

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

DIANA MILLER FOR CONGRESS COMMITTEE

ADDRESS (number and street)

19901 SOUTHWEST FREEWAY

Check if different  
than previously  
reported. (ACC)

SUGAR LAND

TX

77479

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00721043

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

TX

22

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2019

through

M M / D D / Y Y Y Y  
12 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

MILLER, DIANA M MRS, Marie, ,

Type or Print Name of Treasurer

Signature of Treasurer

MILLER, DIANA M MRS, Marie, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
01 / 25 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 12

Write or Type Committee Name

DIANA MILLER FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	9

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	624.10	624.10
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	624.10	624.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10993.98	10993.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	10993.98	10993.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9630.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	20000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**DIANA MILLER FOR CONGRESS COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2019

To:

M M / D D / Y Y Y Y  
12 / 31 / 2019

**I. RECEIPTS**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

0.00

**(ii) Unitemized.....**

0.00

0.00

**(iii) TOTAL of contributions from individuals ▶**

0.00

0.00

**(b) Political Party Committees.....**

624.10

624.10

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

624.10

624.10

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

20000.00

20000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

20000.00

20000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

20624.10

20624.10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10993.98	10993.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	10993.98	10993.98

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20624.10
25. SUBTOTAL (add Line 23 and Line 24).....	20624.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10993.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9630.12

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 12

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DIANA MILLER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**WINRED**

**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

47.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 24 2019

Transaction ID : SA11B.4141

Amount of Each Receipt this Period

47.80

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

**WINRED**

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

528.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 04 2019

Transaction ID : SA11B.4155

Amount of Each Receipt this Period

480.70

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

**WINRED**

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

576.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 26 2019

Transaction ID : SA11B.4142

Amount of Each Receipt this Period

47.80

☐ Memo Item  
Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

576.30

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DIANA MILLER FOR CONGRESS COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WINRED</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 26 2019		
Mailing Address PO BOX 9891			<b>Transaction ID : SA11B.4144</b>		
City	State	Zip Code	Amount of Each Receipt this Period 47.80		
ARLINGTON	VA	22219			
FEC ID number of contributing federal political committee.		C C00694323	<input type="checkbox"/> Memo Item Donation		
Name of Employer		Occupation			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 624.10			
<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C	<input type="checkbox"/> Memo Item		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C	<input type="checkbox"/> Memo Item		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			47.80		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			624.10		

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**DIANA MILLER FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MILLER, DIANA M MRS, Marie, ,**  
Mailing Address 419 BROOKS ST

City  
SUGAR LAND

State  
TX

Zip Code  
77478

FEC ID number of contributing  
federal political committee.

**C** H0TX22237

Name of Employer  
Fort Bend Homes

Occupation  
Realtor

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2019

Transaction ID : SA13A.4159

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
☐ Loan

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

20000.00

**TOTAL** This Period (last page this line number only)..... ▶

20000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**DIANA MILLER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Evin Thayer Studios**

Mailing Address 1907 Sabine #134

City  
HoustonState  
VIZip Code  
77007Purpose of Disbursement  
exploratory photos 09/03/2019

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2019			

FEC Identification Number

C

Amount of Each Disbursement this Period

810.79

Transaction ID : SB17.4133

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fort Bend Education Foundation**

Mailing Address 16431 Lexington

City  
Sugar LandState  
TXZip Code  
77479Purpose of Disbursement  
Charitable Event Donation

012

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2019			

FEC Identification Number

C

Amount of Each Disbursement this Period

257.50

Transaction ID : SB17.4126

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fort Bend Herald**

Mailing Address P.O. Box 1088

City  
RosenbergState  
TXZip Code  
77471Purpose of Disbursement  
political ads

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2019			

FEC Identification Number

C

Amount of Each Disbursement this Period

1912.50

Transaction ID : SB17.4125

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2980.79

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DIANA MILLER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Fort Bend Independent News**

Mailing Address P.O. Box 623

City  
Sugar LandState  
TXZip Code  
77487Purpose of Disbursement  
holiday ads

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.4127

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Freeman Co**

Mailing Address 1600 Viceroy #100

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
exploratory 9/18/2019 convention furniture

005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
9	1		0	1		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

839.70

Transaction ID : SB17.4130

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Omni Hotel**

Mailing Address 700 San Jacinto Blvd

City  
AustinState  
TXZip Code  
78701Purpose of Disbursement  
Exploratory Comm 07/19/2019

002

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
7	1		0	1		2	0	1	9

FEC Identification Number

C

Amount of Each Disbursement this Period

745.55

Transaction ID : SB17.4121

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1735.25

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

DIANA MILLER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

## **A. REPUBLICAN PARTY OF TEXAS**

Mailing Address PO BOX 2206

City  
AUSTIN

State  
TX

Zip Code  
78768

Purpose of Disbursement  
Filing fee

001

Candidate Name

MILLER, DIANA M MRS, Marie, ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 22

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 03 / 2019

FEC Identification Number

C H0TX22237

Amount of Each Disbursement this Period

3125.00

Transaction ID : SB17.4156

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Ryna**

Mailing Address 10148 Riverside Dr

City  
Toluca Lake

State  
CA

Zip Code  
91602

Purpose of Disbursement  
exploratory 09/06/2019 event insurance

005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2019

FEC Identification Number

C

Amount of Each Disbursement this Period

201.00

Transaction ID : SB17.4132

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **c. TFRW Convention 2019 PAC**

Mailing Address P.O. Box 171146

City  
Austin

State  
TX

Zip Code  
78717

Purpose of Disbursement  
exploratory 08/30/2019

005

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 01 / 2019

FEC Identification Number

C

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.4134

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

4426.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**DIANA MILLER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Vistaprint**

Mailing Address 275 Wyman St

Date of Disbursement

M M	D D	Y Y Y Y
10	01	2019

City  
WalthamState  
MEZip Code  
02451Purpose of Disbursement  
Exploratory push cards

004

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

342.29

Transaction ID : SB17.4128

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Vistaprint**

Mailing Address 275 Wyman St

Date of Disbursement

M M	D D	Y Y Y Y
10	01	2019

City  
WalthamState  
MEZip Code  
02451Purpose of Disbursement  
exploratory convention polling

005

FEC Identification Number

C

Amount of Each Disbursement this Period

926.04

Transaction ID : SB17.4129

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1268.33

**TOTAL** This Period (last page this line number only).....▶

10410.37

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 12

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4159

DIANA MILLER FOR CONGRESS COMMITTEE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

MILLER, DIANA M MRS, Marie, ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
419 BROOKS ST

City

SUGAR LAND

State

TX

ZIP Code

77478

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 11 M

/ D 01 D

/ Y 2019 Y

M M

/ D D

/ Y 12/31/2021 Y

3.00 % (apr)

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

**TOTALS** This Period (last page in this line only).....▶

20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.