Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

						$\overline{}$					-							_
Filer Identificati Number :	on	20140	C1116				eport led B		CAND	IDATE	√	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		DAI	N MI	LLER										
Street Address:																		
City:									State:				Zip Code	e: 15	243			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRE	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No		/
report type)	ANNUAL	. REPORT	7.	Year 2014					IG METH CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	Squaht by	, Candidat	to:						DATE ()F ELE	CTION		District	Office	Par	ty Code		
									МО	DAY	YEA	AR	Number 42	Code STH	DEN	1	Code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		4	2014	-	(SEE INS	TRUCTI	ONS FOR	CODES	,—
Summary of		and	МО	DAY	YEAR	₹			МО	DAY YEAR FOR OFFICE USE ONLY								
Expenditures	from:			4 1	. 2	2014	T	O	5	5	5	2014						
A. Amount Bro	ught Forv	ward Fron	n Last R	eport				\$	-	•	•	0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	n Sche	dul	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (F	From Sche	edule II	I)				\$			77	77.17						
E. Ending Cash	Balance	(Subtract	: Line D	From Line	C)			\$				0.00	_					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	ile I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<u>')</u>			\$				0.00		'				
					AFF	-ID	AVI	T SE	CTION									
PART I - If this is	a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ididate r	eport, o	candida	ate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper o	or by elect	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , trı	16
Sworn to and subs	cribed befo	ore me this	i	20							Sig	gnatur	e of Person	Submitti	ing Rep	ort		-
		Signatur	re			_		<i>-</i> -					Printe	ed Name				-
My Commission Ex	pires							_					Email					_
		мо	D/	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ief this	s poli	itical	commi	ittee has r	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
-	day of —							_					Printed	Name				-
		Signature				—		-					rinteu					_
My Commission Exp		-											Email					
	_	МО	Di	AY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAN MILLER	From:	4/1/201	<u>4</u> To:	<u>5/5/2014</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
		-1	From:		То	•			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address	_	_				\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Com	nittee or Candidate		Reporting				
F					o:		
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I						PAGE TOTAL

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
<u> </u>	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, So			age, Sectio	n 3.			\$		0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod					
				Fron	n:		1	o:			
					D	ATE			АМО	UNT	
Full Name of Contributor					МО	DAY	YEAR	ł	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		Ziı	p Code (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec					on 3.				PAG	E TOTAL	
								\$		0.0	00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			То:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	.		•	•	•		
Enton Cuand Total of Doub	E on Cohodulo I. Dotailed	Summany Dazz	Costis :-	4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	Section	4.			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period									
DAN MILLER	From:	<u>4/1/2014</u> To:	<u>5/5/2014</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)									
TOTAL for the Reporting Pe	eriod (2)	\$	0.00							
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)										
TOTAL for the Reporting Pe	eriod (3)	\$	0.00							
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00							

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting Period				
Fr						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summa					ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period					
DAN MILLER			From		<u>1/2014</u>	То:	<u>5/5/2014</u>		
				AMOUNT					
To Whom Paid			МО	DAY	YEAR				
STAPLES			МО		ILAK				
Mailing Address			2	23	2014	\$	302.17		
City State Zip Code (Plus 4)				Description of Expenditure OFFICE SUPPLIES					
To Whom Paid	мо	DAY	YEAR						
BOY SCOUTS OF AMERICA	-1.0]					
Mailing Address				1	2014	\$	125.00		
City	State	Zip Code (Plus 4)		Description of Expenditure EVENT SPONSOR					
To Whom Paid BOY SCOUTS OF AMERICA			мо	DAY	YEAR				
Mailing Address			3	26	2014	\$	25.00		
City	State	Zip Code (Plus 4)	1	tion of Exp SPONSOR	enditure				
To Whom Paid CASTLE SHANNON DEMOCRATI	C COMMITTEE		мо	DAY	YEAR				
Mailing Address			2	5	2014	\$	100.00		
City State Zip Code (Plus 4)		Descrip DONAT	tion of Exp	enditure					
To Whom Paid	/hom Paid								

City	State	Zip Code (Plus 4)	_	tion of Exp	enditure					
			OFFICE	SUPPLIES						
To Whom Paid			мо	DAY	YEAR					
BOY SCOUTS OF AMERICA			1-10		ILAK					
Mailing Address			3	1	2014	\$	125.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
			EVENT S	SPONSOR						
To Whom Paid				DAY	YEAR					
BOY SCOUTS OF AMERICA			МО							
Mailing Address			3	26	2014	\$	25.00			
City State Zip Code (Plus 4)				Description of Expenditure						
				SPONSOR						
To Whom Paid				DAY	YEAR					
CASTLE SHANNON DEMOCRATIC COMI	MITTEE		МО	DAY	TEAK					
Mailing Address			2	5	2014	\$	100.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
			DONATION							
To Whom Paid				DAY	YEAR					
MT. LEBANON DEMOCRATIC COMMITT	EE		МО	DAY	YEAR					
Mailing Address			2	7	2014	\$	75.00			
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
			EVENT S	SPONSOR						
To Whom Paid			МО	DAY	YEAR					
MT. LEBANON, PA			5	J						
Mailing Address	Mailing Address		2	8	2014	\$	100.00			
City State Zip Code (Plus 4)) Description of Expenditure								
			EVENT S	SPONSOR						

							17102 12
To Whom Paid SOUTH END ACTIVE DEMOCRATS (SEAD) Mailing Address			мо	DAY	YEAR		
			2	14	2014	\$	50.00
			EVENT :	SPONSOR			
							PAGE TOTAL
Enter Grand Total of Exper	ditures on Page 1, R	Report Cover Page, Item D	•			\$	777.17