Campaign Finance Report

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

Filer Identificati Number :	i on 2012	0415			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
	Committee, Candid	ate or Lo	obbyist:				L DAN MIL	LER						
Street Address:	PO BOX 1342	1												
City:	PITTSBURGH						State: PA Zip Code: 1524							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE		30 DA PRIM		POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					D DAY POST- 6. LECTION			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2015				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:							DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR			DEN	1	02
							11		3 2015		(SEE INS	STRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	1	11 24	2	015 T	C	12	3	1 2015					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			82,325.08					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	\$ 0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			85,325.08					
D. Total Expen	ditures (From Sch	edule II	I)			\$			7,743.60					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			74,581.48	4				
F. Value Of In-	Kind Contributions	s Receivo	ed (From S	chedu	le II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$			372.10					
				AFF	IDAVIT	SE	CTION							
	s a Committee rep) that this report, incl		-							-	f my knou	vlodao	and holi	of true
correct and compl		luunig the	e attached sc	neuules	s meu on p	ареі	or by elect	ionic me	uiuii, are to	the best t	n my knov	vieuge		er, true
Sworn to and subs	day of	5	20						Signatur	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				•				Prir	ited Name	l		
My Commission E	xpires					-				Ema	il			
	МО	DA	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
	a report of a cand that to the best of n							-		sions of th	e act of Ju	une 3.19	937 (P.L	. 1333.
No 320) as amend	ed.	,												,
Sworn to and subsc	ribed before me this day of		20						S	Signature	of Candida	ite		
										Printe	ed Name			
My Commission Exp	Signature bires									Ema	il			
	мо	D/	AY	YR	1			Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF DAN MILLER From: <u>11/24/2015</u> **To:** 12/31/2015 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				oorting l				
				From: To:			1	
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te			oorting P	eriod				
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		-					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	led Summary Pag	je, Se	ection 2	2.		\$	0.00	

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					
				То:				
				DA	TE		ļ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	age, Section 3.				\$	0.00		

PART D 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				Reporting Period					
Fre					Т	То:			
			D	ATE		AM	OUNT		
			мо	DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupat	ion					
ce of Business	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00		
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

PART E **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			Reporting Period							
FRIENDS OF DAN MILLER Fro				From: <u>11/24/2015</u> To:				<u>12/31/2015</u>		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	•									
		_	.	_				PAGE TO	TAL	
Enter Grand Total of Part E on Schedu	ile I, Detailed Sumn	nary 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 Perio	bd	
FRIENDS OF DAN MILLER	From:	<u>11/24/2015</u> то:	<u>12/31/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						7 \$	0.0	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	- !					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL	
						\$	0.0	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period				
						То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
FRIENDS OF DAN MILLER				From <u>11/24/2015</u> To: <u>12/3</u>					
				DATE AMO					
To Whom Paid			мо	DAY	YEAR				
NGP			-						
Mailing Address 1101 15TH 9	STREET NW S 500		1	15	2015	\$	625.00		
City WASHINGTON	State	Zip Code (Plus 4)) Description of Expenditure						
DC 20005				ASE SUPPO	RT				
							PAGE TOTAL		
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item I	D.			\$	625.00		

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF DAN MILLER			From:	<u>11</u>	<u>/24/2015</u>	То:	<u>17</u>	2/31/2015
					DATE			standing ance of Debt
Name of Creditor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t	•	
Name of Creditor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)					tion of Deb	t	·	
Fater Carried Tabel of Houseld Dable								PAGE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	I G.			\$	0.00