

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: Mrs FIRST: Carolyn MI: M NICKNAME: Miedke LAST: Miedke SUFFIX: | OFFICE USE ONLY Date Received <div style="text-align: center; color: blue; font-weight: bold;"> Received JAN 13 2020 Waller County Elections </div> Date Hand-delivered or Date Postmarked | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: 35272 APT / SUITE #: Brumlow CITY: Waller STATE: TX ZIP CODE: 77484 | Receipt # Amount \$ Date Processed Date Imaged | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (936) PHONE NUMBER: 372-5244 EXTENSION: | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mrs FIRST: Carolyn MI: D NICKNAME: Diane LAST: Hale SUFFIX: | Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): 14707 Cypress Valley APT / SUITE #: Cypress CITY: Cypress STATE: TX ZIP CODE: 77429 | Receipt # Amount \$ Date Processed Date Imaged | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (281) PHONE NUMBER: 864-5981 EXTENSION: | Receipt # Amount \$ Date Processed Date Imaged | |
| 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 (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07 / 1 / 2019 THROUGH 12 / 31 / 2019 | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | 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

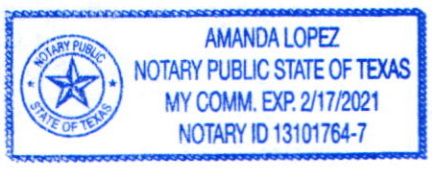
14 C/OH NAME Carolyn M. Miedke 15 Filer ID (Ethics Commission Filers)

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

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | 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 | \$ 50.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 87.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,941.16 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,395.75 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 AFFIDAVIT



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

Carolyn Miedke
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carolyn Miedke, this the 13th day of January, 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

Carolyn M. Miedke

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,000 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ — |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ — |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,941.16 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ — |
| 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 2

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

7/12/19

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

Ken & Carolyn Maniscalco

6 Contributor address; City; State; Zip Code

14707 Dale Hollow Ln Cypress TX 77429

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

7/18/19

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

David Proctor

Contributor address; City; State; Zip Code

14107 Falling Elm Ln Houston TX 77015

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/23/19

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

H. Blackford

Contributor address; City; State; Zip Code

1606 11th St Hempstead TX 77445

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/23/19

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

Marty Morrison

Contributor address; City; State; Zip Code

2310 Woodward 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:

2 of 2

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

8/23/19

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

Janaki Medavarapu

6 Contributor address; City; State; Zip Code

2827 W. Wildwind Circle The Woodlands TX 77380

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

Harris County

9 Employer (See Instructions)

Date

12/16/19

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

Rebecca Krolczyk

Contributor address; City; State; Zip Code

15802 Stiller Park Dr Cypress TX 77429

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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: | |
| 2 FILER NAME <i>Carolyn M. Miedke</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| <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 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| <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) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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.

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: <u>1064</u> | | 2 FILER NAME <u>Carolyn M. Miedke</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <u>7/8/2019</u> | | 5 Payee name <u>Wells Fargo Bank</u> | | | |
| 6 Amount (\$) <u>\$10</u> | | 7 Payee address; <u>2313 Main St. Waller TX 77484</u> | | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Fees</u> | | (b) Description <u>Cashier's check</u> | | |
| | <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 <u>Carolyn Miedke</u> | | Office sought <u>Waller County Tax Assessor-Collector</u> | |
| Office held | | | | | |
| Date <u>7/8/19</u> | | Payee name <u>Laserweld Inc</u> | | | |
| Amount (\$) <u>\$2,000</u> | | Payee address; <u>1350 Schlipf Rd Katy TX 77493</u> | | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>other</u> | | Description <u>return of campain donation</u> | | |
| | <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 <u>Carolyn Miedke</u> | | Office sought <u>Waller County Tax Assessor Collector</u> | |
| Office held | | | | | |
| Date <u>7/10/19</u> | | Payee name <u>Kroger</u> | | | |
| Amount (\$) <u>\$11.00</u> | | Payee address; <u>17455 Spring Cypress Cypress TX 77429</u> | | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>other</u> | | Description <u>Stamps</u> | | |
| | <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 <u>Carolyn Miedke</u> | | Office sought <u>Waller County Tax Assessor-Collector</u> | |
| 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 4</i> | 2 FILER NAME <i>Carolyn M. Miedke</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>7/15/19</i> | 5 Payee name <i>JK Graphics</i> | |
| 6 Amount (\$) <i>\$ 174.28</i> | 7 Payee address; City; State; Zip Code <i>31315 FM 2920 Rd #110 Waller TX 77484</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description <i>push cards</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 <i>Carolyn Miedke</i> | Office sought <i>Waller County Tax Assessor-Collector</i> |
| Date <i>7/16/19</i> | Payee name <i>USPS Boxes</i> | |
| Amount (\$) <i>\$46.00</i> | Payee address; City; State; Zip Code <i>40090 US-290 Bus. Waller TX 77484</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>other</i> | Description <i>Post Office Box</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 <i>Carolyn Miedke</i> | Office sought <i>Waller County Tax Assessor-Collector</i> |
| Date <i>7/24/19</i> | Payee name <i>Wells Fargo Bank</i> | |
| Amount (\$) <i>\$ 10</i> | Payee address; City; State; Zip Code <i>2313 Main St Waller TX 77484</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i> | Description <i>monthly fee</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 <i>Carolyn Miedke</i> | Office sought <i>Waller County Tax Assessor-Collector</i> |

