

CODE OF FAIR CAMPAIGN PRACTICES

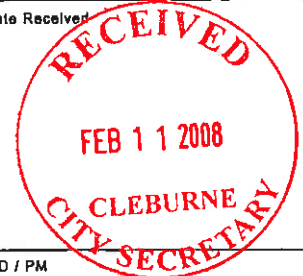
FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received



HD / PM

Date Processed

Date Imaged

| | | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------|
| <p>1 ACCOUNT NUMBER: (Ethics Commission Filers)</p> | <p>2 TYPE OF FILER:</p> <p><input checked="" type="checkbox"/> CANDIDATE <i>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</i></p> <p><input type="checkbox"/> POLITICAL COMMITTEE <i>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</i></p> | | |
| <p>3 NAME OF CANDIDATE (Please type or print)</p> <p>WILLIAM T. MILLER</p> | <p>TITLE (Dr., Mr., Ms., etc.)</p> <p>MR. Wm. T. MILLER</p> | <p>FIRST</p> | <p>MI</p> <p>NICKNAME</p> <p>BILL</p> <p>LAST</p> <p>MILLER</p> <p>SUFFIX (Sr., Jr., III, etc.)</p> |
| <p>4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)</p> <p>(214) 645-7591</p> | <p>AREA CODE</p> <p>()</p> | <p>PHONE NUMBER</p> <p>SAME</p> | <p>EXTENSION</p> |
| <p>5 ADDRESS OF CANDIDATE (Please type or print)</p> <p>116 S. MAIN CLEBURNE</p> | <p>ADDRESS / PO BOX;</p> | <p>APT / SUITE #;</p> | <p>CITY; STATE; ZIP CODE</p> <p>SAME</p> |
| <p>6 OFFICE SOUGHT BY CANDIDATE (Please type or print)</p> <p>MAYOR - CITY - CLEBURNE</p> | | | |
| <p>7 NAME OF COMMITTEE (Please type or print)</p> <p>Wm T MILLER</p> | | | |
| <p>8 NAME OF CAMPAIGN TREASURER (Please type or print)</p> <p>BILL MILLER</p> | <p>TITLE (Dr., Mr., Ms., etc.)</p> <p>MR. BILL MILLER</p> | <p>FIRST</p> | <p>MI</p> <p>NICKNAME</p> <p>BILL</p> <p>LAST</p> <p>MILLER</p> <p>SUFFIX (Sr., Jr., III, etc.)</p> |

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

02/10/08

Date

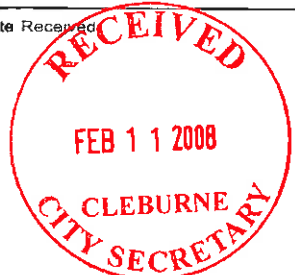
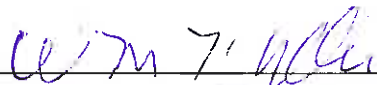
W. J. Miller

Signature

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

| | | | | | | | | |
|------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|-----------------|---------------|-------------------------------------------------------------------------------------|----------------|
| See CTA Instruction Guide for detailed instructions. | | | | | | 1 | Total pages filed: | |
| 2 | CANDIDATE NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | | | |
| | | NICKNAME | LAST | SUFFIX | Accl. # | Date Received | | |
| 3 | CANDIDATE MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE |  | |
| 4 | CANDIDATE PHONE | AREA CODE | PHONE NUMBER | EXTENSION | HD/PM | | | |
| 5 | OFFICE HELD (if any) | | | | | | | Date Processed |
| 6 | OFFICE SOUGHT (if known) | | | | | | | Date Imaged |
| 7 | CAMPAIGN TREASURER NAME | MS/MRS/MR | FIRST | MI | NICKNAME | LAST | SUFFIX | |
| 8 | CAMPAIGN TREASURER STREET ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE | | |
| 9 | CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| 10 | CANDIDATE SIGNATURE | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;">  Signature of Candidate </p> <p style="text-align: right;"> 02/10/08 Date Signed </p> | | | | | | |
| GO TO PAGE 2 | | | | | | | | |

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11

CANDIDATE NAME

12

MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

**** This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

**** The modified reporting option is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs)

**** Candidates for the office of state chair of a political party and candidates for county chair of a political party may NOT choose modified reporting. ****

I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Under \$500

Year of election(s) or election cycle to which declaration applies

W H Tuller

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **WILLIAM** FIRST MI: **7**
 NICKNAME: **"Bill"** LAST: **MILLER** SUFFIX:

