CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Melanie	₽.	OFFICE USE ONLY
· ·	NICKNAME	Mitter	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	B POVE N	Jeches, TX 7765	OCT - 0 2023 PORTNECHES-GROVES ISE SUPT. OFFICE
Change of Address				COL I. OLI TOL
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	749-9800	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	KIMDENLA	\mathcal{M} .	Date Processed
INAIVIE	NICKNAME	LAST	SUFFIX	
	Kim	Hall		Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	SATURE CONTRACTOR CONT	STATE; ZIP CODE
TREASURER	2006	1 amont few	DictAlor	ME TO MALSI
ADDRESS	0122	Lancaster	POPT NCC	hes, TX 77651
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	LADO. n	10 1000		
FHONE	(404) 1	79-4200		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	8	12/2023	THROUGH	/10/2023
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
With the designation of the second	Month Day	Year Primary	Runoff Other	
	Worth Day		Description	
	W /'I	2023 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known PNGISD BOW)	
AA NOTICE EDOM	THIS BOY IS FOR NOT!	CE OE POLITICAL CONTRIBUTIONS		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
}		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,582.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$2,582.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,100.05
	4. TOTAL POLITICAL EXPENDITURES	\$2,100.05
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	AST DAY \$ 481.95
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code. Signature of	Pluu MULL Candidate or Officeholder
	Please complete either option bel	ow:
(1) Affidavit	CHERYL JOURDAN Notary Public, State of Texas Comm. Expires 08-19-2027 Notary ID 6193772	
NOTARY STAMP/SE/	d before me by Melanie Miller this	the 9 day of October,
29 13 Acerif	Ourdan Chery Jourdan	Exac. Secretary
Signature of officer administ	rering oath Printed name of fficer administering oath OR	Title of officer administe <u>ring</u> /oath
(2) Unsworn Declarate	tion	
My name is	, and my date of bir	th is
1		
	(street) (city)	(-1)
Executed in	County, State of , on the day of (r	nonth) (year)
	Signature of C	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME Melanie Plaia Miller 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2582, W
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2100.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the requested information is not applicable, DO NO1 include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Melanie Plaia Miller	3 Filer ID (Ethics Commission Filers)			
4 Date 8 30 3023	5 Full name of contributor out-of-state PAC (ID#:) D. SFLPHEN L. Hall 6 Contributor address; City; State; Zip Code 3155 Lancuster Port Neches, TX7765	7 Amount of contribution (\$) \$2,482.00			
1. 31	pation / Job title (See Instructions) 9 Employer (See Instru	ictions)			
Date 9 21 2023	Full name of contributor out-of-state PAC (ID#:) Lang Parker Contributor address: City; State; Zip Code CROWS, TX 77619	Amount of contribution (\$) \$50.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)			
Principal occur	Full name of contributor out-of-state PAC (ID#) (AVOL Broudsard Contributor address; Sity; State; Zip Code 2024 Hughann Port Neches TX 7765 eation / Job title (See Instructions) Employer (See Instru				
T mopal occup	Employer (See institutions)	cuoris,			
Date	Full name of contributor	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS				
	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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 appear Cabadala Ed				
1	2 FILER NAME Melanie Plaia Mi	3 Filer ID (Ethics Commission Filers	s)	
4 Date 9/6/2023	5 Payee name Alphabet Soup In	L.		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$2,10D.DS	2494 Broadway	Beaumont, TX 77702	,	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Political Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Date	,			
Amount (\$)	Payee address;	City; State; Zip Code		
			- 1	
		B		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE			- 1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH				
Date	Payee name		J	
			- 1	
Amount (\$)	Payee address;	City; State; Zip Code	- 1	
		1	l	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
- LIDITORE				
1	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		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIJI FAS NEEDED		
	ATACTADDITIONAL OUT ILLO OF THIS	JOSEPH TO HELDED		

Miller Signs



Alphabet Soup, Inc 2494 Broadway Beaumont, Texas 77702 409-835-6484

Bill To		
Melanie Miller	 	

Invoice

Date	Invoice No.
09/06/23	X90655
P.O. Number	Terms
	Net 30

Sales Tax (8.25%)

Total

\$160.05

\$2,100.05

ltem	Description	Quantity	Rate	Amount
CMNT	Due		0.00	0.00
CMNT	Print		0.00	0.00
CMNT	200 Yard Signs & 12 - 4x4		0.00	0.00
PS24x18	Yard Sign	200	7.00	1,400.00T
PS 4x4 1/s	Signs 4x4	12	45.00	540.00T
			-	
			:	
,				
		S	ubtotal	\$1,940.00

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MAJORIE	, P	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	NICKNAME MINLEST		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE	ort Neches, TX 77651	OCT 0 (2023
Change of Address			PORT NECHES-GROVES ISD SUPT. OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (409) 149-9800	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR KINDER	lu M	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	
	Kim Hall		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 3155 Lancaste	APT / SUITE #; CITY;	Jeches, TX 77651
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day	before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day b	efore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OOVERLE	10/11/20	23 THROUGH ID	/30/2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	=
	Month Day Year	Primary Runoff Other Description	
	11/1/23 14	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know PNGISD ROAM)	d of Trustees, Place 6
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE EXPEN	SUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN NOTITURES MAY HAVE BEEN MADE WITHOUT THE CAN BE REQUIRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	E REQUIRED TO REPORT THIS IN GRANTION SIZE I	THE RECEIVE NOTICE OF SOUTH EAFENDITURES.
_	GENERAL COMMITTEE ADDRES	SS	
Additional Pages	SPECIFIC COMMITTEE CAMPAI	GN TREASURER NAME	
	SPECIFIC		
	COMMITTEE CAMPA	IGN TREASURER ADDRESS	
		TO DACE 2	
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	elanie Plaia Miller	16 File	r ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$ Bal forward 481,95		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	TURE.	\$ 437.33		
	4. TOTAL POLITICAL EXPENDITURES		\$ 437.33		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	ITAINED AS OF THE LAST DAY	\$ 44.62		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE	\$ -0-		
	wear, or affirm, under penalty of perjury, that the acc		orrect and includes all information		
rec	quired to be reported by me under Title 15, Election Cod	e			
)	Vellance IVI	iller 1		
		Signature of Candidate	or Officeholder		
	D				
	Please complete eith	ner option below:			
(4) A 577 1 11	and the second s				
(1) Affidavit	CHERYL JOURDAN		1		
NOTARY STAMP	Comm. Expires 08-19-2027 Notary ID 6193772				
	V. V.	30	Ordologo		
02 1 -	before me by Melanie / Ylller	this the <u>30</u>	_ day of <u>October</u> ,		
Chury Gentify	which, witness my hand and seal of office.	Jurdan F.	xec. Secretare		
Signature of officer administe		ering oath	Title of officer administering oath		
(2) Unaverse De de seti	OR				
(2) Unsworn Declaration	on				
My name is		and my date of birth is			
My address is	(atract)	(aib.)	(-in-rada) (
Executed in	(street)	(city) (state)	(zip code) (country)		
A	County, State of, on the	day of	, 20		
	County, State of, on the	day of (month) Signature of Candidate/Office	(year)		

SUBTOTALS - C/OH

19	3 FILER NAME 20 Filer ID (Ethics Con-		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COL	s 437. 33	
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FLER JAME ie Plaia Miller	,	3 Filer ID (Ethica	s Commission Filers)
4 Date 10-19-2023	Thread5			
6 Amount (\$) \$\partial 23.16	7 Payee address: TM47 Twin Lity Hwy	Port Arthu	LV, TX	Zip Code 1747
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description	ints	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	a, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
10-23-23	Payee name Threads		: ,	
Amount (\$) \$312.17	1949 Havy Twin City Hwy	Port Art	hur, TX	zip Code 7764 F
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Ball Ca	ups	
	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/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

Threads

Date Bill 7	9-71-73 Date Due	10-15-	23	Ad	Ema	il <u>M</u>	elmi 5 Au	ner Je B	990	Yanco.	COM 77651
City.	Zip		Custo	mer P	.0			Orc	lered	By Mel 1	Miller
Qty	Shirt Style	Color	S	M	L	XL	2X	3X	4X	Price	Ext.
	4800	Purple		1	8	3				7.00	126°
				*(42	r3	7			8,50	17.00
-							L	1		10,00	10,00
	YOUTN		4		1					7.00	35,00
				.5	5	5		Zhi	is	NG	
	FRONT			Screen Re-Or New O			rder ze		Sub Total Screen Chgs. Digitizing Tax		788 to 20.2
10) s	of Ink				Heart Size Sleeve Print Letter Style — Letter Size						17.16
				ù .	Ink (er Size Color(s	(ON) wh	E) He		Deposit FOTAL	225.16
BAC				НАТ	10-		/		56	200	G568

Threads

7747 Twin City Hwy Port Arthur, TX 77642 a 3.5% service fee will be added to all credit card purchases

To place orders or for pricing quotes: art@threadstexas.com

PH 409-727-0143 OPEN HOURS: Monday - Thursday 9:00-5:00 CLOSED FRIDAYS

DATE INVOICE #

10/23/2023

31137

BILL TO

Melanie Miller for School Board 1125 Ave B Pt.Neches, Tx 77651 409-749-9800 melmiller99@yahoo.com SHIP TO

P.O. NO.

TERMS

DESCRIPTION	QTY	RATE	AMOUNT
Hats-Embroidered, 112 purple/ white	12	13.00	156.00T
Digitizing logo set up		40.00	40.00T
Sales Tax		8.25%	16.17

Celebrating 24 Years in Business THANK YOU for CHOOSING THREADS We Appreciate You!

RECEIVED BY:

Total

\$212.17

Payments/Credits

\$0.00

Balance Due

\$212.17