	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (Guide explains how to complete this form.	ommission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLOR	MSIMRS MR FIRST Forester	J.	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
St full	"Buddy" mills J	r.	SPIE COL	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: P-D. BOX 1902	ZIP CODE	JAN 17 2024	
Change of Address	Fredericksburg, Texas	78624	×	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSIO	л	Date Hand-delivered ör Date(Pos(marked	
6 CAMPAIGN TREASURER	MS MAR FIRST Heidi	MI Í	Receipt # Amount S	
NAME	NICKNAME LAST	SUFFIX	Date Processed 1-17-24 Date Imaged	
	mills		1-17-24	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 195 Cherry Dak	Stre	-et state; zip code	
(Residence or Business)	Fredericksburg, Tex.		78624	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ZEXTENSIC	DN		
9 REPORT TYPE	January .45 / 6 30th day before election Runo	off eded \$500 limit	 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) 	
10 PERIOD COVERED	Month Day Year 01/15/2023 THROUGH	Month	Day Year 16/2024	
11 ELECTION	Criman Durant	ELECTION TYPE		
	Month Day Year Primary Runoff DZ/05/2024 Seneral Special	Other Description		
12 OFFICE		OUGHT (if known)		
	Sheriff 5	herit	4	
GO TO PAGE 2				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Brul	mills 1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	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				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	N \$		
	2. TOTAL (OTHER	\$ 12.250 00			
EXPENDITURE TOTALS	URE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 10,486.4				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 7,283.41				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	IE \$			
18 AFFIDAVIT					
SUSAN N KELLER NOTARY PUBLIC STATE OF TEXAS ID # 4381038 My Comm. Expires 12/04/2025					
AFFIX NOTARY STAMP	SEALABOVE				
Sworn to and subscri	bed before me, b	y the said Buddy Mills	, this the 16 th		
eay of, 20, to certify which, witness my hand and seal of office.					
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of officer administering oath		
	1	V	in the start		

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SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,250
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	\$ 10,486.4
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
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 A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
ILER NAME	3 Filer ID (Ethics Commission Filers
5 Full name of contributor out-of-state PAC (ID#:) 7/3 5 Full name of contributor out-of-state PAC (ID#:) 7/3 6 Contributor address; City: State; Zip Code 6 Contributor address; City: State; Zip Code Fractic/sburg_Tx 78624 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Full name of contributor out-of-state PAC (ID#:) Patrick G-vay Contributor address; City; State; Zip Code Fradericksburg, T7-78624 ;) Employer (See Instruct	Amount of contribution (\$)
Pate Full name of contributor Out-of-state PAC (ID#) J. Thomas Telle Contributor address; City; State; Zip Code Fredericksburg Tx. 78624 Employer (See Instruct	Amount of contribution (\$)
Full name of contributor out-of-state PAC (IDH:) SCOTT: SCOTT: SSOM Contributor address; City; State; Zip Code Harper T.A. 78631 Employer (See Instructions)	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Buddy Mills	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor 0ut-of-state PAC (ID#:) 12/11/23 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code Fredericksburg, 77, 78620 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (1D#:) Texans for Repossible Gavernment Contributor address; City; State; Zip Code A. E. T. 2007	Amount of contribution (\$) 10, 000			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:) 12/24 Contributor address; City; State; Zip Code Fredericksburg TX 78624	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)	tions)			
Date Full name of contributor Out-of-state PAC (ID#:) Mary Gellagher	Amount of contribution (\$)			
24 Contributor/address; City; State; Zip Code Fieder: chopson T.L. 78624	100.00			
Principal occupation / Job title (See Instructions)	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 9/26/201			

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor 0 out-of-state PAC (ID#:	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions)	200.00			
8 Principal occupation / Job title (See Instructions)				
Date Full name of contributor 🗌 out-of-state PAC (ID#:	Amount of contribution (\$)			
15/24 Mitchell Pleasant Contributor address: City: State: Zip Code Llawo TX 78643	50,00			
Principal occupation / Job title (See Instructions) Employer (See Instru				
Date Full name of contributor Out-of-state PAC (ID#) JOHN Price Contributor address; City; State; Zip Code	Amount of contribution (\$)			
724 Fredericksburg TX 78624	100.00			
Principal occupation / Job title (See Instructions)	uctions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instru	ictions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials B Legal Services The Instruction Gu	e Offi Expense Prir Sala	ce Overhead ling Expension nting Expension aries/Wages	e /Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
	1-			w to comp	iete this form.		
1 Total pages Schedule F1:	2 FILER NA	Bully	Inil	в		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee nar	me //				\cap	,
2-6-23	61	lespie Co	newty	R	epublican	1 yart	y
6 Amount (\$)	7 Payee add		1	-	City;	State;	Zip Code
200,00	Box 2	075		F.	(- k.)	TI	701711
	0	A STREET AND A STREET		Fled	Description	F /K	78624
8	(a) Category	(See Categories listed at	the top of this sched	ule) (D) Description /		
PURPOSE	0	0		C			
EXPENDITURE	9	Jent 2:	Pense.	s T	olitical	Event	
	(c)	Check if travel outside of Texa	s. Complete Schedule	e T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder nan	ne		Office sought		Office held
Date	Payee nan	ne				e	
7-10-23	Frede	ickoburg	Sta.	Jar	d		
Amount (\$)	Payee add	Iress;			City;	State;	Zip Code
634.00	Box (639	Fre	ederiz	ksburg	TX	78624
	Category	See Categories listed at th	e top of this schedul	e)	Description		
PURPOSE							
OF EXPENDITURE	Addie	Itising			AL QUILE	0-0-6	
EXPENDITORE					News	papier	
		heck if travel outside of Texa	s. Complete Schedule	eT.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Contraction of the second s	te / Officeholder nam	ne		Office sought		Office held
Date,	Payee nar	ne					
11/2 .	51	. /	01	,			
13/23	Ked	erickobus	Stan	dal	2		
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
320.00	Bax	1639	Fre	eder.	ksburg	77	786 Z4
	Category (See Categories listed at the	e top of this schedule	e)	Description		
PURPOSE						0	
OF EXPENDITURE	Al.	1-2			KING	Rapol	
LAFLIDITURE		er tising			News	0 -per	
	c	heck if travel outside of Texas	s. Complete Schedule	T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder nar	ne		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	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 exp	ains how to complete this form.			
1 Total pages Schedule F1	2 FILER NAME BULLER	mill	Filer ID (Ethics Commission Filers)		
⁴ Date 11/14/23	5 Payee name Frederick Spyr	5 Standa	12		
6 Amount (\$)	7 Payee address; /	City;	State; Zip Code		
601.00 8	(a) Category (See Categories listed at the top of t	Friedericksburg	T+ 78624		
8	(a) Category (see Categories listed at the top of t	his schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising	News	Paper		
	(c) Check if travel outside of Texas. Complet	e Schedule T	IX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 1/17/23 Amount (\$)	Payee name Friedericksbug Payee address;	Standald City;	State; Zip Code		
165.50	Box 1639	Fredericksburg	T+ 78624		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi Advertising Check if travel outside of Texas, Complete	News /	apier X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date, /	Payee name				
124/23	United S.	tates Poste	1 Service		
Amount (\$)	Payee address;	City;	State; Zip Code		
83,00	1150 US-87	Fredericksburg	TX 78624		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this P.O. Box Reenta	(Description /	ath		
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin, T	X, 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				

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Revised 9/26/2019

SCHEDULE F1

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Gift/Awards/Memorials Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Bulles mu	lb	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Oilliggie County	Republican	Club	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
15,00	P.O. Box 944	Frederic	ksbug TX 78624	
8	(a) Category (See Categories listed at the top of this sch	(b) Description	·	
PURPOSE OF EXPENDITURE	Event Exponse	es Polit.	cal Event	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 12/23 Amount (\$)	Payee name Fredericksburg Payee address;	Handard City:	State; Zip Code	
49.00	Box 1639	Fredericks	bus TX 78624	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advert 3709 Check if travel outside of Texas. Complete Schere	New	5 Baper , TX, officeholder living expense	
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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	Office Overlie	ad Stam	PS	
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
		. ,	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Com Credit Card Payment	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	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	s now to complete this form.	
1 Total pages Schedule F1: 2 F	FILER NAME Bullos In	Ib	3 Filer ID (Ethics Commission Filers)
Date 12/19/23 5 F	Payee name Fred of thebe	ing Sta	ward
Amount (\$)	Payee address;	City;	State; Zip Code
405.00 F	30×1639	Fredericksbu	ug TR 78624
(a)	Category (See Categories listed at the top of this s	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	New	s Paper
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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OF	Aburentisias	Radia	D
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Complete <u>ONLY</u> 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
720656 B	Category (See Categories listed at the top of this so	Fredericksbur chedule) Description	120.75 Fans Advertising 5085.81 Signis / Tires
PURPOSE		7-27-23 2	
OF	Credit Card pay	meat 1-9-24 8	Signs/Ties
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, 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 NE	EDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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4 Date 1/ 15 + 24	5 Payee name Frederteksburg	Standard	1	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
501.00	Bex 1639	Frederick	sowg T7 >8624	
8	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	/	
PURPOSE OF EXPENDITURE	Advertising	Neu	s Papier	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description		
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEE	DED	

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