CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER MR. CHAD NAME Date Received CHO COUNTY LAST NICKNAME MILLER ADDRESS / PO BOY ADT / SHITE # CANDIDATE / STATE: ZIP CODE

4	OFFICEHOLDER MAILING ADDRESS	EDEN, TEXAS	3 76837	GITT,	STATE, ZIP GODE	JAN 0 2 2025		
	Change of Address	MARKET STATE		· · · · · · · · · · · · · · · · · · ·	EVTENDION	4/		
5	CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER		EXTENSION	Date Hand, delivered or Date, Rostinarked FRK'S OF Receipt # Amount \$		
6	CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt # Amount 9		
	TREASURER NAME					Date Processed		
		NICKNAME	LAST		SUFFIX	Data Imaged		
			SAME AS	ABOVE		Date Imaged		
7	CAMPAIGN	STREET ADDRESS (N	IO PO BOX PLEASE); AF	PT / SUITE #;	CITY;	STATE; ZIP CODE		
	TREASURER ADDRESS	SAME AS ABOVE						
(1	Residence or Business)							
8	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION			
	TREASURER PHONE		SAME AS A	BOVE				
		()	OAME NO 7					
9	REPORT TYPE	January 15	30th day be	efore election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
		July 15	8th day before	ore election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10	PERIOD	Month	Day Year		Monti	n Day Year		
	COVERED 7 / 16 / 24 THROUGH 1 / 1 / 25					/ 1 / 25		
11	ELECTION	ELECTION DAT	Year Pr	imary eneral	ELECTION TY Runoff Other Description Special			
12	2 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if kn	own)		
		COMMISSIO	ONER, PCT. 3	3				
14	NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBU	ITIONS ACCEPTED		S MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
	Additional Pages	GENERAL	COMMITTEE ADDRESS	3				
		SPECIFIC	COMMITTEE CAMPAIG	N TREASURER	NAME			
			COMMITTEE CAMPAIG	GN TREASUREF	ADDRESS			
F	GO TO PAGE 2							
L F	orms provided by Texas E	-thics Commission	www	ethics.state.t	x.us	Revised 1/1/2024		
10	nino provided by lexas L	-111100 001111111001011						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	4 1 11 41 41 4 4 4 4 4 4 4 4 4 4 4 4 4							
15 C/OH NAME CHAD MILLER	16 Filer	ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	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)	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00						
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00						
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.								
		il						
	_ Che M							
	Signature of Candidate	or Officeholder						
	Please complete either option below:							
	i loudo dellipiote diale. Spilati selati							
(1) Affidavit								
NOTARY STAMP/SEA	AL.							
		, day of,						
20, to certify	y which, witness my hand and seal of office.							
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath						
	OR							
(2) Unsworn Declaration								
My name is CHAD MI	LLER, and my date of birth is							
My address is	, <u>EDEN</u> , <u>1X</u> ,	76837 US						
	(street) 7 (city) (state)	(zip code) (country)						
Executed in CONCH	O County, State of TEXAS, on the day of	1, 20 d.5. (year)						
	al Mil	ri						
	Signature of Candidate/Offi	ceholder (Declarant)						