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>3 of 4</i> | | 2 FILER NAME <i>Carolyn M. Miedke</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>8/19/19</i> | | 5 Payee name <i>J K Graphics</i> | | | |
| 6 Amount (\$) <i>\$ 161.29</i> | | 7 Payee address; City; State; Zip Code <i>31315 FM 2920 Rd #110 Waller TX 77484</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | | (b) Description <i>door hangers</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 <i>Carolyn Miedke</i> | | Office sought <i>Tax Assessor-Collector</i> | | Office held | |
| Date <i>8/21/19</i> | | Payee name <i>Waller Area Chamber of Commerce</i> | | | |
| Amount (\$) <i>\$ 100.</i> | | Payee address; City; State; Zip Code <i>1110 Farr Waller TX 77484</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Other</i> | | Description <i>Bingo - sponsorship</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 <i>Carolyn Miedke</i> | | Office sought <i>Waller County Tax Assessor-Collector</i> | | Office held | |
| Date <i>9/3/19</i> | | Payee name <i>Printyard</i> | | | |
| Amount (\$) <i>755.59</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 <i>Carolyn Miedke</i> | | Office sought <i>Waller County Tax Assessor-Collector</i> | | 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>4 of 4</i> | 2 FILER NAME <i>Carolyn M. Miedke</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/8/19</i> | 5 Payee name <i>Wells Fargo Bank</i> | |
| 6 Amount (\$) <i>\$ 10</i> | 7 Payee address; City; State; Zip Code <i>2313 Main St, Waller TX 77484</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i> | (b) Description <i>Cashier's check</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 <i>Carolyn Miedke</i> | Office sought <i>Waller County Tax Assessor-Collector</i> |
| Date <i>11/9/19</i> | Payee name <i>Waller County Republican Party</i> | |
| Amount (\$) <i>\$ 750.00</i> | Payee address; City; State; Zip Code <i>350 Hwy 290 East Hempstead TX 77445</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Polling Expense</i> | Description <i>Filling Fee</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 <i>Carolyn Miedke</i> | Office sought <i>Waller County Tax Assessor-Collector</i> |
| Date | Payee name | |
| Amount (\$) | Payee 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|---|--|
| 1 Total pages Schedule F2: | 2 FILER NAME <i>Carolyn M. Miedke</i> | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|---------------|---------------------|
| 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 |
|------------------------------|------------------------------------|--|

| | | |
|----------------------------------|--|------------------------|
| 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 |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

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

| | | |
|----------------------------|------------------------------------|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|------------------------------------|--|

| | | |
|-------------------------------|---|-------------|
| 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

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

Carolyn M. Miedke

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 M. Miedke</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

| | |
|--------|--------------|
| 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 |
|-----------------------|---|

| | | |
|---------------------------|---|-----------------|
| 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 |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

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

| | |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

| | | |
|------------------------|---|-------------|
| 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Carolyn M. Miedke</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | <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 | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee 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 | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee 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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|---|--|
| 1 Total pages Schedule 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.) |
|-------------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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