OFFICE USE ONLY

Date Received: **APR 10 2008**

Date Hand Delivered: **CITY SECRETARY**

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: **116d MAIN ELDORADO TX 76039** APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: **(817)** PHONE NUMBER: **645-7591** EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **SAME** FIRST: _____ MI: _____
 NICKNAME: **SAME** LAST: _____ SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): **SAME** APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

8 CAMPAIGN TREASURER PHONE
 AREA CODE: **()** PHONE NUMBER: **SAME** EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officerholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month / Day / Year: **2 / 11 / 08** THROUGH Month / Day / Year: **4 / 9 / 08**

11 ELECTION

ELECTION DATE: Month / Day / Year: **5 / 10 / 08**

ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): _____

13 OFFICE SOUGHT (if known)
MAYOR

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: _____

Address / PO Box: _____ Apt. / Suite #: _____ City: _____ State: _____ Zip Code: _____

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

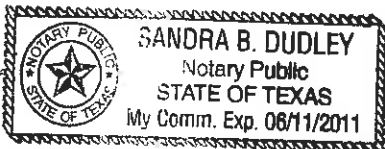
FORM C/OH
COVER SHEET PG 2

| | |
|--------------|-----------------------------------------|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------|-----------------------------------------|

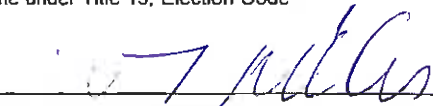
| | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures 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 ** | |
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 20.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 594.29 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

19 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Miller, this the 10th day of April, 2008, to certify which, witness my hand and seal of office.

| | | |
|-----------------------------------------|--------------------------------------------|-------------------------------------|
| <u>Sandra B. Dudley</u> | <u>Sandra B. Dudley</u> | <u>Notary Public</u> |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | |
|-----------------------------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: <u>1</u> |
|-----------------------------------------------------------|------------------------------------|

| | |
|--------------------------------------|----------------------------------------|
| 2 FILER NAME <u>Wm, T, Miller</u> | 3 ACCOUNT # (Ethics Commission filers) |
|--------------------------------------|----------------------------------------|

| | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------|
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JACIR SOUTH</u> | 7 Amount of contribution (\$) <u>\$450</u> | 8 In-kind contribution description (if applicable) <u>SIGNING</u> |
| 6 Contributor address; City; State; Zip Code <u>N. MAIN - CLOSBURG, TX 76033</u> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------------------------|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) <u>SIGN MAKER</u> | 10 Employer (See Instructions) |
|----------------------------------------------------------------------------|--------------------------------|

| | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>COMPUTER PROFESSIONALS</u> | Amount of contribution (\$) <u>\$5000</u> | In-kind contribution description (if applicable) <u>WEB SITE</u> |
| Contributor address; City; State; Zip Code <u>603 N. MAIN CLOSBURG TX 76033</u> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) <u>COMPUTER & WEB OWNER</u> | Employer (See Instructions) |
|----------------------------------------------------------------------------------------|-----------------------------|

| | | | |
|--------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

| | |
|-----------------------------------------------------|-----------------------------|
| 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 (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

| | |
|-----------------------------------------------------|-----------------------------|
| 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 (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G.

2 FILER NAME

Wm T Miller

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-08-06

5 Payee name

STAPLES

6 Payee address; City; State; Zip Code

1815 W HOLDRISON CLOSB TX 76031

8 Amount (\$)

*344.47
~~344.47~~
344.47*

7 Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

3-26-06

Payee name

HEWLETT-DOWDY

Payee address; City; State; Zip Code

CLOSB TX 76033

Amount (\$)

25.68

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

3-25-08

Payee name

LOWE'S

Payee address; City; State; Zip Code

2400 N MAIN CLOSB TX 76033

Amount (\$)

25.19

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

2-22-08

Payee name

CITY C LOBBURNE

Payee address; City; State; Zip Code

Amount (\$)

9.00

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT#** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS/MRS/MR FIRST MI
 Wm. T
 NICKNAME LAST SUFFIX
 BILL MILLER

OFFICE USE ONLY

Date Received: **RECEIVED**
 Mar - 1 2008
 Date Hand-delivered or C/OH Postmarked: **CLERK OF THE SECRETARY**

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
 116 S. MAIN EL PASO TX 76033
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 645-7591 -

6 CAMPAIGN TREASURER NAME
 MS/MRS/MR FIRST MI
 BILL Wm. T.
 NICKNAME LAST SUFFIX
 BILL MILLER

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 116 S MAIN EL PASO TX 76033
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (817) 645-7591

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 4 / 11 / 08 THROUGH 5 / 1 / 08

