

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 NICKNAME	FIRST Carolyn LAST	MI M SUFFIX
	Miedke		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	35272 Brumlow Waller TX 77484		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	372-5244	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Carolyn LAST	MI D 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
	1	1	20
		THROUGH	
		Month	Day Year
		2	24/20
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
		3 / 3 / 20	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Waller County Tax Assessor Collector

OFFICE USE ONLY

Date Received

Waller County Elections

FEB 24 2020

Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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

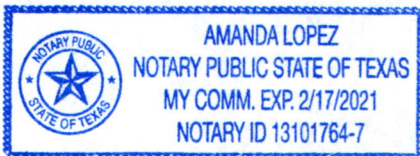
\$ —

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

18 AFFIDAVIT



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 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)

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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 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#: _____)

Toddell Godfrey

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

Don Kessler

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

Elizabeth Doss

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

Jose Puerta

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

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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 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
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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 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)

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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 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

6 Contributor address; City; State; Zip Code

15419 House Rd Hockley TX 77447

7 Amount of contribution (\$)

\$845.

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

Contributor address; City; State; Zip Code

16030 Heights Harvest Cypress TX 77429

Amount of contribution (\$)

\$1,000.

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

Contributor address; City; State; Zip Code

15419 House Rd Hockley TX 77447

Amount of contribution (\$)

\$575.

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

Contributor address; City; State; Zip Code

13950 Cochran Waller TX 77484

Amount of contribution (\$)

\$675

Principal occupation / Job title (See Instructions)

Stay at home mom

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:
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

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

13703 Felicity Aime Cypress TX 77429

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

Amount of contribution (\$)

\$475

Contributor address; City; State; Zip Code

3907 Austin Lake Pearland TX 77581

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

Amount of contribution (\$)

\$235

Contributor address; City; State; Zip Code

32930 Hebert Waller TX 77484

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

Amount of contribution (\$)

\$30

Contributor address; City; State; Zip Code

15419 House Rd Hockley TX 77447

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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