

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	Jay	MI	W.						
	NICKNAME	LAST	Miller	SUFFIX							
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Final report Other (specify) _____					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year					
	07	/	01	/	2025	THROUGH	12	/	31	/	2025

FILED FOR RECORD
Date Received _____
UPSHUR COUNTY, TEXAS

JAN 30 2026

LORY HARLE ELECTIONS ADMINISTRATOR BY <i>Lory Harle</i>	
Receipt #	Amount \$
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION

Filing fee was not included in political expenditures from personal funds in original report. It is included below.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Jay Miller
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by

Jay Miller this the 30th day of January,

20 *2026*, to certify which, witness my hand and seal of office.

Lory Harle
Ed

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/3 Rpt: 4/6	2 FILER NAME Miller, Jay	3 Filer ID	
4 Date 07/10/2025	5 Payee name CWJ Strategies		
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/18/2025	Payee name CWJ Strategies		
Amount (\$) \$1,503.85 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting, Marketing Services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/24/2025	Payee name CWJ Strategies		
Amount (\$) \$1,866.36 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting, Marketing Services, printed materials	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/3 Rpt: 5/6	2 FILER NAME Miller, Jay	3 Filer ID	
4 Date 10/14/2025	5 Payee name CWJ Strategies		
6 Amount (\$) \$1,507.46 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting, Marketing Services	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/15/2025	Payee name CWJ Strategies		
Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting, Marketing Services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/19/2025	Payee name CWJ Strategies		
Amount (\$) \$1,520.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 S Broadway Ave. Tyler, TX 75702		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting, Marketing Services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/3 Rpt: 6/6	2 FILER NAME Miller, Jay	3 Filer ID
4 Date 10/30/2025	5 Payee name Fast Signs	
6 Amount (\$) \$168.37 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 128 Beechwood Dr. Longview, TX 75605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car magnets
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name The Republican Party of Upshur County	Office sought Office held
Date 11/10/2025	Payee name The Republican Party of Upshur County	
Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 405 N Roberts St. Gilmer, TX 75644	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name The Republican Party of Upshur County	Office sought Office held