

# 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: **28**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mrs  
NICKNAME

Carolyn  
LAST

M  
SUFFIX

Miedke

OFFICE USE ONLY

Date Received

Waller County Elections

JUL 09 2019

Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

35272 Brumlow Waller TX 77484

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 372-5244

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs  
NICKNAME

Carolyn  
LAST

D  
SUFFIX

Diane Hale

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

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

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

04 / 24 / 2018

THROUGH

Month Day Year

06 / 30 / 2019

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

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

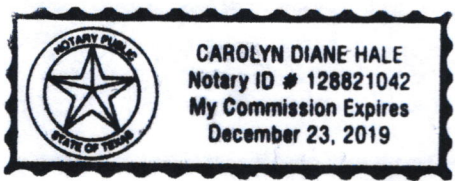
14 C/OH NAME Carolyn M. Miedke 15 Filer ID (Ethics Commission Filers)

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), UNLESS ITEMIZED	\$ 210.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,135.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 88.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,253.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,398.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 2nd day of July, 2019, to certify which, witness my hand and seal of office.

Carolyn Diane Hale Carolyn Diane Hale  
Signature of officer administering oath Printed name of officer administering oath 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>5,135.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,801.09</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>540.64</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 6*

2 FILER NAME

*Carolyn M. Miedke*

3 Filer ID (Ethics Commission Filers)

4 Date

*5/4/18*

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

*Brian Miedke*

7 Amount of contribution (\$)

*\$500.00*

6 Contributor address; City; State; Zip Code

*16030 Heights Harvest, Cypress TX 77429*

8 Principal occupation / Job title (See Instructions)

*Sales*

9 Employer (See Instructions)

*Hydradine*

Date

*4/4/19*

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

*Diane Hale*

Amount of contribution (\$)

*\$500.00*

Contributor address; City; State; Zip Code

*14707 Cypress Valley Dr, Cypress TX 77429*

Principal occupation / Job title (See Instructions)

*Office Manager*

Employer (See Instructions)

*EBRO Armaturen USA Inc.*

Date

*4/22/19*

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

*Laserweld Inc.*

Amount of contribution (\$)

*\$2,000.00*

Contributor address; City; State; Zip Code

*1350 Schlipf Road, Katy TX 77493*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*5/6/19*

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

*John Devine*

Amount of contribution (\$)

*\$50.00*

Contributor address; City; State; Zip Code

*7514 Emerald Meadow Ct, Katy TX 77494*

Principal occupation / Job title (See Instructions)

*Ex. Sr. Vice Pres.*

Employer (See Instructions)

*MW Industries - USA Fasteners*

**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 6*

2 FILER NAME

*Carolyn M. Miedke*

3 Filer ID (Ethics Commission Filers)

4 Date

*5/28/19*

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

*Bernie Fischbach*

6 Contributor address; City; State; Zip Code

*13610 Danbury Run, Houston TX 77041*

7 Amount of contribution (\$)

*\$100.00*

8 Principal occupation / Job title (See Instructions)

*Sales*

9 Employer (See Instructions)

*Prolyte USA Inc*

Date

*6/21/19*

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

*Carolyn & Bob Kelly*

Contributor address; City; State; Zip Code

*841-F Crystal Springs Rd, Woodstock IL 60098*

Amount of contribution (\$)

*\$50.00*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*6/29/19*

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

*Jamie Duong*

Contributor address; City; State; Zip Code

*1534 Caywood Lane, Houston TX 77055*

Amount of contribution (\$)

*\$200.00*

Principal occupation / Job title (See Instructions)

*Manager*

Employer (See Instructions)

*Harris County Tax Office*

Date

*6/29/19*

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

*Mary Ann & James Hill*

Contributor address; City; State; Zip Code

*24202 Auburn Trails Dr, Porter TX 77365*

Amount of contribution (\$)

*\$40.00*

Principal occupation / Job title (See Instructions)

*Clerk / Retired*

Employer (See Instructions)

*Harris County Tax Office*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 6

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/19

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

Victoria Brown Sobacki

6 Contributor address; City; State; Zip Code

5227 Carew, Houston TX 77096

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/29/19

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

Donna Stafford

Contributor address; City; State; Zip Code

4403 Weston Dr, Fulshear TX 77441

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/29/19

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

Everett "Woody" & Donna Bond

Contributor address; City; State; Zip Code

17635 Fisher Rd, Waller TX 77484

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

Self Employed - Accountant

Employer (See Instructions)

self

Date

6/29/19

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

Warren & Marilyn Miedke

Contributor address; City; State; Zip Code

8906 Apple Mill Dr, Houston TX 77095

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Office Manager / Retired

Employer (See Instructions)

Securitas Security Services

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/19

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

Cheryl Gaylord

7 Amount of contribution (\$)

\$30.00

6 Contributor address; City; State; Zip Code  
12606 Crocket Bend, Houston TX 77346

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/29/19

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

Tomalea & Dean Chasnoff

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code  
13814 Ivymist, Houston TX 77044

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/29/19

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

Weldon & Connie Mundy

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code  
19978 Pierceall Rd, Hempstead TX 77445

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Coldwell Banker

Date

6/29/19

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

Tracy Hargrave

Amount of contribution (\$)

\$40.00

Contributor address; City; State; Zip Code  
27634 Imhof Rd, Waller TX 77484

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

Self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/19

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

Jill & Brian Miedke

6 Contributor address; City; State; Zip Code

16030 Heights Harvest, Cypress TX 77429

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

Teacher / sales

9 Employer (See Instructions)

Cy-Fair ISD / Hydradine

Date

6/29/19

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

Karen & James "Todd" Godfree

Contributor address; City; State; Zip Code

43457 Mitchamore Rd, Hempstead TX 77445

Amount of contribution (\$)

\$100.00

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)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 6

2 FILER NAME

Carolyn M. Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/19

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

David Piwonka

7 Amount of contribution (\$)

\$300.00

6 Contributor address; City; State; Zip Code

11711 Scottsdale, Meadows Place TX 77477

8 Principal occupation / Job title (See Instructions)

Tax Assessor-Collector CyFair ISD

9 Employer (See Instructions)

Linebarger Goggen Blaire & Sampson LLC

Date

6/29/19

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

Amelia White-Petterway

Amount of contribution (\$)

\$40.00

Contributor address; City; State; Zip Code

906 Sklinme Vista, Houston TX 77019

Principal occupation / Job title (See Instructions)

Clerk

Employer (See Instructions)

Harris County Tax Office

Date

6/29/19

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

Katie & Larry Cooper

Amount of contribution (\$)

\$60.00

Contributor address; City; State; Zip Code

45162 Mitchamore Rd, Hempstead TX 77445

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

Self

Date

6/30/19

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

Irene Cooper

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

45162 Mitchamore Rd, Hempstead TX 77445

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME <i>Carolyn M. Miedke</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> 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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	<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.