11 ELECTION

ELECTION DATE: Month Day Year
 5 / 10 / 08

ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any)
 AAA

13 OFFICE SOUGHT (if known)
 MAYOR

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

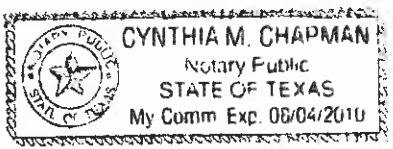
| | |
|--------------|-----------------------------------------|
| 15 C/OH NAME | 16 ACCOUNT # (Ethics Commission Filers) |
|--------------|-----------------------------------------|

| | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures 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. ** | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 000000 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <i>250.00</i> | \$ 00000 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 00000 |
| | 4. TOTAL POLITICAL EXPENDITURES <i>175.00</i> | \$ 0000 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0000 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0000 |

19 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

W J Keller

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bill Miller, this the 1st day of May, 2008, to certify which, witness my hand and seal of office.

Cynthia M Chapman

Signature of officer administering oath

Cynthia M Chapman

Printed name of officer administering oath

Texas Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME *Wm T. Miller* 3 ACCOUNT # (Ethics Commission filers)

| | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLARA ENGLE</i> | 7 Amount of contribution (\$) <i>100.00</i> | 8 In-kind contribution description (if applicable) <i>ADS -</i> |
| 6 Contributor address; City; State; Zip Code <i>701 S. MAIN CLARK TX 76033</i> | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

| | | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Date <i>4-28-08</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>ARMED MAILS CLUB 6464 BRENTWOOD CT RD SUITE 100 FT. WORTH</i> | Amount of contribution (\$) <i>\$250.00</i> | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

| | |
|-----------------------------------------------------------|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule F. |
|-----------------------------------------------------------|---------------------------|

| | |
|--------------|----------------------------------------|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |
|--------------|----------------------------------------|

| | | |
|--------|----------------------------------------|----------------------------------|
| 4 Date | 5 Payee name <i>CLOBURN BAGLO</i> | 7 Amount (\$) <i>\$175.00</i> |
| | 6 Payee address; City; State; Zip Code | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR FIRST: William MI: T
NICKNAME: Bill LAST: Miller SUFFIX:

OFFICE USE ONLY

Date Received: **RECEIVED**
MAY 12 2008
C. CLEBURNE
CITY SECRETARY

Date Hand Delivered or Emailed (Marked)

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: 116 S MAIN APT / SUITE #: _____ CITY: CLOUBURG TX STATE: _____ ZIP CODE: 76033
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (817) PHONE NUMBER: 645-7591 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: _____ FIRST: _____ MI: _____
NICKNAME: NONO LAST: SOLO SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE): 116 S MAIN APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
(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 before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 2 / 11 / 08 THROUGH Month Day Year: 5 / 11 / 08

11 ELECTION
ELECTION DATE: Month Day Year: 5 / 10 / 08
ELECTION TYPE: Primary Runoff General Special

12 OFFICE
OFFICE HELD (if any): _____

13 OFFICE SOUGHT (if known)
Mayor -

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: _____

Address / PO Box: _____ Apt / Suite #: _____ City: _____ State: _____ Zip Code: _____

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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 **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

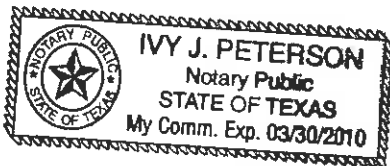
000

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



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

Bill Miller

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Miller, this the 14th day of May, 2008, to certify which, witness my hand and seal of office.

Ivy J Peterson

Signature of officer administering oath

Ivy J Peterson

Printed name of officer administering oath

Texas Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

| | | |
|----------------------------------------|--------------------------------------------|--------------------------------|
| 4 Date | 5 Payee name <i>CLOUTIER BROS LOANS</i> | 7 Amount (\$) <i>175.00</i> |
| 6 Payee address; City; State; Zip Code | | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------------|------------------------------|--------------------------------------------------------|
| Date | Payee name <i>STAPLES</i> | Amount (\$) <i>25.68</i> <i>34.47</i> |
| Payee address; City; State; Zip Code | | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------------|--------------------------------|-----------------------------|
| Date | Payee name <i>Home DEBT</i> | Amount (\$) <i>25.68</i> |
| Payee address; City; State; Zip Code | | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------------------------------|----------------------------|-----------------------------|
| Date | Payee name <i>LOWES</i> | Amount (\$) <i>25.19</i> |
| Payee address; City; State; Zip Code <i>CITY OF DALLAS</i> | | <i>9.00</i> |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME Wm. T. Miller

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

W T Miller

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

W T Miller
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

W T Miller
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder