

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| The JC/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 FIRST MI<br>MS. San Juana<br>NICKNAME LAST SUFFIX<br>Juanita Miller  | <b>OFFICE USE ONLY</b>  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9519 Hwy 6 Meridian TX 76665   | Date Received<br><b>RECEIVED</b><br>JAN 12 2024<br>BOSQUE CO. ELECTIONS   |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | [REDACTED]   | Date Hand-delivered or Date Postmarked  |                                      |
| 6 CAMPAIGN TREASURER NAME  | MS. San Juana<br>NICKNAME LAST SUFFIX<br>Juanita Miller  | Receipt #   | Amount \$                            |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>9519 Hwy 6 Meridian TX 76665  |   |                                      |
| 8 CAMPAIGN TREASURER PHONE   | [REDACTED]   |   |                                      |
| 9 REPORT TYPE  | <input checked="" 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)<br><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) |   |                                      |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br>7 / 1 / 23    THROUGH    12 / 31 / 23   |   |                                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>/ /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                      |
| 12 OFFICE  | OFFICE HELD (if any)<br>District Clerk   | 13 OFFICE SOUGHT (if known)   |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><input type="checkbox"/> Additional Pages       | 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<br><input type="checkbox"/> SPECIFIC  | COMMITTEE TYPE  | COMMITTEE NAME                       |
|  |  |   | COMMITTEE ADDRESS                    |
|  |  |   | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

|                                     |   |  |
|-------------------------------------|---|--|
| 15 JC/OH NAME <u>Juanita Miller</u> |   | 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) | \$ <u>0</u>                            |
|                                     | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                            |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>50</u>                           |
| CONTRIBUTION BALANCE                | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD.   | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS             | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

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.



Juanita Miller  
Signature of Candidate/Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Juanita Miller this the 12<sup>th</sup> day of January, 20 24, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Brad Hancock  
Printed name of officer administering oath

Deputy EIA  
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)



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G: <u>1</u>  | <b>2</b> FILER NAME <u>Juanita Miller</u>  | <b>3</b> Filer ID (Ethics Commission Filers)                |
| <b>4</b> Date <u>7-25-23</u>   | <b>5</b> Payee name <u>Lion's Booster Club</u>   |   |
| <b>6</b> Amount (\$) <u>50</u><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><u>14005 East Hwy 22 Crawford TX 76037</u>  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><u>Advertising Expense</u>  | <b>(b)</b> Description <u>sponsorship LOGO of my office</u> |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought      Office held                              |

|   |   |               |             |
|---|---|---------------|-------------|
| Date  | Payee name  |               |             |
| Amount (\$)<br><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 (\$)<br><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