

# 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: <b>8</b>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST   | MI   |
|  | Ms. Naomi   |   |  |
|  | NICKNAME  | LAST  | SUFFIX   |
|  | Miller  |   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY; STATE; ZIP CODE  |
|  | San Antonio, Texas 78[REDACTED]   |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |
|  | (210 )  | [REDACTED]  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI   |
|  | Mrs. Cyndi  |   | T  |
|  | NICKNAME  | LAST  | SUFFIX   |
|  | Krier   |   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE);  |   | APT / SUITE #; CITY; STATE; ZIP CODE   |
|  | [REDACTED]  |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |
|  | (210 )  | [REDACTED]  |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> Runoff  |
|  | <input checked="" type="checkbox"/> July 15   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified Reporting Limit                                 |
|  |   |   | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |
|  |   |   | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                   |
| 10 PERIOD COVERED  | Month   | Day   | Year   |
|  | 4   | 25  | 24   |
|  | THROUGH   |   | Month Day Year   |
|  |   |   | 6 / 30 / 24  |
| 11 ELECTION  | ELECTION DATE   |   |  |
|  | Month Day Year  | ELECTION TYPE   |  |
|  | 5 / 4 / 24  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE  | OFFICE HELD (if any)  |   | 13 OFFICE SOUGHT (if known)  |
|  | Bexar Appraisal District Board, Place 1   |   |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><small>Additional Pages</small>   | 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. |   |  |
|  | COMMITTEE TYPE  | COMMITTEE NAME  |  |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS   |  |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |

**OFFICE USE ONLY**

Date Received  
**RECEIVED**

JUL 09 2024

**ES - BCAD**

Date Hand-delivered or Date Postmarked

|           |           |
|-----------|-----------|
| Receipt # | Amount \$ |
|           |           |

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                      |   |   |
|--------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Miller, Naomi |   | <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) | \$ 0.00                                       |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 600.00                                     |
| <b>EXPENDITURE TOTALS</b>            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,415.85                                   |
| <b>CONTRIBUTION BALANCE</b>          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,238.69                                   |
| <b>OUTSTANDING LOAN TOTALS</b>       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

**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 Naomi Miller, and my date of birth is [REDACTED].  
My address is [REDACTED], San Antonio, TX, [REDACTED], U.S.

Executed in Bexar County, State of Texas, on the 9th day of July, 2024.

[Signature]  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

|  |  |                        |
|--|--|------------------------|
| <b>18 FILER NAME</b><br>Miller, Naomi            |  | <b>19 Filer ID</b>     |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | <b>SUBTOTAL AMOUNT</b> |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 600.00              |
| 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 FROM POLITICAL CONTRIBUTIONS                   | \$ 1,415.85            |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                     |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                     |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                     |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  | \$                     |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                     |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                     |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.06                |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/8          |
| <b>2</b> FILER NAME<br>Miller, Naomi                                  |  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>04/30/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Larsen, Patti<br><b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED]<br>San Antonio, TX [REDACTED]                     | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Owner |  | <b>9</b> Employer (See Instructions)<br>Patti Larsen Consulting |
| <b>Date</b><br>05/01/2024   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>San Antonio Apartment Association PAC<br><b>Contributor address; City; State; Zip Code</b><br>[REDACTED]<br>San Antonio, TX [REDACTED] | <b>Amount of Contribution (\$)</b><br><br>\$500.00              |
| <b>Principal occupation / Job title (See Instructions)</b>            |  | <b>Employer (See Instructions)</b>                              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

|  |                                      |                   |
|--|--------------------------------------|-------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 5/8 | <b>2</b> FILER NAME<br>Miller, Naomi | <b>3</b> Filer ID |
|--|--------------------------------------|-------------------|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>05/09/2024 | <b>5</b> Payee name<br>Constant Contact |
|-----------------------------|---|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$23.45 | <b>7</b> Payee address; City; State; Zip Code<br>1601 Trapelo Rd.<br><br>Waltham, MA 02451 |
|---------------------------------|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign email account monthly fee. |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                     |
|--------------------|---------------------|
| Date<br>06/26/2024 | Payee name<br>FedEx |
|--------------------|---------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$83.44 | Payee address; City; State; Zip Code<br>1275 NE Loop 410<br><br>San Antonio, TX 78209-1518 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign stationery. |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>05/06/2024 | Payee name<br>Miller, Naomi |
|--------------------|-----------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$400.00 | Payee address; City; State; Zip Code<br>409 Oak Glen Dr<br><br>San Antonio, TX 78209 |
|-------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for filing fee 2/15/24. |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

|  |                                      |                   |
|--|--------------------------------------|-------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 6/8 | <b>2</b> FILER NAME<br>Miller, Naomi | <b>3</b> Filer ID |
|--|--------------------------------------|-------------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>04/30/2024 | <b>5</b> Payee name<br>RushOrderTees |
|-----------------------------|--------------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$175.77 | <b>7</b> Payee address; City; State; Zip Code<br>2727 Commerce Way<br><br>Philadelphia, PA 19154 |
|----------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign t-shirts. |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>05/04/2024 | Payee name<br>The Barn Door Restaurant |
|--------------------|--|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$652.05 | Payee address; City; State; Zip Code<br>8400 N New Braunfels Ave.<br><br>San Antonio, TX 78209 |
|-------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Election night watch party. |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                   |
|--------------------|-------------------|
| Date<br>05/03/2024 | Payee name<br>Wix |
|--------------------|-------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$3.20 | Payee address; City; State; Zip Code<br>100 Gansevoort St.<br><br>New York, NY 10014 |
|-----------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Transaction fee. |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### 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:<br>Sch: 3/3 Rpt: 7/8 | 2 FILER NAME<br>Miller, Naomi | 3 Filer ID |
|---|-------------------------------|------------|

|                      |                     |
|----------------------|---------------------|
| 4 Date<br>05/16/2024 | 5 Payee name<br>Wix |
|----------------------|---------------------|

|                          |  |
|--------------------------|--|
| 6 Amount (\$)<br>\$38.97 | 7 Payee address; City; State; Zip Code<br>100 Gansevoort St.<br><br>New York, NY 10014 |
|--------------------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website monthly fee. |
|--------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                   |
|--------------------|-------------------|
| Date<br>06/13/2024 | Payee name<br>Wix |
|--------------------|-------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$38.97 | Payee address; City; State; Zip Code<br>100 Gansevoort St.<br><br>New York, NY 10014 |
|------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign website monthly fee. |
|------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 8/8                      |
| <b>2</b> FILER NAME<br>Miller, Naomi                                  |   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>05/21/2024   | <b>5</b> Name of person from whom amount is received<br>Frost Bank  | <b>8</b> Amount (\$)<br>\$0.06   |
|   | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br>1250 NE Loop 410<br><br>San Antonio, TX 78209 |  |
| <b>7</b> Purpose for which amount is received<br>IOD Interest Payment |   | <input type="checkbox"/> Check if political contribution returned to filer |