

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)	\$ 2,582.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,582.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,100.05
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,100.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 481.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Melanie Plana Miller
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Melanie Miller this the 9 day of October.

2023, to certify which, witness my hand and seal of office.

Cheryl Jourdan Cheryl Jourdan Exec. Secretary
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Melanie Plaia Miller</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>2582.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2100.05</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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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**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 FILER NAME Melanie Plaia Miller		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Stephen L. Hall	7 Amount of contribution (\$) \$2,482.00
6 Contributor address; City; State; Zip Code 3155 Lancaster Port Neches, TX 77651		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 9/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lana Parker	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6821 32nd St Groves, TX 77619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Broussard	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2624 Hughann Port Neches, TX 77651		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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 NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

Miller Signs

Invoice



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

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

Bill To

Melanie Miller

Item	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

Subtotal	\$1,940.00
Sales Tax (8.25%)	\$160.05
Total	\$2,100.05

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: 6								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAST MI SUFFIX <div style="text-align: center; font-size: 1.2em;"> Melanie Miller P </div>		<div style="border: 2px solid blue; padding: 10px; color: blue; font-weight: bold; font-size: 1.5em;"> RECEIVED </div> <div style="color: red; font-weight: bold; font-size: 1.2em;"> OCT 20 2023 </div> <div style="color: blue; font-weight: bold; font-size: 0.8em;"> PORT NECHES-GROVES ISD SUPT. OFFICE </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> 1125 Ave B Port Neches, TX 77651 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;"> (409) 749-9800 </div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST LAST MI SUFFIX <div style="text-align: center; font-size: 1.2em;"> Kimberly M Hall </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> 3155 Lancaster Port Neches, TX 77651 </div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;"> () </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year <div style="text-align: center; font-size: 1.2em;"> 10 / 11 / 2023 THROUGH 10 / 30 / 2023 </div>										
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Month Day Year <div style="font-size: 1.2em;">11 / 7 / 23</div> </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;"> PNGISD Board of Trustees, Place 6 </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S) <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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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 <u>Melanie Plaia 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>Bal forward 481.95</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>437.33</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>437.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>44.62</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

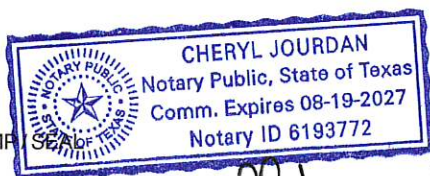
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melanie Miller

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Melanie Miller this the 30 day of October.

29 23, to certify which, witness my hand and seal of office.

Cheryl Jourdan Cheryl Jourdan Exec. Secretary
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 437.33
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Melanie Plaia Miller	3 Filer ID (Ethics Commission Filers)
4 Date 10-19-2023	5 Payee name Threads	
6 Amount (\$) \$225.16	7 Payee address; City; State; Zip Code 7747 Twin City Hwy Port Arthur, TX 77642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description T-shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 10-23-23	Payee name Threads	
Amount (\$) \$212.17	Payee address; City; State; Zip Code 7747 Hwy Twin City Hwy Port Arthur, TX 77642	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Ball Caps
	<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 (\$)	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

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