	Payee name <i>House Estates</i>
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Amount (\$) <i>755.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>15419 House Rd</i>	City; <i>Houston TX</i>	State; <i>TX</i>	Zip Code <i>77447</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Location/Building</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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.

1 Total pages Schedule H:	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Carolyn M Miedke</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date Payee name	
Amount (\$)	Payee address;	City State Zip Code

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Carolyn M Miedke

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Carolyn M Miedke</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Carolyn M Miedke

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder