

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: 8							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Carolyn	MI M	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Received </div> <div style="border: 1px solid black; padding: 10px; margin-bottom: 5px; text-align: center;"> Waller Co. Elections FEB 26 2024 RECEIVED </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Hand-delivered or Date Postmarked </div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME	LAST Miedke	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 35272 Brumlow, Waller TX 77484									
	AREA CODE (281)	PHONE NUMBER 935-6402	EXTENSION							
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mrs	FIRST Carolyn	MI D							
	NICKNAME Diane	LAST Hale	SUFFIX							
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4001 Nicholson Lake Rd, Chappell Hill TX 77426									
	AREA CODE (281)	PHONE NUMBER 684-5981	EXTENSION							
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)									
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
8 CAMPAIGN TREASURER PHONE	Month Day Year 1 / 26 / 24	THROUGH	Month Day Year 2 / 24 / 24							
	11 ELECTION		13 OFFICE SOUGHT (if known) Tax Assessor-Collector							
12 OFFICE		13 OFFICE SOUGHT (if known) Tax Assessor-Collector								
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<small>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 OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>									
	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

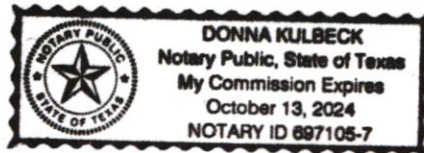
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Carolyn Miedke		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,410.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 759.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,956.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

18 SIGNATURE 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

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Carolyn Miedke this the 25th day of Feb

2024, to certify which, witness my hand and seal of office.

Donna Kulbeck Donna Kulbeck
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

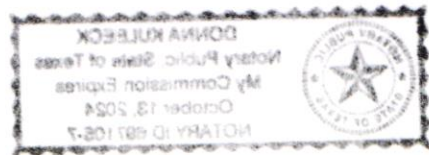
Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

STATE OF TEXAS
COUNTY OF [illegible]

60.0
05.0
00.0

[Handwritten signature]



[Faint handwritten text]

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Carolyn Miedke

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,410.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 110.86
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 759.10
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,435.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date

01/29/2024

5 Full name of contributor

Diane Hale

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

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

4001 Nicholson Lake Rd, Chappell Hill TX 77426

8 Principal occupation / Job title (See Instructions)

office manager

9 Employer (See Instructions)

EBRO Armaturen USA

Date

01/31/2024

Full name of contributor

James R Harris

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1111 Fannin, Houston TX 77002

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Harris County

Date

01/31/2024

Full name of contributor

Vicki SobECKi

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

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

5227 Carew St, Houston TX 77096

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

02/03/2024

Full name of contributor

Gary Lecamu

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

1046 Austin St, Hempstead TX 77445

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME
Carolyn Miedke

3 Filer ID (Ethics Commission Filers)

4 Date
02/03/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Sherman & Sylvia Eden

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3615 FM 1488 Rd, Hempstead TX 77445

200.00

8 Principal occupation / Job title (See Instructions)
retired

9 Employer (See Instructions)

Date
02/03/2024

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2310 Woodward Dr, Bryan TX 77803

100.00

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date
02/05/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jay & Barbara Foucheux

Amount of contribution (\$)

Contributor address; City; State; Zip Code
19599 Pierceall Rd, Hempstead TX 77445

200.00

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date
02/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
Omar & Gail Kabir

Amount of contribution (\$)

Contributor address; City; State; Zip Code
33321 Roehen Rd, Waller TX 77484

60.00

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Carolyn Miedke		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 110.86	
5 Date 02/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vicki LeBlanc	8 Amount of Contribution \$ 110.86	9 In-kind contribution description food / beverage
7 Contributor address; City; State; Zip Code 38868 FM 1488, Hempstead TX 77445		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) photographer		11 Employer (FOR NON-JUDICIAL) (See Instructions) self	
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
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 1	2 FILER NAME Carolyn Miedke	3 Filer ID (Ethics Commission Filers)
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4 Date 02/03/2024	5 Payee name Empower Digital LLC
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6 Amount (\$) 500.00	7 Payee address; 32641 FM 1488 Rd, Hempstead TX 77445	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description website
	(c) Check if travel outside of Texas. Complete Schedule T.	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 02/09/2024	Payee name JK Printing
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Amount (\$) 121.24	Payee address; 31315 FM 2920, Waller TX 77484	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing	Description push cards
	Check if travel outside of Texas. Complete Schedule T.	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 02/15/2024	Payee name H.E. B.
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Amount (\$) 137.86	Payee address; 28550 US 290, Cypress TX 77433	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage	Description chips, candy
	Check if travel outside of Texas. Complete Schedule T.	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

If the requested information is not applicable, DO NOT include this page in the report.

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: 1	2 FILER NAME Carolyn Miedke	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 3,445.00
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5 Date 02/26/2024	6 Payee name Colon & Company
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7 Amount (\$) 3,435.00	8 Payee address; 7941. Katy Fwy #108, Houston TX 77024	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" 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) Printing	(b) Description mailer
	(c) Check if travel outside of Texas. Complete Schedule T. 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 02/26/2024	Payee name Wells Fargo Bank
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Amount (\$) 10.00	Payee address; 3000 Briarcrest Dr, Bryan TX 77802	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description cashier's check
	Check if travel outside of Texas. Complete Schedule T. 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