



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>16 C/OH NAME</b> D. F. Rick Miller		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3513.54
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1011.46
<b>OUTSTANDING LOAN TOTALS</b>	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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

**(2) Unsworn Declaration**

My name is D. F. Rick Miller, and my date of birth is [REDACTED]

My address [REDACTED] Sugar Land TX 77479 USA

Executed in Fort Bend County, State of Texas, on the 25th day of April, 2025

[Signature]  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME D. F. Rick Miller	<b>20</b> Filer ID (Ethics Commission Filers)
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<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4000.00
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	\$ 3513.54
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 NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME D. F. Rick Miller		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2025	5 Full name of contributor out-of-state PAC (ID#: _____) TrevanionGroup, LLC 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$)  1000.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 4/1/2025	Full name of contributor out-of-state PAC (ID#: _____) Dan Matthews Contributor address; City; State; Zip Code [REDACTED] Stafford, TX 77477	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Rothwell
Date 4/4/2025	Full name of contributor out-of-state PAC (ID#: _____) Norm Mason Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/8/2025	Full name of contributor out-of-state PAC (ID#: _____) Marty Schmitt Contributor address; City; State; Zip Code [REDACTED] Richmond, TX 77406	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) AGCM

**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

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> <b>3</b>
<b>2 FILER NAME</b> D. F. Rick Miller		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 4/9/2025	<b>5 Full name of contributor</b> out-of-state PAC (ID#: _____) Harry Stevenson <b>6 Contributor address;</b> City: State; Zip Code [REDACTED] Sugar Land, TX 77479	<b>7 Amount of contribution (\$)</b>  500.00
<b>8 Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b> NA
<b>Date</b> 4/9/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) TrevanionGroup. LLC <b>Contributor address;</b> City: State; Zip Code [REDACTED] Sugar Land, TX 77479	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b> NA		<b>Employer (See Instructions)</b> NA
<b>Date</b> 4/17/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Derwood Anderson <b>Contributor address;</b> City: State; Zip Code [REDACTED] Sugar Land, TX 77479	<b>Amount of contribution (\$)</b>  500.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> NA
<b>Date</b> 4/18/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Robin Ritchie <b>Contributor address;</b> City: State; Zip Code [REDACTED] Sugar Land, TX 77479	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> NA

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME D. F. Rick Miller		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2025	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Paul Davis</b> ..... 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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: <b>2</b>	2 FILER NAME <b>D. F. Rick Miller</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/3/2025</b>	5 Payee name <b>Universal Signs</b>
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6 Amount (\$) <b>1461.38</b>	7 Payee address:  City: State: Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Signs</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/7/2025</b>	Payee name <b>Lowe's</b>
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Amount (\$) <b>109.60</b>	Payee address: <b>[REDACTED] Sugar Land, TX 77479</b>	City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Political Sign Support</b>	Description <b>SIGN POLES</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/19/2025</b>	Payee name <b>Neumann and Company</b>
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Amount (\$) <b>1127.85</b>	Payee address: <b>[REDACTED] Bellaire, TX 77401</b>	City: State: Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Push Cards</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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			

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1 Total pages Schedule F1: <b>2</b>	2 FILER NAME D. F. Rick Miller	3 Filer ID (Ethics Commission Filers)
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4 Date 4/19/2025	5 Payee name Texas Campaigns
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6 Amount (\$) <b>814.71</b>	7 Payee address; [Redacted] Houston, TX 77096	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign support
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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